AGENDA ITEM 6

REVIEW AND VOTE ON APPROVAL OF THE MAY 23, 2025, BOARD MEETING MINUTES.

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
1610 Arden Way, Suite 121, Sacramento, CA 95815
P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov

****DRAFT****

TELECONFERENCE BOARD MEETING MINUTES

Board Members Present
Beata Morcos – Board President
Christine Wietlisbach – Board Vice President
Richard Bookwalter – Board Secretary
Hector Cabrera

Board Staff Present
Helen Geoffroy – Board Attorney
Karina Clark - Analyst

Friday, May 23, 2025
12:30 pm - Board Meeting

1. Call to order, roll call, establishment of a quorum.

   The meeting was called to order at 12:52 p.m. Secretary Richard Bookwalter called roll and a quorum was established.

2. President's Remarks – Informational only; no Board Action to be taken.

   Board President Beata Morcos welcomed and thanked all in attendance. Ms. Morcos explained that following agenda items 3 and 4, the Board would begin their Closed Session deliberations and return to open session only to immediately adjourn.

3. Board Member Remarks – Informational only; no Board Action to be taken.

   There were no Board member remarks.

4. Public Comment for Items Not on the Agenda.

   There were no public comments.

CONVENE IN CLOSED SESSION

1. The Board met in closed session pursuant to Government Code Section 11126(a)(1) to consider the employment and/or appointment of an Executive Officer.

2. The Board did not meet in closed session pursuant to Government Code Section 11126(c)(3) to deliberate and vote on disciplinary matters.

   No disciplinary matters were discussed.

RECONVENE IN OPEN SESSION

The Board immediately adjourned following the conclusion of the Closed Session.

Meeting adjournment.

The Meeting adjourned at 3:45 p.m.

AGENDA ITEM 7

REVIEW AND VOTE ON APPROVAL OF THE JUNE 12 – 13, 2025, BOARD MEETING MINUTES.

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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****DRAFT****

BOARD MEETING MINUTES

June 12-13, 2025

Department of Consumer Affairs
1st Floor Hearing Room
1625 North Market Blvd.
Sacramento, CA 95834

Board Members Present
Beata Morcos – Board President
Christine Wietlisbach – Board Vice President
Richard Bookwalter - Board Secretary
Hector Cabrera

Board Staff Present
Austin Porter – Executive Officer
Jody Quesada Novey – Manager
Helen Geoffroy – Board Attorney
Karina Clark - Analyst

Thursday, June 12, 2025
9:30 am - Board Meeting

1. Call to order, roll call, establishment of a quorum.

The meeting was called to order at 9:43 a.m. Secretary Richard Bookwalter called roll and a quorum was established.

2. President's Remarks – Informational Only; no Board Action to be taken.

Board President Beata welcomed and congratulated Executive Officer (EO) Austin Porter on his permanent promotion. EO Austin Porter thanked Ms. Morcos and the Board members for entrusting him with Board operations.

There were no Board member remarks.
There were no public comments.

3. Board Member Remarks – Informational Only; no Board Action to be taken.

Richard Bookwalter welcomed EO Austin Porter and thanked President Beata Morcos, for her ten years of service.

There were no other Board member comments.

4. Public Comment for Items Not on the Agenda.

Ada Boone Hoerl, thanked the Board for all of their important work.

President Beata Morcos thanked Ada Boone Hoerl for joining the Board meeting and for the research and thoughtful input she adds to each meeting.

Candace Chatman, Occupational Therapy Association of California (OTAC) Treasurer, thanked the Board for their work and allowing her to join via WebEx.

There were no other Board member remarks.
There were no other public comments.

5. Review and vote on approval of December 13, 2024, Board meeting minutes.

Board Secretary Richard Bookwalter requested a non-substantial change to correct paragraph spacing on page 2, paragraph 7.

- Richard Bookwalter moved to accept the December 13, 2024, Board meeting minutes with the discussed non-substantial change.
- Hector Cabrera seconded the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no Board member remarks.
There were no public comments.

The motion carried.

6. Review and vote on approval of the January 24, 2025, Board meeting minutes.

- Richard Bookwalter moved to accept the January 24, 2025, Board meeting minutes with non-substantive changes.
- Hector Cabrera seconded the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no additional Board member remarks.
There were no additional public comments.

The motion carried.

7. Review and vote on approval of the February 14, 2025, Board meeting minutes.

- Richard Bookwalter moved to accept the February 14, 2025, Board meeting minutes with non-substantive changes.
- Hector Cabrera seconded the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no Board member remarks.
There were no public comments.

The motion carried.

8. Review and vote on approval of the March 6-7, 2025, Board meeting minutes.

Board Secretary, Richard Bookwalter requested a non-substantial change to *page 6, last paragraph "Board member Richard Bookwalter shared his experience at the previous Sunset Legislative hearing"* to *"his experience at a previous…."*

- Richard Bookwalter moved to accept the March 6-7, 2025, Board meeting minutes with discussed non-substantive changes.
- Hector Cabrera second the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no additional Board member remarks.

Public Comment
Ada Boone Hoerl requested a correction to page 5, paragraph 3 to reflect that she was not a Red Cross instructor and that she instead had completed Red Cross Disaster courses and to remove the hyphen from her surname.

- Board Secretary, Richard Bookwalter moved to accept the March 6-7, 2025, Board meeting minutes with discussed changes from Ada Boone Hoerl.
- Hector Cabrera seconded the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no additional Board member remarks.
There were no additional public comments.

The motion carried.

9. Report from the Administrative Committee.

Board President Beata Morcos stated there was nothing to report on the Administrative Committee for this meeting.

10. Report from the Ad Hoc Disaster Preparedness and Response Committee.

Chair Richard Bookwalter gave a brief description on how long the Disaster Preparedness and Response Committee (DPR) had been addressing how the Board could help improve occupational therapy services during a disaster.

To identify what OT providers were receiving in the field or through their employer regarding Disaster Preparedness, the committee developed a seven question survey that was sent to all licensees to ascertain what, if any, disaster training was being provided by employers. The committee developed a webpage for the CBOT website to direct practitioners and consumers to available resources in the event of a disaster.

The consensus of the committee was to suggest that the Board consider future action regarding education and outreach or a very high-quality research project/initiative. Additionally, Board staff would work with OTAC to create social media outreach on disaster preparedness. Board staff should also consider bringing awareness to disaster preparedness during the OTAC Conference.

Chair Richard Bookwalter stated that the DPR Committee fulfilled its purpose to address the topic and suggested ongoing efforts could now be assigned to the Education and Outreach committee.

Board Vice President Christine Wietlisbach supported Richard Bookwalter's suggestion.

Board President Beata Morcos approved sunsetting the Ad Hoc Disaster Preparedness and Response Committee and moving ongoing efforts to the Education and Outreach committee.

Public Comment

Ada Boone Hoerl thanked the Board for allowing her to serve for a short period of time on the Disaster Preparedness and Response Committee. She expressed interest in transitioning to the Education and Outreach Committee because she is passionate on the topic.

OTAC Treasurer Candace Chatman thanked the Board for their work on the disaster preparedness topic and expressed how beneficial it would be for the Education and Outreach committee to collaborate with occupational therapy education programs and OTAC on this topic.

Board President Beata Morcos thanked the public for their input/comments. She advised members of the public to reach out to EO Austin Porter if they were interested in being appointed to the Education and Outreach committee.

There were no additional Board member remarks.
There were no further public comments.

11. Report from the Practice Committee.

Practice Committee Chair Christine Wietlisbach thanked the dedicated members of the Practice Committee, which is currently looking at the education and training requirements for licensees who want to apply for advanced practice approval in the following three areas:

- Feeding, Dysphagia, Swallowing
- Use of Physical Agent Modalities
- Hand Therapy

Most recently, The Practice Committee had focused on Hand Therapy education requirements. On April 25, 2025, ACOTE Director of Accreditation Teresa Brininger attended the committee's meeting to answer questions and offer clarity on the ACOTE education requirements and, more specifically, if *Surgical procedures of the upper extremity and their postoperative course* were being satisfied under current ACOTE standards.

Ms. Brininger clarified that the *Surgical procedures of the upper extremity and their postoperative course* standard was not part of their current requirement. She encouraged the committee and OTAC to write a letter to ACOTE and advocate, for future modifications of the standards, to include implementation of *Surgical procedures of the upper extremity and their postoperative course.*

The Committee discovered that students graduating from their entry level degree programs are deficient in this area and would need to continue to seek additional education on *Surgical procedures of the upper extremity and their postoperative course.* Based on the insight provided by Ms. Brininger, the Practice committee recommended to the Board that the education requirements for Occupational Therapists (OTs) seeking advanced practice approval in Hand Therapy for graduates of a specified ACOTE guideline effective date be modified to:

Reduce required education hours from 45 hours to 8 hours and the 8 hours pertain only to Surgical procedures of the upper extremity and their postoperative course.
The Committee recommended to the Board that the supervised training hours requirement be *reduced from 480 hours to 80 hours*. This recommendation was based on the current ACOTE Standards requiring entry level hand therapy education and training as a requirement to graduate from an occupational therapy program.

Public Comment
OTAC Treasurer Candace Chatman thanked the Practice Committee for their hard work and commented that she would be relaying the message to the OTAC Board to

send a support letter to ACOTE in support of implementation of the *Surgical procedures of the upper extremity and their postoperative course s*tandard.
Board President Beata Morcos recommended the highlights from the Practice Committee be corrected, to remove Lynna Do as a voting member of the committee.

There were no additional Board member remarks.
There were no additional public comments.

12. Consideration and possible action to initiate a rulemaking package to amend California Code of Regulations, Title 16, Division 39, Article 6, Section 4151, Hand Therapy, and Section 4155, Application for Approval in Advanced Practice Areas.

Executive Officer Austin Porter introduced the Board's new Regulatory Counsel, Navdeep Miller, as she would advise the Board and Board staff on all on regulatory language and packages.

The Practice Committee made the following two recommendations to the Board:

1. *Reduce the required education hours for Advanced Practice approval in Hand Therapy for those licensed Occupational Therapists having started their qualifying degree program on or after July 31, 2025, from 45 contact hours in the 6 content areas listed in Code Section 2570.3(e) to 8 contact hours focused specifically on content area six.*

2. *Reduce the required on-the-job, supervised training hours for Advanced Practice approval in Hand Therapy for all licensed Occupational Therapists from 480 hours to 80 hours.*

DCA Regulatory Council Navdeep Miller informed the Board that if they decided to move forward with one or both of the Practice Committee's recommendations that she would draft language and bring it before the Board at a future meeting for review and approval.

EO Austin Porter pointed out that current regulation states eight hours of education and sixty hours of supervised on the job training in physical agent modalities(PAMs) can be applied towards meeting the education and training requirements for hand therapy, so if education and training hours for hand therapy approval are updated then the PAMs language will have to be updated to coincide.

Public Comment
American Occupational Therapy Association (AOTA) State Affairs Manager Kristen Neville expressed AOTA's appreciation for the Practice Committee's work on reduction of education and training hours for hand therapy. She was excited to see the final regulatory language on this requirement.

Board President Beata Morcos directed EO Austin Porter to work with regulatory counsel on developing the language discussed in this agenda item.

Practice Committee Chair Christine Wietlisbach thanked EO Austin Porter for all his guidance, support, and immense help.

There were no additional Board member remarks.

There were no public comments.

13. Consideration and possible action to initiate a rulemaking package to amend California Code of Regulations, Title 16, Division 39, Article 6, Section 4152, Physical Agent Modalities, and Section 4155, Application for Approval in Advanced Practice Areas.

a. Discussion to include reconsideration of Board's August 22, 2024, vote to seek amendments to Business and Professions Code, Division 2, Chapter 5.6, Section 2570.3(d) and Section 2570.3(f).

Executive Officer Austin Porter gave an overview of the Practice Committee's recommendation to remove the requirement for PAMs education for licensees' that graduated under the new 2025 ACOTE Standards. The Practice Committee was able to identify that all the required education content areas are being met through the course of the occupational therapy degree program. The Board voted to pursue a legislative change to exempt new graduates from additional education requirements.

In 2024, the Board approved the below amendments to Business and Professions Code, Division 2, Chapter 5.6, Section 2570.3(d) and Section 2570.3(f).

- *(2) The use of physical agent modalities.* ***This provision only applies to occupational therapists who began their qualifying degree program prior to July 31, 2020****.*
- *(f) An occupational therapist using physical agent modalities,* ***who began their qualifying degree program prior to July 31, 2020…….***

Board staff was unsuccessful in finding an author to carry the legislative bill with proposed changes. Mr. Porter stated that the above-mentioned 2024 amendments and any additional or new updates can be accomplished in regulatory language without modifying statute.

The current regulatory language will have the Practice committee's recommendation that states any graduate completing his/her education after July 31, 2025, not be required to complete additional education and to reduce training hours from 240 hours to 40 hours for all occupational therapists. EO Austin Porter stated that rather than seeking a bill to make the changes, the Board could change the current regulatory language, as it would be more efficient.

Board Vice President Christine Wietlisbach explained that there will be a population of Occupational Therapists who graduated before July 31, 2025, that will continue to require the Advanced Practice approval under the original process.

Public Comment

Ada Boone Hoerl, COTA Program Director at Sacramento City College, commented that the lab hours a new graduate is required to complete in advanced practice varies and the ACOTE standards does not indicate the number of hours required. Currently some programs require 6 hours, while others may require 10 hours.

- Board Secretary, Richard Bookwalter moved to support modification of the regulations for physical agent modalities to reflect a reduction in the supervised training hours from 240 to 40 for all occupational therapists and for those who start their qualifying degree program after July 31, 2025, an exemption from completing any education contact hours.
- Christine Wietlisbach second the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no additional Board member remarks.
There were no public comments.

The motion carried.

14. Discussion of the American Occupational Therapy Association's (AOTA) Practice Framework Document.

Board President Beata Morcos thanked Kristen Neville of AOTA for allowing the Board to share the AOTA Practice Framework document because it was and will continue to be a helpful resource for the board.

Helen Geoffrey stated that since AOTA's document has been introduced to the Board it can now be used as reference material in the future.

EO Austin Porter further explained if the document were to be referenced in a future Board regulation, the reasoning would be submitted to the Office of Administrative Law, as it must be publicly available for OAL to reference.

There were no additional Board member remarks.
There were no public comments.

CONVENED CLOSED SESSION

The Board convened in closed session at 2:01 pm.

RECONVENED IN OPEN SESSION

The Board reconvened in open session at 2:47 pm.

ADJOURNMENT

Board Meeting adjourned at 2:49pm.

BOARD MEETING MINUTES
July 13, 2025 (Day 2)

Board Members Present
Beata Morcos – Board President
Christine Wietlisbach – Board Vice President
Richard Bookwalter – Board Secretary
Hector Cabrera

Board Staff Present
Austin Porter – Executive Officer
Jody Quesada Novey – Manager
Helen Geoffroy – Board Attorney
Karina Clark - Analyst

Friday, June 13, 2025
9:30 am - Board Meeting

15. Call to order, Roll Call, Establishment of Quorum

The meeting was called to order at 9:35 a.m. Secretary Richard Bookwalter called roll and a quorum was established.

16. President's Remarks – Informational Only; No Board Action to be Taken.

Board President Beata Morcos thanked DCA for hosting the Board meeting and thanked all in attendance.

17. Board Member Remarks – Information Only; No Board Action to be Taken.

There were no additional Board member remarks.

18. Public Comment for Items not On the Agenda.

OTAC President Samia Rafeedie introduced herself and thanked the Board for their work.

Ada Boone Hoerl, OTA and Program Director of Sacramento City College's OTA program, introduced herself and expressed her excitement to be present.

Yurisa Rodriguez, OTA student from Sacramento City College, introduced herself.

There were no additional Board member remarks.
There were no other public comments.

19. Presentation from the Department of Consumer Affairs' Budget Office.

Kayla Van Lindt, Budget Analyst at the DCA Budget Office, joined by Suzanne Balkis, Budget Manager, thanked the Board members and staff for allowing her to present. Ms. Van Lindt detailed the role of the budget office as:

- Facilitating the annual budget process for all Boards and Bureaus. Supporting and guiding Board Executive staff in making sound decisions on both annual expenditures, as well as maintaining a structural fund balance.

- Assisting the Board by coordinating legislative bill analysis and regulation package development.
- Facilitating communication and coordination of information between the Board and State legislative control agencies.
- Providing various consulting services, fee analysis, regulation review, BCP review and assistance with out of state travel.

Ms. Van Lindt went over CBOT's projected revenue and expenditures through fiscal month 10.

Board President Beata Morcos thanked Ms. Van Lindt for her presentation.

There were no additional Board member remarks.
There were no other public comments.

20. Consideration and possible action to initiate a rulemaking package to amend California Code of Regulations, Title 16, Division 39, Article 4, Section 4130, Fees.

Samuel Dyer and Matt Nishimine of the DCA Budget office introduced themselves. Samuel Dyer discussed the license renewal workload and fund condition scenarios for a fee increase as proposed.

The proposed language will raise the biennial renewal fee from $270 to $300 for OTs and from $210 to $240 for OTAs. The current cost for Board staff to process one license renewal, including an enforcement cost allocation is $312, which exceeds the statutory fee cap of $300.

Per the current fund condition, there is a structural imbalance where expenditures continue to exceed revenue. Without a fee increase, the Board's fund is projected to reduce from its current four months in reserve to a negative balance by 2029. Mr. Dyer further explained that even with the proposed renewal fee increase of $300 for OTs and $240 for OTAs, the structural imbalance would not be eliminated, but it would only keep the fund solvent in the short term.

The statutory cap for both OT and OTA renewal fess is $300. The Board would have room to increase the OTA renewal fee, if desired. The traditional way to raise a program's statutory fee cap is through their legislative Sunset Review. The Board's Sunset Review is scheduled for 2026. To raise the current fees, the Board would have to be at the cap to show legislature that they are doing all they can to combat the structural imbalance. To be at fee cap for both OT and OTAs, renewal fees should be at $300 for both license types, which would give the Board an increase in reserves, and it would give the Board the flexibility to up their limits during the Sunset Review.

EO Austin Porter stated that historically OTAs have always paid less in fees than OTs. Now the Board has the option to increase the fees by the same amount of $30 for each license type or approve a regulatory package to go forward to bring fees to the statutory cap of $300 for both.

Vice President Christine Wietlisbach and Secretary Richard Bookwalter asked if there was a current statutory regulatory package in place for probation monitoring fees. EO Austin Porter responded by saying there is not a statutory package in process.

Mr. Bookwalter stated that historically any regulatory change voted on by the Board typically takes about 18 months to take effect and questioned whether the Board would have enough time to implement the increase to the statutory limit in order for the legislature to consider a future fee increase.

Matt Nishimine of the DCA Budget office replied that if they were to increase the fees for both OTs and OTAs to the statutory cap of $300, it would be looked at more favorably by legislature when going through Sunset Review process to amend the statute. Mr. Nishimine further explained that having a statutory increase in fees does not mean they have to be increased immediately, the fee increase package can be approved now and the Board can opt to not increase the fees for couple of years. The statutory increase package would allow the Board to have additional flexibility in the event of unanticipated costs. For example, an increase in enforcement activities, workloads, or staffing levels. Mr. Nishimine further advised the Board that taking no action to increase the renewal costs to the statutory limit would result in the Board having to wait an additional five years to increase the caps. If the Board chose to increase their fees to the $300 cap, the language could pass and take effect by July 1, 2026. The fee regulatory packages for fee increases are more linear and DCA's Budget office has a methodology and system in place to have the packages approved expeditiously.

Public Comment

Ada Boone Hoerl, thanked the Board for such an educational conversation, and as an educator and practitioner appreciates the detail. As an educator she would explain to her students that the workload justification from Board staff costs more than what they pay for their license. She supports the Board on the justification for increasing the licensing fees, no matter the practitioner level of license.

Samia Rafeedie, thanked the Board and Ada Boone Hoerl for her comments. Ms. Rafeedie did quick research on income for OTs and OTAs in the State of California. She found that an OT can make $80,000 to $120,000 and a $300 biennial renewal fee would be about .25% to .38% of their salary depending on their current income. OTAs make $75,000 and a renewal fee increase to $270 is about .32% of their income, this would be a balance increase between the OT and OTA occupation. The increase in licensing fees would affect OTAC, as licensees will have to choose between being part of the association or paying their licensing fees.

EO Austin Porter, explained that there is a 45-day public comment period for interested parties that wish to weigh in and Board staff would develop a messaging system for OTs and OTAs to explain the process, with considerable explanation and justification for the increase and what to expect.

Mr. Porter asked the Board to consider separating the statutory fee caps by license type as this would help in the future if another increase were to be needed.

- Richard Bookwalter moved to approve the proposed regulatory text for Section 4130, as provided in the materials, and as amended during the meeting, at subsection (f) to change the parenthetical at the end of the sentence from ($210) to ($300), and to direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
- Christine Wietlisbach second the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no additional Board member remarks.
There were no further public comments.

The motion carried.

21. Consideration and possible action to initiate a rulemaking package to amend California Code of Regulations, Title 16, Division 39, Article 7, Section 4161, Continuing Competency.

EO Austin Porter explained that this agenda item was a follow up discussion from the March 2025 Board meeting on whether a jurisprudence exam or jurisprudence continuing education course(s) should be implemented as a requirement. The Board preferred to implement jurisprudence continuing education as a requirement.

Additionally, the rulemaking package included a few other additions such as: receiving professional development units for supervising a Doctoral Capstone student, requiring 12 professional development units for first renewals occurring more than one year after the initial license is issued and the addition of clarifying language regarding the earning of professional development units for attending a Board meeting.

Board members Richard Bookwalter and Christine Wietlisbach voiced their support of proposed language in CCR Section 4161(b).

Public Comment

Ada Boone Hoerl, asked if “culturally relevant practice, socio-cultural factors, diverse populations, and/or bias.” are included in ACOTE Standards which are taught to occupational therapy students. Ms. Boone Hoerl asked if a course could be created to meet the requirement of the Board?

OTAC President Samia Rafeedie asked if “culturally relevant practice, socio-cultural factors, diverse populations, and/or bias” seems redundant and questioned the necessity of the title. Ms. Rafeedie stated OTAC would be very interested in developing and owning the jurisprudence course that would satisfy continuing education requirement.

Further discussion clarified that the reasoning behind the title on this requirement is because those words are terms that are used in courses, which makes it easier for practitioners to identify when looking for continuing education courses.

Regulatory Counsel Navdeep Miller requested that Option 1 relating to 4161(b) be amended to:

§ 4161.(b) – Option 1
(b) For a license renewed on or after January 1, 2027, of the 24 PDUs required for each renewal period, licensees' ~~must~~ shall complete a minimum of:
(1) ~~A minimum of~~ two units related to ethics in healthcare and,
(2) One course pertaining to California Business and Professions Code, Division 2, Chapter 5.6, Occupational Therapy, and California Code of Regulations, Title 16, Division 39, and
(3) One course pertaining to culturally relevant practice, socio-cultural factors, working with diverse populations, and/or bias.

Further discussion led to amending the language to specify a minimum of PDUs requires rather than the more general "course" or "units" required.

- Richard Bookwalter, moved to approve the proposed regulatory text for Section 4161, as provided in the materials, and as amended during the meeting to insert Option 1 as new subsection (b), and make amendments to Option 1 language to move the phrase "a minimum of" from (1) up to (b), and move what is currently subsection (f) to new subsection (c), and to direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking file and adopt the proposed regulations of Section(s) 4161 as noticed and amended, with the authority to make any technical or no substantive changes.
- Christine Wietlisbach second the motion.

Board Member Vote

Beata Morcos	Yes
Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Hector Cabrera	Yes

There were no additional Board member remarks.
There were no public comments.

The motion carried.

22. Report on the Board's 2025 Action Plan.

EO Austin Porter stated that this was an informational agenda item for the Board and the public. The Board's Strategic Planning session occurred in January 2025 and there were five goals outlined for implementation during the Strategic Planning Session:

1. Licensing
2. Enforcement
3. Outreach and Communication
4. Laws and Regulations
5. Organization and Administration Effectiveness

The Strategic Plan Action Plan then takes the goals and objectives previously approved by the Board and breaks them down into smaller tasks for Board staff to implement.

Board President Beata Morcos thanked Trisha Sinclair for helping Board members navigate through the Strategic Planning Session and assisting Board staff.

There were no additional Board member remarks.
There were no public comments.

23. Regulatory Update.

EO Austin Porter provided an overview of the status of the regulatory packages the Board has in process. Mr. Porter stated that due to various changes in leadership and changes in DCA's Regulatory Counsel, it is his current top priority to ensure this process is started and completed.

There were no additional Board member remarks.
There were no public comments.

24. Legislative Update.

Executive Officer Austin Porter started by referring to the materials included in the packet, beginning with a summary of legislative updates that may have some impact on Occupational Therapy as a profession. The list was compiled by Board staff to present at this Board meeting for Board members to review and decide if the current Legislative updates are relevant to the profession. The full text of each bill is in the packet for review.

The Board voted to support - **Bill AB 1009, Rubio – Teacher credentialing: administrative services credential: occupational and physical therapists.** Mr. Porter discussed the letter of support sent to Senator Rubio's office. The bill has since been referred to Senate appropriations.

Summary of Legislative Bills:

AB 277, Alanis – Behavioral health centers, facilities, and programs: background checks.
The Board will watch Bill AB 277, as it may apply to Occupational Therapy practitioners working in Behavioral Health Centers.

AB 346, Nguyen - In-home supportive services: licensed health care professional certification.
The Board will watch Bill AB 346, as occupational therapy is IHSS-approved to provide in-home services and it may change.

AB 348, Krell – Full-service partnerships.
The Board will watch Bill AB 348, as this applies to Mental Health patients. This bill will reduce the eligibility mandate from the State.

AB 479, Tangipa – Criminal procedure; vacatur relief.
The Board will watch Bill AB 479, as this may affect a licensee if they are a victim of partner violence.

AB 485, Tacher – Labor Commissioner: unsatisfied judgements: nonpayment of wages.
The Board will watch Bill AB 485, as it will require the Board to deny a new license, permit or renewal of a license for employers that have outstanding wage theft judgements.

AB 489, Bonta – Health care professions: deceptive terms of letters: artificial intelligence (AI).
The Board will watch Bill AB 489, as a regulation will need to be written to protect Occupational Therapy, health care, and healing arts, if it passes. The Department of Consumer Affairs (DCA) is aware of this bill, as it has already sent notice to California Board of Occupational Therapy to request a fiscal impact analysis, as to what costs will be added to the Board to regulate and enforce the language of this bill.

AB 667, Solache – Professions and vocations: license examinations: Interpreters.
The Board will watch Bill AB 667, because in the future an interpreter may be required and the Board may have to pay for interpreter services.

AB 742, Elhawary – Department of Consumer Affairs: licensing applicants who are descendant of slaves.
The Board will watch Bill AB 742, as this will require the California Board of Occupational Therapy to expedite licenses for descendants of slaves.

AB 951, Ta – Health care coverage; behavioral diagnosis.
The Board will watch Bill AB 951. This will affect Occupational Therapy re-diagnoses to continue to maintain coverage for health treatment for pervasive developmental disorder or autism. Currently in Senate Health.

AB 1386, Bains – Health facilities: perinatal services.
The Board is no longer interested in AB 1386, because it no longer applies to Occupational Therapy.

SB 470, Laird – Bagley-Keene Open Meeting Act: teleconferencing.
The Board will watch Bill SB 470, as it regulates how teleconferencing meetings are held. The bill is currently in Senate, and it will extend the Open Meetings Act until January 1, 2030.

SB 641, Ashby – Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.
The Board will watch Bill SB 641, as this Bill authorizes Boards to waive the application of certain provisions of the licensure requirements for licensees and applicants impacted by a declared federal, state, or local emergency.

SB 747, Wiener – Wages: behavioral health and medical-surgical employees.
The Board is no longer interested in SB 747, because it no longer applies to Occupational Therapy.

SB 813, McNerney – Increase client record maintenance period.
The Board is no longer interested in SB 813, because it no longer applies to Occupational Therapy.

There were no additional Board member remarks.
There were no public comments.

25. Administrative Update, including information on the Board's budget, personnel, BreEZe, and Fee Study Status.

EO, Austin Porter reported that year-to-date revenue was at $3.0 million, and expenses were at $2.8 million. The Fund Condition for fiscal month 10 has 4-6 months of operating costs in the reserve fund. The reserve fund is currently on a downward trend, which creates an imbalance that will need to be addressed. Mr. Porter will continue to work with the budget office to identify further savings.

The BreEZe updates are:

1. Due to recent Los Angeles fires, there is deferment fee waiver for all licensees residing within impacted zip codes until June 30th, 2025.
2. Global Enforcement: implementation CITW-Citation Withdrawn code. DCA has implemented standard code "CITW" that will be entered into BreEZe once the citation has reached its final withdrawn state allowing for more accurate data.
3. The Board received its replacement pocket license printer and the application to order a pocket license has been added back to BreEZe.

Licensing Unit Data
The Licensing Data covered information on applications received and approved for Q3 FY 24-25.

Enforcement Unit Data
Six cases were submitted to the Attorney General's office during the quarter.
Citations issued: 93 citations to OTs and 42 citations issued to OTAs.

There were no additional Board member remarks.
There were no public comments.

26. Suggestions for future agenda items.

There were no suggestions presented.
There were no additional Board member remarks.
There were no public comments.

ADJOURNMENT

The Board meeting adjourned at 12:57 p.m.

AGENDA ITEM 8

REPORT FROM THE PRACTICE COMMITTEE.

INCLUDES THE FOLLOWING:

8.1 HIGHLIGHTS FROM THE JULY 11, 2025, PRACTICE COMMITTEE MEETING.

8.2 LAWS AND REGULATIONS RELEVANT TO ADVANCED PRACTICE APPROVAL IN SWALLOWING.

8.3 COMPARISON OF THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) STANDARDS PERTAINING THE SWALLOWING.

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PRACTICE COMMITTEE MEETING HIGHLIGHTS

July 11, 2025

Committee Members Present
Christine Wietlisbach (Chair) (Board Vice President)
Richard Bookwalter (Board Secretary)
Lynne Andonian
Bob Candari
Carlin Daley Reaume
Ernie Escovedo
Heather Kitching
Jeanette Nakamura
Chi-Kwan Shea

Board Staff Present
Austin Porter, Executive Officer
Jody Quesada Novey, Manager
Karina Clark, Analyst

Committee Members Absent
Bob Candari
Mary Kay Gallagher
Diane Laszlo
Danielle Meglio

Friday, July 11, 2025
1:00 pm – Committee Meeting

1. Call to order, roll call, establishment of a quorum.

   The meeting was called to order at 1:00 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

   Chairperson Christine Wietlisbach welcomed and thanked all in attendance. She announced the committee was two-thirds of the way through this very important task of discussing and deciding whether the approval requirements for advanced practice (AP) can be reduced based on the evolution of the ACOTE guidelines.

   Chair Wietlisbach informed the committee that they would be tackling the final area of Swallowing/Dysphagia AP approval.

3. Public Comment for Items Not on the Agenda.
   Please note: The Committee may not discuss or take action on this agenda item except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7(a)]

There were no public comments for items not on the agenda.

4. Review and vote on approval of the April 25, 2025, committee meeting minutes.

   - Carlin Daley Reaume moved to approve the April 25, 2025, committee meeting minutes.
   - Ernie Escovedo seconded the motion.

   Public Comment
   There were no public comments.

   Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Lynne Andonian	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Abstain

   The motion carried.

5. Consideration and possible action to recommend to the full Board to initiate a rulemaking package to amend California Code of Regulations (CCR), Title 16, Division 39, Article 6, Section [4153, Swallowing Assessment, Evaluation, or Intervention, and Section 4155, Application for Approval in Advanced Practice Areas]. The Committee will consider whether the education and training requirements for licensees demonstrating competence in the advanced practice area of swallowing assessment, evaluation, or intervention should be reduced.

   Chair Wietlisbach recounted previous committee recommendations presented to the Board regarding Physical Agent Modalities (PAMs) and Hand Therapy approval as follows:

   - PAMs - reduce supervised training hours from 240-40 hours and licensees that started their qualifying degree program after August 1, 2020, would not be required to submit any education contact hours, only the 40 hours of supervised training.

   - Hands Approval – reduce supervised training from 480-80 hours for everybody and licensees that started their qualifying degree program after August 1, 2025, must submit their 80 supervised training hours. Contact hours would be reduced from 45-8 and those 8 hours would pertain specifically to upper extremity surgical procedures.

   Chair Wietlisbach asked the committee to discuss, deliberate and possibly conclude reducing education and/or training hours for swallowing/dysphagia approval under the evolved ACOTE guidelines.

An extensive, passionate, experience driven conversation ensued around updated ACOTE standards for the qualifying degree programs and whether the minimum entry level qualifications are currently being met. If so, could the requirements for education and training be reduced and by how much.

A concern about the Speech Language Pathologists historically being opposed to Occupational Therapists (OTs) being approved to provide swallowing, dysphagia services arose and whether that profession was hindering forward momentum for OTs.

Member of the public Ada Boone Hoerl, Sacramento City College Occupational Therapy Assistant Program Coordinator reported that she listened to the Speech Language Pathology Board's Practice committee meeting from April 2025 and throughout the entire conversation she did not detect any concern being expressed that OTs can provide swallowing/dysphagia services.

Chair Wietlisbach reminded the committee that any decision to adjust the education and/or training hours should be based off entry level competency being met, not expert level.

Richard Bookwalter suggested reducing the supervised hours from 240 to 25 on the basis that the ACOTE guidelines for qualifying degree programs have significantly advanced in the swallowing/dysphagia standards and OTs are performing only noninvasive treatments. Mr. Bookwalter arrived at his recommended 25 hours because he is approved in swallowing/dysphagia and based his data on an OT being able to easily do 1 swallowing assessment per day multiplied by 5 days a week and 1 feeding per day at 1 hour also multiplied by 5, totaling 25-30 hours in three weeks, which he feels is a reasonable amount of supervised training to perform non-invasive procedures.

- Richard Bookwalter moved to reduce the supervised training hours for swallowing/dysphagia from 240 to 25 hours.
- Chi-Kwan Shea seconded the motion.

Public Comment
There were no public comments.

Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Lynne Andonian	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Yes

The motion carried.

Chair Wietlisbach summarized that the committee wished to recommend to the Board that the supervised training hours for swallowing/dysphagia be reduced from 240 to 25

hours and that Board staff would reach out to Dr. Teresa Brininger, Director of Accreditation at ACOTE to come and talk with the committee about what the ACOTE standards cover regarding the content areas for education so the committee can make an informed recommendation on whether they can reduce required education hours. The current requirement is 45 hours of additional education.

6. New suggested agenda items for a future meeting.

   There were no new suggested agenda items.

   Chair Wietlisbach thanked the committee and Board staff and informed the committee members that a poll

Meeting adjournment.

The meeting adjourned at 1:41 p.m.

Business and Professions Code (BPC) - Law

BPC 2570.3

(d) An occupational therapist may provide advanced practices if the occupational therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that the occupational therapist has met educational training and competency requirements. These advanced practices include the following:
(1) Hand Therapy.
(2) The use of physical agent modalities.
(3) Swallowing assessment, evaluation, or intervention.

California Code of Regulations (CCR) - Regulation

CCR 4150. Definitions

(h) "Swallowing" as used in Code section 2570.3 is the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.
(i) "Instrumental evaluation" is the assessment of any aspect of swallowing using imaging studies that include, but are not limited to, endoscopy and video fluoroscopy
(1) "Endoscopic evaluation of swallowing" or "endoscopy" is the process of observing structures and function of the swallowing mechanism to include the nasopharynx, oropharynx, and hypopharynx.
(2) "Video fluoroscopic swallowing study" or "video fluoroscopy" is the fluoroscopic recording and videotaping of the anatomy and physiology of the oral cavity, pharynx, and upper esophagus using a variety of bolus consistencies to assess swallowing function. This procedure may also be known as video fluorography, modified barium study, oral-pharyngeal motility study and video radiography.

CCR 4153. Swallowing Assessment, Evaluation, or Intervention

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation or intervention may be performed only when an occupational therapist has demonstrated to the Board that they have met the post professional education and training requirements established by this section as follows:
(1) Education: Completion of 45 contact hours in the following subjects:
(A) Anatomy, physiology and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract;
(B) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems;
(C) Interventions used to improve pharyngeal swallowing function.
(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist who has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.
(c) An occupational therapist may provide only those swallowing assessment, evaluation or intervention services the occupational therapist is competent to perform.

CCR 4154. Post Professional Education and Training

(a) Post professional education courses shall be obtained at any of the following:
(1) College or university degree programs accredited or approved by ACOTE;
(2) College or university degree programs accredited or approved by the Commission on Accreditation in Physical Therapy Education;
(3) Colleges or universities with Speech and Hearing Programs accredited or approved by the Council on Academic Accreditation in Audiology and Speech-Language Pathology;
(4) Any approved provider. To be approved by the Board the provider shall submit the following:
(A) A clear statement as to the relevance of the course to the advanced practice area.
(B) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(C) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise in the relevant subject matter), particularly as it relates to the advanced practice area.
(D) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience, and similar courses previously offered by the provider), particularly as it relates to the advanced practice area; or
(5) A provider that has not been approved by the Board, if the applicant occupational therapist demonstrates that the course content meets the subject matter requirements set forth in sections 2570.3(e) or 2570.3(f) of the Code, or section 4153 of these regulations, and submits the following:
(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.
(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise on the relevant subject matter), particularly as it relates to the advanced practice area.
(b) Post professional training shall be supervised which means, at a minimum:
(1) The supervisor and occupational therapist have a written agreement, signed and dated by both parties prior to accruing the supervised experience, outlining the plan of supervision and training in the advanced practice area. The level of supervision is determined by the supervisor whose responsibility it is to ensure that the amount, degree, and pattern of supervision is consistent with the knowledge, skill and ability of the occupational therapist, and appropriate for the complexity of client needs and number of clients for whom the occupational therapist is providing advanced practice services.
(2) The supervisor is readily available in person or by telecommunication to the occupational therapist while the therapist is providing advanced practice services.
(3) The supervisor does not have a co-habitative, familial, intimate, business, excluding employment relationships, or other relationship that could interfere with professional judgment and objectivity necessary for effective supervision, or that violates the Ethical Standards of Practice, pursuant to section 4170.

(c) Any course instructor providing post-professional education under section 4154(a)(4) or (5) who is a health care practitioner as defined in section 680 of the Code shall possess an active, current, and unrestricted license.
(d) Post professional education and training must be completed within the five years immediately preceding the application for approval in each advanced practice area.

CCR 4155. Application for Approval in Advanced Practice Areas

In order to provide any of the advanced practice services set forth in Code section 2570.3(d), an occupational therapist shall apply to the Board and receive approval in that advanced practice area.
(a) To apply for approval, an occupational therapist shall submit to the Board an application as specified in subsections (1), (2), or (3), along with the required documentation.
(1) Applicants seeking approval in the area of Hand Therapy shall submit the Application for Advanced Practice Approval in Hand Therapy (Form APH, Rev. 10/09), hereby incorporated by reference;.
(2) Applicants seeking approval in the use of physical agent modalities shall submit the Application for Advanced Practice Approval in Physical Agent Modalities (Form APP, Rev. 07/11), hereby incorporated by reference;
(3) Applicants seeking approval in the area of Swallowing Assessment, Evaluation, or Intervention shall submit the Application for Advanced Practice Approval in Swallowing (Form APS, Rev. 10/09), hereby incorporated by reference;
(b) The documentation must include the following:
(1) Documented proof of attendance and completion of each course (i.e., certificate of completion or transcript).
(2) Evidence of the number of contact hours completed for each course for courses that are not Board approved.
(3) Outline or syllabus of each course for courses that are not Board approved.
(4) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) as it relates to the advanced practice area.
(5) Resume or credentials of each instructor for courses that are not Board approved.

(6) Verification of completion of supervised on-the-job training, clinical internship or affiliation reflecting the nature of the training and the number of hours. Such verification must be signed by the supervisor(s) under penalty of perjury.

(c) An advanced practice application not completed within six months of receipt or notification of deficiency, whichever is later, shall be deemed abandoned.

(d) An application submitted subsequent to the abandonment of a previous application shall be treated as a new application.

Comparison of ACOTE Standards Pertaining to Swallowing by Effective Year

	STANDARDS			
	2008	**2013**	**2020**	**2025**
Swallowing, Feeding, Dysphagia	B.5.12	B.5.14	B.4.16	B.3.13
	Provide management of feeding and eating to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.	Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.

Digestive, Structures	B.4.4	B.4.4	B.4.4	B.3.3
	Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).	Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Identify and appropriately delegate components of the evaluation to an occupational therapy assistant. Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.

Digestive, Structures (continued)	B.5.1	B.5.1		
	Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).	Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).		

Anatomy, Physiology, Neuroscience, Biomechanics	B.1.4	B.1.1	B.1.1	B.1.1
	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.	Demonstrate knowledge of: • The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.
	B.5.10	B.5.11		
	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.		

	DEFINITIONS			
	2008	**2013**	**2020**	**2025**
Body Functions	the physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	"Physiological functions of body systems (including psychological functions)" (World Health Organization [WHO], 2001).	
Body Structures	anatomical parts of the body such as organs, limbs, and their components.	Anatomical parts of the body such as organs, limbs, and their components.	"Anatomical parts of the body, such as organs, limbs, and their components" that support body functions (WHO, 2001).	
Dysphagia			Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017). **EATING**: "…keeping and manipulating food or fluid in the mouth and swallowing it" (AOTA, 2014, p. S19). **FEEDING**: "…setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called self-feeding" (AOTA, 2014, p. S19). **SWALLOWING**: "…moving food from the mouth to the stomach" (AOTA, 2014, p. S19).	Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017). **EATING AND SWALLOWING:** "…keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)" (AOTA, 2020b, p. 30). **FEEDING:** "Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)" (AOTA, 2020b, p. 30).

Evaluations	the physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	“The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results” (AOTA, 2010, p. S107).	“The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation… Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and reconsideration of occupational performance and contextual factors” (Hinojosa et al, 2014, as cited in AOTA, 2020b, p. 76). **FORMATIVE EVALUATION:** Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program. **SUMMATIVE EVALUATION:** Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.