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The AOTA Task Force on OT/PT Issues has concluded its charge and therefore no longer exists. Its recommendations and the actions of the AOTA Representative Assembly on each recommendation are discussed in this column. Full reports of the Task Force are available from each State Representative.

In March 1981, AOTA President Mae Hightower-Vandamm requested and was granted authorization by the AOTA Representative Assembly to establish a Task Force on Occupational Therapy/Physical Therapy Issues. This was the third attempt to look at these issues. The outcomes of the two previous groups were reported in the Occupational Therapy Newspaper, October 1981. A. Joy Huss was appointed Chair of the new group. Other members were Linda DiJoseph, Buffalo, NY; Lillian Parent, Chicago; Brendan Smith, Kansas City, MO; Louise Thibodaux, Birmingham, AL; and, as liaison from the American Society of Hand Therapists, Mary Kasch, Sacramento, CA.

The Task Force met in December 1981 for 2 days. Brainstorming and perusal of many of the official documents of AOTA revealed that several areas needed to be addressed because the OT/PT issues had the potential to influence a broad spectrum of practice. These areas were:


Each member of the group assumed responsibility for one or more areas, submitted their materials to the Chair, a report was compiled and circulated to each member for comment or correction, and the final report was submitted to the AOTA Executive Board in April 1982. This report contained eight recommendations for consideration by the 1982 Representative Assembly (RA).

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Recommendations

The eight recommendations of the Task Force are quoted from its report. The action of the RA immediately follows each recommendation.

1. “Define Purposeful Activity as the term is currently creating many problems and has not been officially defined. This should include appropriate guidelines.” The RA referred this recommendation to the Commission on Practice (COP), which had been working on this definition for several years. COP’s White Paper on Purposeful Activity was published in the Occupational Therapy Newspaper in February 1983. The paper was adopted, with minor editorial changes, as an official statement by the 1983 RA. Defining Purposeful Activity was not an easy task to accomplish, but now we have an official statement. It can always be revised (if you have questions, please contact your state representative.)

2. “Develop documents which recognize: a. the occupational therapist who has, through available educational avenues, developed additional expertise beyond the entry-level; and
b. areas of practice which require additional education leading to certification; and
c. the possibility of joint certification with specialty groups such as CSSID, American Society of Hand Therapists, etc.”
The RA passed Resolution D (1982) as amended, which took care of parts a and b of this recommendation: "THEREFORE, BE IT RESOLVED, that the Executive Board be charged to prepare a plan for the development, implementation and evaluation of recognition of advanced level program that is available for OTRs and COTAs who meet established criteria; and BE IT FURTHER RESOLVED, that a resolution outlining specific policies, procedures, criteria and financial implications, for voluntary advanced level certification, shall be presented to the RA in 1983." The current status of this project was reported in the Nationally Speaking column, AJOT, April 1983. The policies and procedures for implementing this resolution will be presented to the 1984 RA. Reaction and comment from all AOTA members are important and can be made through your state representative.

Part c of this recommendation was deferred to the 1983 RA, which then charged The Standards and Ethics Committee and The Bylaws, Policies, and Procedures Committee to develop policy and procedures regarding joint certification for possible implementation with other organizations to be reported back to the 1984 RA.

3. “Develop a policy on the use of modalities accepting the concept that it is unrealistic to list specific modalities by name, e.g., biofeedback, TENS, etc., because technology develops so rapidly. Rather the problem should be dealt with in relationship to existing official documents such as Standards of Practice, Philosophical Base, Principles of Ethics, Uniform Terminology, etc.”

RA Task Group V amended this recommendation to “moves that the InterCommission Council be charged to develop principles for the selection of modalities to be used in OT evaluation and treatment. In this process they should accept the concept that it is unrealistic to list specific modalities by name, e.g., biofeedback, TENS, etc. because technology develops so rapidly. The problem should be dealt with in relationship to existing official documents such as Standards of Practice, Philosophical Base, Principles of Ethics, Uniform Terminology, Education Essentials, etc., and should consider at least the following criteria:

A. Distinguish between basic modalities and those that require advanced training
B. Legal implications including:
   1. States with and without licensure
   2. Restriction of trade, etc.
C. Implication for basic entry-level education Essentials, advanced level education, and continuing education
D. Practical implications for clinical practice
E. Practical implications for reimbursement
F. Consideration of information from the OT/PT Task Force (sic) literature search

A progress report will be given at the 1983 RA, with the charge completed for action by the 1984 RA. The completed report from ICC will be sent to the Representatives prior to the 1984 RA for constituent input and feedback.”

This amendment was accepted by the 1982 RA. A policy statement entitled “Occupational Therapy and Modalities" was published in the February 1983 Occupational Therapy Newspaper. This statement was officially adopted by the 1983 RA. Although very broad, this statement is the best agreement available at this time, especially from a legal aspect. Now therapists, for legal and ethical reasons, must meet all four criteria as specified in the statement.

RA Task Group V made a second motion: “… that the Executive Board be charged to assure that the OT/PT Task Force (sic) complete the literature search and that results of that search be communicated to the Executive Board and ICC as soon as possible and to the Representatives in writing prior to the RA in 1983. The search should be broad and not limited to OT publications.”

The Task Force on OT/PT Issues completed this charge and the 1983 RA accepted its report with the following motion: "Charge the Executive Board to authorize the National Office to utilize these materials from the literature review of the OT/PT Task Force as appropriate in information packets and correspondence, and further charges the Executive Board to investigate and implement the most feasible method of insuring dissemination as well as maintain the historical perspective and integrity of the total literature review with report back to the 1984 RA.”
4. "Develop a policy regarding types of advertising accepted for publication and types of modalities displayed at conference which is consistent with the Philosophical Base, Principles of Ethics, and other documents adopted by the AOTA."

There is concern that an advertisement of a product carries an implied endorsement from the publisher. There is also the belief that if no one buys the product the company will discontinue advertising it.

This recommendation was defeated by the 1982 RA because each issue of the AJOT and the Occupational Therapy Newspaper has a disclaimer regarding advertising. However, the Task Force still believed an official policy was needed regarding advertising that was consistent with our Philosophical Base, and Principles of Ethics. It therefore conducted a spot check of AJOT advertising for the years 1962-1982 by randomly selecting one journal for each year and listing by categories all included advertising and, for the years 1981 and 1982, listing by categories the advertising from each journal. This resulted in a list of 542 advertisements. In addition, each Buyer's Guide for the years 1977 through 1982 was tallied for a total of 1675 advertisements.

The trends that emerged included a movement away from ARTS/CRAFTS/TOYS/ACTIVITIES toward EQUIPMENT and MISC. categories; an increase in "in-house" advertising; and an increase in advertising for Jobst garments, biofeedback equipment, TENS, and hydrotherapy of various kinds.

Advertising is a powerful medium and pictures say a great deal about a profession's priorities. It was not uncommon to find the first 8 to 12 pages of the AJOT dealing with full-page ads, many in color, regarding wheelchairs, splinting, and other equipment, Jobst garments and biofeedback equipment, whereas any ads that might involve arts/crafts/toys/activities were quarter page in size and buried in the back of the journal.

The issue was brought before the 1983 RA. The resultant action was: "Charge the Executive Board to study the advertising issues addressed in the OT/PT Task Force (sic) literature review. This report should include related criteria for advertising in AOTA official publications. A report will be made to the 1984 RA."

5. "Recommend that the new revision of the educational Essentials not only incorporate the Entry-Level Role Delineation document but also speak strongly to the inclusion of the concept of purposeful activity THROUGHOUT the educational process." This recommendation was adopted and referred to the Commission on Education to carry out.

6. "Recommend that the accreditation process for OT educational programs include a more stringent review in relation to instruction in purposeful activities and their application to treatment."

This was adopted and referred to the Accreditation Committee to carry out.

7. "Charge the COE to develop a mechanism for accreditation of fieldwork centers with ratification by the Representative Assembly."

The RA amended this recommendation to "Charge the Executive Board to identify the issues and explore the possibilities for accreditation of fieldwork centers with a proposal for a cost effective mechanism to be presented for action at the 1983 RA."

Since the National Office staff has been collecting the data necessary to accomplish this, the Executive Board delegated this charge to the staff. A paper was prepared but could not be dealt with until the August Board Meeting. The paper reviewed the history of association activities related to fieldwork center accreditation over the past 20 years and concluded that a "cost-effective mechanism" is not available. It did propose several alternative courses including working with our educational programs to establish a system of closer monitoring of fieldwork centers, including a "fieldwork educator" category in the proposed advanced-level recognition program, and/or establishing a network of fieldwork educator consultants on a regional basis that might include some type of program review. The latter suggestion was given top priority and will be implemented pending approval of the 1984/85 budget.

8. "Establish a program for education of members through the OT Newspaper or other format
regarding the implications of the OT/PT issues since the majority of the membership does not read the official minutes.”

The Executive Board was charged to carry out this recommendation. This column fulfills this charge.

Summary
The Task Force on OT/PT Issues attempted to raise some problems that for too long have been hidden or ignored. Most of the Task Force’s recommendations have been appropriately channeled for completion by a specified date. Many of the issues identified are not easy ones with which to deal. The professional involvement of all of us is needed to resolve these issues. We, as individuals, need to evaluate objectively our own daily practice about whether or not it falls within the parameters of the official statements given in the Philosophical Base, Principles of Ethics, Standards of Practice, Educational Essentials, and so forth.

We cannot blithely continue to wait for the AOTA to do something about it. We are the AOTA! And each of us must do his or her part. An organization and a profession are only as strong as each individual who claims to be a part of it.

I believe very strongly in both occupational therapy and physical therapy. I believe that each profession has a unique contribution to make to the client. I believe these contributions are separate but enhancing—if we dilute them the patient/client is the loser. One person cannot be all things to a patient/client. It takes the combined expertise of many specialists to meet the patients’ clients’ needs.

Each of us is an ambassador of the profession we represent. Each of us, therefore, has an obligation to be a positive representative in all that we do and to responsibly and ethically influence the direction of the profession. Only you and I in our daily professional responsibilities can determine whither thou goest.