



POSITION STATEMENT ON THE USE OF THERAPY CARE EXTENDERS IN HAND THERAPY PRACTICES

I. Disclaimer

The American Society of Hand Therapists (ASHT) assumes no responsibility for the practice or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. The therapist functions within the limitations of licensure, state practice act, and/or institutional policy.

II. Definitions

A. An aide is defined as a person or persons who assist(s) with the provision of supervised patient care. They function under the direct, daily supervision of a certified or licensed occupational therapist or physical therapist. An aide may include, but not be limited to, the following personnel: Certified Athletic Trainer (ATC), Exercise Physiologist, licensed massage therapist, or rehabilitation aide/assistant.

B. For the purpose of establishing a common language and definition, this rationale proposes to use the American Occupational Therapy Association's established definitions of supervision.

- **Close Supervision** requires daily, direct contact at the site of work.
- **Routine Supervision** requires direct contact at least every 2 weeks at the site of work, with interim supervision occurring by other methods, such as telephonic or written communication.
- **General supervision** requires at least monthly direct contact, with supervision available as needed by other methods.
- **Minimal supervision** is provided only on a need basis, and may be less than monthly. (AOTA, 1993a, p.1088)
- **Continuous supervision** means that the occupational therapy supervisor is in sight of the aide who is performing delegated client-related tasks. (AOTA, 1993a, p. 1090)

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Source: American Occupational Therapy Association, "Guide for Supervision of Occupational Therapy Personnel in the Delivery of Occupational Therapy Services." *The Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc.*, 9th ed. 2002.

III. Background

ASHT has determined that it needs and wants to position itself to provide guidance, resources and recommendations for hand therapy practice topics. ASHT members have also requested information regarding the Society's position on the use of aides in hand therapy practices.

Individual states and national certifying bodies have legislation on this topic. National parent organizations have developed position statements. The American Physical Therapy Association's (APTA) House of Delegates has passed motions with their definition of levels of supervision. The resulting Position states that the aide must be under direct supervision, where the Physical Therapist (PT) or Physical Therapy Assistant (PTA) is physically present and immediately available at all times.

The American Occupational Therapy Association (AOTA) has presented the "Guide for Supervision," which establishes that aides or technicians who work in patient-related activities must do so within the guidelines of continuous supervision.

AOTA and APTA both reference the use of aides in client and non-client related tasks. Client related tasks should be assigned by the Occupational Therapist (OT) or PT, Certified Occupational Therapy Assistant (COTA) or PTA where allowed by state practice acts. They further require the OT or PT to provide the clinical decision-making.

Due to the unique nature of hand clinics often employing clinicians from both the OT and PT disciplines to work in a unique setting, ASHT felt it was important to develop a separate, but supporting position paper, to those already established by these organizations.

As reimbursement continues to be a practice management challenge in many clinics, ASHT has chosen to declare its support of the use of therapy care extenders to help delineate roles and responsibilities.

IV. Position of ASHT

The American Society of Hand Therapists has determined that the use of aides or rehabilitation technicians is acceptable when certain provisos are followed. These include that:

1. The OT or PT has provided full supportive documentation of the training that occurred prior to service being provided by the aid or technician. The documentation should include the topics covered, the trainer's name; the quantity of time spent in training. The aide should acknowledge in writing that the training was completed.
2. Training should not be limited to orientation but should also continue as a part of the employee's terms of employment.
3. The supervising OT or PT has the ultimate responsibility for the patient-care related actions of the aide. The therapist must be able justify the goal of the task and that the appropriate level of supervision was performed.
4. OT or PT aides will operate in the direct supervision of the OT or PT, COTA or PTA (where applicable) meaning that the aide is in the direct line of site and can immediately access the supervising therapist.

5. Non patient/client related tasks include activities that promote and/or facilitate the general Hand Therapy facilities' operation. Supervision in this case is at the discretion of the OT or PT, COTA or PTA (when permissible); assuming that appropriate training and retraining of these functions are documented. It is the responsibility of the therapist to ensure a safe facility and environment for all persons in the physical domain of the business.