

Inside this issue

What is the role of the Occupational Therapy Practice Board 1 & 2

Licensing Statistics 1

Did you know? 1

Flu shot information for health care providers 2

Medical Referral Decision Tree 3

Meet Sheryl Zylstra, OT, Chair 3

License Statistics (then and now)

Occupational Therapists

Jan 2019	3834
Aug. 2019	3949

Occupational Therapy Assistants

Jan. 2019	1178
Aug. 2019	1216

Board Members

Sheryl Zylstra, OT, Chair
Sunny Anderson, OTA, Vice Chair
Mary Spores, OT
Walter Gruenwald, OT
Di Irons, Public Member

What is the role of the

Occupational Therapy Practice Board?

The role of the Occupational Therapy Practice Board is to protect the public's health and safety and to promote the welfare of the state by regulating the competency and quality of professional healthcare providers under its jurisdiction. The board accomplishes this mandate through a variety of activities working with the Department of Health, Health Systems Quality Assurance division.

Board member qualifications:

The board is made up of three occupational therapists, one occupational therapy assistant, and one public member appointed by the governor. The professional members must have been in active practice in occupational therapy for at least five years immediately preceding appointment. All members must be residents of Washington State.

Public member representatives may not:

- Be a member of any other healthcare licensing board or commission.
- Have a fiduciary obligation to a facility rendering healthcare services.
- Have a financial interest in the rendering of health services.

Continued on page 2

Did you know?

Eleanor Clarke Slagle was a social worker who was referred to as the mother of OT. She attended training courses in curative occupations in Chicago. She developed "Habit Training" designed to overcome disorganized habits. The American Occupational Therapy Association has a lectureship award in honor of her. Her home was the first unofficial headquarters.

During World War I President Wilson had the U.S. initiate a reconstruction program to rehabilitate soldiers who had been injured during the war. These reconstruction aides served to influence the profession.



What is the role of the Occupational Therapy Practice Board? (cont.)

Board duties include:

- Establishing qualifications for minimal competency to grant or deny licensure of OTs and OTAs.
- Regulating the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing licensure qualifications.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent standards of practice.
- Developing continuing competency mechanisms.
- Assessing, investigating and making recommendations related to complaints about OTs and OTAs which may range from a notice of correction to license revocation.
- Serving as reviewing board members on disciplinary cases and serving on disciplinary hearing panels.
- Serving as members of standing committees, when appointed.
- Developing rules, policies and procedures that promote the delivery of quality health care to state residents.

Estimated annual time commitment:

- Meetings/conferences - Four to six days per year
- Meeting preparation - Two to four hours per meeting (about one day per year)
- Complaint file review - Four to six hours per complaint assigned (about four days per year)



[Click here to apply to become a board member](#)

Vaccination is still the best protection against flu



Flu is serious and affects many people in Washington each year, so healthcare providers should keep emphasizing the importance of flu vaccine. As a healthcare professional, you're a trusted source of information. Be the example for your communities and get a yearly flu vaccine to protect yourself, your patients, and your family. Remind patients to get a flu vaccine as soon as it's available, wash their hands, cover their cough, and stay home when they're sick. Find more flu information for healthcare professionals on our [flu webpages](#)

The next Occupational Therapy Practice Board Meeting is being held by webinar on November 8, 2019. Updated meeting information can be found on the program's webpage at:
<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/OccupationalTherapist/BoardMeetings>

Medical Referral Decision Tree

We're providing this information only as an informational aide for occupational therapists (OTs). Occupational therapists are expected to follow the laws and rules regarding the duty to refer medical cases. These laws and rules are outlined in Revised Code of Washington [18.59.100](#) and Washington Administrative Code [246-847-170\(11\)](#).

1. Does the patient have a “pathology” (disease, condition, or injury)?
 - a. If **NO**, then not a medical case. No need to refer.
 - b. If **YES**, then go to #No. 2.
2. Is the patient’s pathology stabilized?
 - a. If **NO**, this is a medical case. Must refer to physician for appropriate medical direction. Treatment by OT requires referral of a health care provider listed in RCW [18.59.100](#). The OT shall seek appropriate medical direction at least annually. [WAC 246-847-170\(11\)\(a\)](#).
 - b. If **YES**, then go to #No. 3.
3. Will the occupational therapist be treating only the patient’s functional deficits, within the OT scope of practice?
 - a. If **YES**, this is not a medical case. May treat without referral.
 - b. If **NO**, this is a medical case. Must refer to physician for appropriate medical direction. Treatment by OT requires referral of a health care provider listed in RCW [18.59.100](#). The OT shall seek appropriate medical direction at least annually. [WAC 246847-170\(11\)\(a\)](#).

An occupational therapist’s duty to refer a “medical case” is ongoing during treatment.

Note: While occupational therapists are the providers responsible for evaluating and referring a medical case, occupational therapy assistants must follow supervision requirements for their profession, and must communicate medical issues they note to pertinent parties. This could include the supervising occupational therapist, patient, or primary care provider.

Reader Input

We want to hear from you. If you would like to read about something specific, [please let us know](#).



Meet Sheryl Zylstra, OT, Chair



Sheryl is our outgoing board member. She has served on the Occupational Therapy Practice Board for six years, most recently as board chair. Sheryl works as a clinical assistant professor at the University of Puget Sound teaching pediatrics and management, and managing the onsite pediatric clinic. She completed her undergraduate occupational therapy degree at the University of Washington, her master’s degree at the University of Illinois-Chicago, and her clinical doctorate degree through Temple University. She has been an occupational therapist for more than 30 years and has worked in a wide variety of settings, her favorite being school-based practice.

Sheryl has four children ranging in age from 17-21. They keep her busy. Her husband works for the state of Washington. She enjoys traveling and has recently spent time in Italy, Croatia and Ethiopia. She thoroughly enjoyed her time on the board and will miss her service to the community.

Content provided by: Sheryl Zylstra, OT, Chair