Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice

	Occupational Therapist (OT)	Occupational Therapy Assistant (OTA)
1.	Interpret referrals to occupational therapy.	Refer all requests for occupational therapy evaluation/services to an occupational therapist (OT).
2.	Complete evaluations and interpret/analyze the evaluation data, including interpretation of data contributed by OTA. Write and sign the assessment report for the ETR.	Contribute to the evaluation process by gathering data, administering standardized tests and/or objective measurement tools, and reporting observations.
3.	Collaborate with the IEP team, which may include the OTA, to develop IEP goals and objectives and determine if OT services are required for the student to meet the IEP goals and access the general curriculum.	Collaborate with the OT and IEP team to assist in the development of the IEP goals and objectives.
4.	Develop, interpret, and modify the occupational therapy intervention plan (Plan of Care) in collaboration with the OTA and determine which portions of the plan the OTA will implement.	Contribute to and collaborate in the preparation, implementation, and documentation of the OT intervention plan (POC). The OTA can independently select treatment activities according to the occupational therapy intervention plan.
5.	Provide initial direction, periodic inspection, collaboration, and in-service training to the OTA and document supervision provided. Review and co-sign the OTA's treatment/daily notes.	Document intervention/therapy sessions and outcomes and collaborate with the OT concerning student needs and progress and intervention plan. Ensure that the OT reviews and co-signs treatment/daily notes.
6.	Review student progress with the OTA. Co-sign progress reports to indicate review and collaboration with the OTA.	Complete periodic progress reports to be reviewed and co-signed by the OT.
7.	Complete assessment/analysis for periodic review and collaborate with the IEP team, including OTA, to develop new goals/objectives and determine if occupational therapy services should continue. Write discharge summary and plan when occupational therapy services are discontinued.	Provide data for assessment and participate in IEP team collaboration for periodic review. Provide information for the OT to use in discharge plan when services are discontinued.

The supervising occupational therapist has ultimate responsibility for all students served by the occupational therapy assistant. The frequency and nature of the occupational therapist's treatment or direct, onsite supervision/observation of students delegated to occupational therapy assistants is individualized and determined by such factors as the needs and clinical complexity of the student, the experience of the occupational therapy assistant, and whether continual reassessment of the student's status is needed during intervention.

The occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established that the supervision took place. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Supervision is an interactive process; simply co-signing documentation does not meet the minimal level of supervision. Supervision must include a review of student assessment, reassessment, intervention plan, interventions, and discontinuation of the intervention.

The Ohio Occupational Therapy Practice Act does not specifically regulate caseload levels. However, occupational therapists are required to ensure that they accept no more students than they can provide appropriate management for, based on the unique needs of the students, taking into account the complexity of the population being served. The ultimate responsibility for care of the student lies with the supervising occupational therapist, regardless of whether the occupational therapist or occupational therapy assistant provides follow-up treatment. In any given period of time, an occupational therapist must not provide or supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered. The occupational therapist must assure that treatments are provided according to safe and ethical standards.

If caseload and, consequently, workload expectations of an employer are such that an occupational therapist or occupational therapy assistant is unable to meet the above standards, it is the responsibility of the practitioner to challenge those expectations. The code of ethical conduct for occupational therapy practitioners established in rule 4755-7-08 of the Ohio Administrative Code states in paragraph (B)(12) that "An individual licensed by the occupational therapy section has a responsibility to report any organization or entity that holds itself out to deliver occupational therapy services that places the licensee in a position of compromise with this code of ethical conduct."

Comparison of Responsibilities of Physical Therapy Practitioners in School-Based Practice

	Physical Therapist (PT)	Physical Therapist Assistant (PTA)
1.	Interpret referrals to physical therapy.	Refer all requests for physical therapy services to a physical therapist (PT).
2.	Complete evaluations, including interpretation of the information gathered by the physical therapist assistant (PTA). Write the report for the ETR.	Gather data for evaluation through general observations, review of files, and interviews of teacher and parents.
3.	Collaborate with the IEP team (that may include PTA) to develop IEP goals and objectives and determine if physical therapy services are required for the student to meet the IEP goals and to access the general curriculum.	Collaborate with the PT and IEP team to assist in the development of the IEP goals and objectives.
4.	Develop physical therapy plan of care and determine which portions of the plan the PTA will implement.	Implement the portions of the physical therapy plan of care as assigned by the PT. The PTA can select the treatment activities used to address the assigned plan of care goals and objectives.
5.	Collaborate with the PTA to ensure the physical therapy plan of care is understood and implemented as intended. Review and co-sign the PTA's treatment/daily notes. Review and co-sign periodic progress reports.	Document intervention/therapy sessions and ensure that the PT reviews and co-signs treatment/daily notes. Complete periodic progress reports.
6.	Complete assessment for periodic review and collaborate with the IEP team to develop new goals/objectives and determine if physical therapy services should continue. Write discharge summary and plan when physical therapy services are discontinued.	Provide data for assessment and participate in IEP team collaboration. Provide information for the PT to use in discharge plan when services are discontinued.

While supervision of the physical therapist assistant does not require that a supervising physical therapist be physically on-site, the physical therapist must be available by telecommunication at all times and able to respond appropriately to the needs of the patient (student). The frequency of physical therapist treatment or direct, on-site supervision/observation for children delegated to physical therapist assistants is individualized and determined by the needs of the child, the severity of the impairments, response to intervention, and the experience of the physical therapist assistant. A physical therapist is to see the child: (1) upon the request of the physical therapist assistant for re-examination and when a change in the physical therapy plan of care is needed, (2) prior to any planned discharge, or (3) in response to a change in the child's medical status.

The ultimate responsibility for the care of the child lies with the physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to the appropriate standard of care. Likewise, the physical therapist assistant has a legal obligation in the overall care of the child to make sure the review and assessment is performed by the physical therapist to meet the same standard of care.

The Ohio Physical Therapy Practice Act does not specifically regulate caseload levels. However, physical therapists are required to ensure that they accept no more patients than they can provide appropriate patient management based on the unique needs of the clients, taking into account the complexity of the population being served. The ultimate responsibility for care of the child lies with the evaluating physical therapist, regardless of whether the physical therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of children than that for which skilled care by licensed practitioners can be delivered.

If caseload and, consequently, workload expectations of an employer are such that a physical therapist or physical therapist assistant is unable to meet the above standards, it is the responsibility of the practitioner to challenge those expectations. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that "An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that places the licensee in a position of compromise with this code of ethical conduct."