

OHIO OCCUPATIONAL THERAPY, PHYSICAL THERAPY
AND ATHLETIC TRAINERS BOARD
OT/OTA COLLABORATION LOG

Name of Supervisee: Jane Doe	License or Limited Permit Number: OTA#9999	Facility Name: Columbus Nursing Home
Name of Supervising Occupational Therapist(s): John Smith	License Number(s): OT#10000	Address/Phone: 123 Main Street, Columbus, OH 43230 (614) 123-4567

Date	Patients/Issues Discussed	Outcome Of Collaboration/ O.T. Recommendations	Initials/Co- initials
1/6/06	Mrs. Smith demonstrates apraxia with all daily tasks.	Instruct nursing on guiding tech to assist with feeding and ADL's. Instruct family on apraxia and tech needed to assist with tasks.	
1/6/06	Mr. Jones demonstrates increased tone in RUE with completion of tasks. Transfer safety with use of safety belt reviewed with OTA.	Kinesiotaping performed to inhibit biceps and facilitate triceps. Weight bearing activities to decrease tone. Better use of safety belt with a patient demonstrating decreased balance.	
1/8/06	Mrs. Black demonstrates improvement in sitting balance.	Per OT assessment, patient has improved to Fair+ for dynamic sitting balance.	
1/8/06	Miss White's RUE strength needs to be reassessed.	Per OT, RUE strength has improved to 3+ / 5.	
1/9/06	The mobility status for Mr. Smith has decreased.	OT added a goal and changed the treatment plan to include dynamic standing activities.	
1/9/06	Mr. Young's UE shoulder ROM needs reassessed with goniometer.	OT recorded measurements in the patients' chart and the OTA will report in team.	
1/10/06	Variance in a Mrs. Rose's performance.	Collaborate to determine goal achievement or modifications as needed.	
1/10/06	Goals completed for Mrs. Ross.	Discharge patient with home instructions.	
1/10/06	Improvement for Mr. Jones noted but goals not achieved. Further progress can be expected with treatment.	Extend orders for 3 additional weeks.	

Name of Supervisee
***A separate log should be used for each supervisee

Initials _____

Name of Supervisor

Initials _____

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