



School-Based Practice Therapy Occupational Therapy and Physical Therapy Practice Position Paper

The role of the occupational and physical therapy practitioner in school-based practice brings a unique set of challenges that might not exist in other practice settings. One area where this challenge is clear is the question of therapy caseloads. This document summarizes various interactions that the Occupational Therapy and Physical Therapy Sections have had with the Ohio Department of Education and Workforce, various school districts, and Educational Service Centers.

In this document, the term “therapy caseload” refers to the Board’s definition of caseload, since it differs from how the term “caseload” is defined by the Ohio Department of Education and Workforce in rule 3301-51-09 of the Ohio Administrative Code.

Is there a precise number that comprises a maximum therapy caseload when an OT/PT is supervising an OTA/PTA? No. Just as there is no “standard” IEP, there is no “standard” therapy caseload. The appropriate therapy caseload for a therapist, regardless of whether the therapist supervises an assistant, is determined by a variety of factors. As is the case with the IEP, the therapy caseload depends upon the individual needs of the student and factors that impact the delivery of therapy services to students. These factors might include the functionality of the student and the experience of both the therapist and any assistants. For example, the amount of supervision required for an occupational therapy assistant with 20 years of experience in school-based practice will likely be less than the supervision required for an occupational therapy assistant who just graduated from school. In addition, a physical therapist who only practiced with a geriatric population might need a lower caseload when first transitioning to a new practice setting, such as school-based practice.

Ultimately, it is these factors that a therapist must take into account when determining if the total number of students on the therapist’s caseload will negatively impact the therapist’s ability to provide adequate skilled care, which would include the supervision of any assistant who is also providing direct services.

Under Chapter 4755. of the Revised Code, an occupational therapist (OT) and a physical therapist (PT) are responsible for the care provided by any individual whom they supervise, including occupational therapy assistants (OTAs) and physical therapist assistants (PTAs). As a result, if a district has a total of 100 students on IEPs requiring physical therapy with a staff of one PT and two PTAs, the one PT would still be responsible for all 100 students. The number of students a therapist has responsibility for increases

as each additional assistant is assigned to the therapist.

A therapist with a therapy caseload of 100 students or greater, with all of the responsibilities to ensure quality care for these students, as well as for any additional students who need to be evaluated throughout the school year, could easily be in violation of the occupational and physical therapy codes of ethical conduct. A licensee determined to be in violation of the code of ethical conduct could ultimately be disciplined by the Board. Although an individual disciplined by the Board is not likely to lose their license to practice, there are other serious consequences that could arise from disciplinary actions. Under federal law, the Board is required to report all disciplinary actions, from written reprimands to license revocations, to the Healthcare Integrity and Protection Data Bank (HIPDB). In addition, disciplinary action could include a monetary fine and potentially impact an individual's ability to secure employment.

Could a time study help determine if an OT/PT has sufficient time? A time study and review of the IEPs, as well as a review of the responsibilities and expectations of the therapist, may be helpful to clarify the therapist's role and make sure that the therapist and administrators are on the same page. IEP minutes alone do not constitute the breadth of responsibilities and time requirements of the school-based therapist.

A time study is a good idea but is not required under the Ohio Occupational Therapy or Physical Therapy Practice Acts. When licensees have contacted the Board about ways to demonstrate to their administration that they are "overworked," a time study is one strategy that has been recommended.

If the OT/PT are not providing direct services, can the OTA/PTA provide direct services to more than 40 preschool or 50 school age students? Under the Occupational Therapy and Physical Therapy Practice Acts, licensed occupational therapy assistants and physical therapist assistants cannot have their own therapy caseloads since they cannot legally practice independent of the supervising therapist. As noted above when addressing maximum caseloads for the therapist, there is not an infinite number of students for whom the licensed assistant may provide direct services to under the licensing law. The experience of the assistant, the experience of the supervising therapist, and the complexity of the students being served would all impact the total number of students to whom the assistant could provide direct services.¹ There may be situations where it could be appropriate and legal for an assistant to provide direct services to more than 50 school age children. Collaboration between the therapist and assistant is required to determine an appropriate and manageable number of students to be served by the assistant. As is the case for the therapist, there is not a "magic" number that establishes the maximum number of students for whom the assistant can provide direct services.

The laws and rules governing the practice of occupational therapy and physical therapy in Ohio are developed with the goals of ensuring that the consumers of occupational and physical therapy services in the state receive safe and effective services. In school-based practice, the consumer is

the student. As a result, the Board, through its various frequently asked questions, position papers, and general correspondence, has made it clear that the occupational and physical therapist is ultimately responsible for all students receiving direct services under their supervision and only the licensed therapist may determine if the assistant or the therapist will provide those direct services. This decision should not be made by the administration or the IEP team, but rather by the therapist using that individual's professional judgment. The most important part about determining appropriate caseloads is open and honest communication between the therapist and administrator and the understanding that the professional judgment of the therapist regarding delegation or caseload must be respected.

Ultimately, the administrator must work with the occupational therapist and/or physical therapist and rely on the therapist's professional judgment to determine what is a reasonable therapy caseload in each situation.

¹ In addition to the severity of the needs of the students and the experience of the therapist and assistant, the provisions of rule 3301-51-09 (I), which requires that schedule and time demands be taken into consideration, among other, also need to be taken into consideration when determining the therapy caseload.

