

West Virginia Board of Occupational Therapy



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SCHOOL BASED PRACTICE FREQUENTLY ASKED QUESTIONS

What is the difference between the Educational and Medical Model?

Frequently occupational therapists are asked by a physician to increase the direct (or indirect) time previously determined in the IEP. The educational model is different than the medical model in that OT issues pertain to the functional ability of the student in classroom setting, not in a medical clinical setting, i.e. classroom OT issues oftentimes can be addressed on a consultative (indirect) manner. OT's can train classroom personnel and family members to carry out/carryover activities such as range of motion/joint movement, suggested strategies for continued classroom success and independence by the student. In addition, WV state policy 2419 defines a related service as: supported services as are required to assist an eligible exceptional student to benefit from special education.

Can a Podiatrist or Dentist order OT?

The WV Board of Occupational Therapy requires a current physician's order for occupational therapy services. Best practice dictates that a physician who has recently seen the student (family physician or specialist treating the diagnosed disability) writes the OT order.

Are a referral and a physician's order the same?

Yes, according to the WVBOT's current legislative rules.

Can sensory integration be included in the IEP?

Sensory integration is a form of treatment, which can be included in the IEP. Best practice dictates that implementation of sensory integration treatment be supervised by an OTR or COTA trained in sensory integration. However, an OTR or COTA trained in SI can supervise non OT personnel in SI techniques that are included in a student's IEP.

Can my county obtain a group order for OT services?

A group order (more than 1 student/client on an order) signed by a physician fulfills the requirement of obtaining a physician's order. However, best practice dictates that an OT obtains an order from a physician who may indicate pertinent patient information such as precautions, current medications, etc.

Can a physician's order be more than a year old?

The WVBOT recommends that physician's orders be renewed annually or at any point of medical or other significant change in the status of a student.

May an OT implement an IEP if no physician's order is in place?

No, according to WVBOT and State Law §30-28-4. (b). and §13-1-2.22., proper practice requires a license to perform OT in the state of WV and an accompanying physician's order must be in place before implementing OT as a related service as part of the student's special education.

The West Virginia State Attorney General's office confirmation to the Board was received on 3-8-02 stating that federal laws when applied in a state venue must adhere to the laws of the state in their application. Therefore, a recommendation for OT for a student made by an IEP team must include the required order of a licensed physician.

Can the IEP committee change a related service such as OT, type of service/treatment or service delivery (amount of time) without an OT consent?

Yes, based on the fact that not all IEP's include OT specific goals, but may be a collaborative effort of the IEP team, which is led by the special education teacher. As such, any services/treatments included in the IEP can be changed by the team, with or without OT consent. If there is a change being made to a goal that is specific to OT, the OT should be involved. Best practice would be for the entire team to be involved in changes.