

Medical Case Decision Tree

The below is provided 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 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 #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 on at least an annual basis. WAC 246-847-170(11)(a).
b. If YES , then go to #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 on at least an annual basis. WAC 246-847-170(11)(a).
4. An occupational therapist’s duty to refer a “medical case” is ongoing during treatment.

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 communicate medical issues they note to pertinent parties. This could include the supervising occupational therapist, patient, or primary care provider.