Snell, Toby (PLA)

From: Fisher, Thomas F <

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To: Snell, Toby (PLA)

Subject: LSA Document #25-329 Occupational Therapy Updates

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Hello Ms. Snell.

Thank you for the opportunity to comment on the proposed rule changes. As a long-term practitioner (certified then licensed in IN since 1987), I applaud the OT Committee for addressing these issues. It demonstrates their due diligence in protecting consumers and assuring the integrity of services being offered by occupational therapy practitioners (therapists and assistants) in Indiana.

Supervision of licensed occupational therapy assistants (OTAs) is important. However, requiring a counter signature by an occupational therapist is not promoting supervision. It's an acknowledgement by the therapist of the documentation done by another licensed occupational therapy practitioner (OTP). It has always been burdensome and unnecessary to require this for progress notes. A signature would be important for a discharge summary note and any contribution to the evaluation (an ADL screening, goniometry measurements, a standardized assessment that they are service competent to administer, etc.)

Could the Committee consider developing a supervision rule similar to what other states have, like Kentucky? Maintaining a monthly log of time spent by the supervising OT with the OTA and topics covered (progressing the patient, modifying the POC, transitioning the client/patient/student to the next level of care, etc.)- maybe consider 2 hours minimum (virtual, in-person, phone). This would demonstrate quality supervision by the therapist with the assistant(s) and have more meaning and outcomes than a counter signature on progress notes.

I understand from previous conversations that frequently occupational therapy assistants are considered similar to physical therapist assistants and speech language pathology assistants. They are similar in some ways but different in terms of regulation. Occupational therapy assistants in IN are licensed; PTAs are certified and SLPAs are registered. They do not have the same level of regulation in Indiana, and it is time we acknowledge this difference in our rules and regulations.

Finally, I do believe there are issues that need clarity regarding the role of the OTA with completing initial and reevaluations in the proposed rule. An OT evaluation has several components: review of the medical history, observations, interviews, administering standardized & non-standardized assessments, and an occupational profile. Any one or several of these components could be delegated to the licensed OTA. The final evaluation is the responsibility and obligation of the licensed occupational therapist.

Thank you again for allowing this comment period.

If you have any questions for clarification, I am planning to attend the hearing on 8/20.

Respectfully submitted,

Thomas F. Fisher, PhD, OTR/L, CCM, FAOTA

