
BOARD OF OCCUPATIONAL THERAPY PRACTICE RULES

AS OF JUNE 30, 2021

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DEPARTMENT OF LABOR AND INDUSTRY

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Subchapter 1

Organizational Rule

24.165.101 ORGANIZATIONAL RULE (1) The Board of Occupational Therapy Practice adopts and incorporates the organization rules of the Department of Labor and Industry as listed in chapter 1 of this title. (History: 37-24-201, MCA; IMP, 2-4-201, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; TRANS, from Commerce, 2004 MAR p. 2280.)

Subchapter 2

Procedural Rules

24.165.201 PROCEDURAL RULES (1) The Board of Occupational Therapy Practice adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title. (History: 37-24-201, MCA; IMP, 2-4-201, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; TRANS, from Commerce, 2004 MAR p. 2280.)

24.165.202 PUBLIC PARTICIPATION (1) The Board of Occupational Therapy Practice adopts and incorporates by this reference the public participation rules of the Department of Commerce as listed in chapter 2 of Title 8. (History: 37-24-201, MCA; IMP, 2-3-103, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; TRANS, from Commerce, 2004 MAR p. 2280.)

Subchapter 3

Definitions

24.165.301 DEFINITIONS (REPEALED) (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-24-103, 37-24-104, 37-24-105, 37-24-106, 37-24-202, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1989 MAR p. 1191, Eff. 8/18/89; AMD, 1994 MAR p. 663, Eff. 4/1/94; AMD, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; REP, 2005 MAR p. 447, Eff. 4/1/05.)

24.165.302 DEFINITIONS For the purpose of this chapter the following definitions apply:

(1) "Clinician" means an occupational therapist endorsed by the board to administer topical medications.

(2) "Deep modalities" means the use of a sound or electrical physical agent modality which penetrates past the subcutaneous layer of fat into the muscle through the application of heat, cold, ultrasound, phonophoresis, or iontophoresis.

(3) "Deep modality endorsement" means that a licensed occupational therapist has met the statutory requirements in the use of sound and electrical physical agent modalities and occupational therapy techniques involving topical medications.

(4) "Direct supervision" means the supervisor is physically present in the direct treatment area of the client-related activity being performed by the supervisee and requires face-to-face communication, direction, observation, and daily evaluation.

(5) "Documentation" means evidence of successfully completing a formal instruction program and must include:

(a) an official certificate of attendance or completion indicating:

(i) name or title of the course attended;

(ii) number of hours of course instruction; and

(iii) date(s) the course was attended; and

(b) a course syllabus.

(6) "General supervision" means the supervisor provides face-to-face communication, direction, observation, and evaluation of a supervisee's delivery of client services at least monthly at the site of client-related activity, with interim supervision occurring by other methods, such as telephonic, electronic, or written communication.

(7) "Instruction" means didactic study presented in any of the following forums:

(a) continuing education unit course work;

(b) in-service training by licensed health care professionals;

(c) professional conference;

(d) professional workshop; or

(e) self-study course work pursuant to ARM 24.165.2101.

(8) "Qualified occupational therapist" means that the supervising occupational therapist has been certified in the modality supervised.

(9) "Routine supervision" of temporary permit holders means direct contact at least daily at the site of work, with interim supervision by other methods, such as telephonic, electronic, or written communication.

(10) "Superficial modalities" means physical agent modalities including hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices used on the surface of the skin.

(11) "Topical medications" means medications applied locally to the skin and includes only medications listed in 37-24-108(2), MCA, for which a prescription is required under state or federal law. (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-1-101, 37-24-103, 37-24-105, 37-24-106, 37-24-107, 37-24-108, MCA; NEW, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2016 MAR p. 2422, Eff. 12/24/16; AMD, 2019 MAR p. 1743, Eff. 10/5/19; AMD, 2021 MAR p. 556, Eff. 5/15/21.)

Subchapter 4

General Provisions

24.165.401 FEES (1) Fees adopted by the board under 37-24-310, MCA, are as follows:

(a) Applications for licensure	
(i) registered occupational therapist	\$190
(ii) certified occupational therapist assistant	190
(b) License renewal	
(i) registered occupational therapist	110
(ii) certified occupational therapist assistant	110
(c) Temporary practice permit	120
(d) Inactive fee renewal	50
(e) Modality applications	
(i) superficial	20
(ii) topical medications (iontophoresis and phonophoresis)	20
(f) Inactive to active status	60
(g) Provider request for approval of continuing education program or course	150

(2) Additional standardized fees are specified in ARM 24.101.403.

(3) All fees are nonrefundable. (History: 37-1-131, 37-1-134, 37-24-201, 37-24-202, 37-24-310, MCA; IMP, 37-1-134, 37-1-141, 37-24-306, 37-24-310, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1988 MAR p. 972, Eff. 5/27/88; AMD, 1989 MAR p. 1191, Eff. 8/18/89; AMD, 1996 MAR p. 2379, Eff. 9/6/96; AMD, 2000 MAR p. 1036, Eff. 4/28/00; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2006 MAR p. 1049, Eff. 4/21/06; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2016 MAR p. 2422, Eff. 12/24/16; AMD, 2019 MAR p. 140, Eff. 1/26/19; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.402 ABATEMENT OF RENEWAL FEES (1) The Board of Occupational Therapy Practice adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301. (History: 37-1-131, MCA; IMP, 17-2-302, 17-2-303, 37-1-134, MCA; NEW, 2006 MAR p. 1049, Eff. 4/21/06.)

Rule 24.165.403 reserved

24.165.404 APPLICATIONS FOR LICENSURE (REPEALED) (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-1-131, 37-24-302, 37-24-303, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2006 MAR p. 1614, Eff. 6/23/06; AMD, 2007 MAR p. 1450, Eff. 9/21/07; AMD, 2008 MAR p. 1716, Eff. 8/15/08; AMD, 2015 MAR p. 56, Eff. 1/30/15; REP, 2019 MAR p. 1743, Eff. 10/5/19.)

Rule 24.165.405 reserved

24.165.406 MILITARY TRAINING OR EXPERIENCE (1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for licensure as an occupational therapist or occupational therapy assistant.

(2) Relevant military training, service, or education must be completed by an applicant while a member of either:

- (a) United States Armed Forces;
- (b) United States Reserves;
- (c) state national guard; or
- (d) military reserves.

(3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements as an occupational therapist or occupational therapy assistant. Satisfactory evidence includes:

(a) a copy of the applicant's military discharge document (DD 214 or other discharge documentation);

(b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and

(c) any other documentation as required by the board.

(4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements. (History: 37-1-145, MCA; IMP, 37-1-145, MCA; NEW, 2014 MAR p. 972, Eff. 5/9/14; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.407 EXAMINATIONS (1) The board adopts the examination and pass/fail criteria administered through the National Board of Certification in Occupational Therapy (NBCOT).

(2) Applicants must ensure that NBCOT forwards examination scores to the board. (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-1-131, 37-24-303, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1989 MAR p. 1191, Eff. 8/18/89; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2006 MAR p. 1614, Eff. 6/23/06; AMD, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

Rules 24.165.408 and 24.165.409 reserved

24.165.410 PASS-FAIL CRITERIA (REPEALED) (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-24-304, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1989 MAR p. 1191, Eff. 8/18/89; TRANS, from Commerce, 2004 MAR p. 2280; REP, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.411 BOARD FILING PRACTICES (REPEALED) (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-202, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; REP, 2019 MAR p. 140, Eff. 1/26/19.)

Rule 24.165.412 reserved

24.165.413 NONROUTINE APPLICATIONS (1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.

(2) Nonroutine applications must be reviewed and approved by the board before a license may be issued. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2021 MAR p. 556, Eff. 5/15/21.)

24.165.414 APPLICANTS WITH CRIMINAL CONVICTIONS (1) The board incorporates ARM 24.101.406 by reference with no modifications. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2021 MAR p. 556, Eff. 5/15/21.)

Subchapter 5

Licensing and Scope of Practice

24.165.501 SUPERVISION (1) Supervisors shall determine the required level of supervision based on the supervisee's clinical experience, responsibilities, and competence.

(2) Occupational therapists do not require supervision except for direct supervision of proctored treatments.

(3) Except per 37-24-105(2) and 37-24-106(2), MCA, certified occupational therapy assistants must work under the general supervision of an occupational therapist.

(4) Temporary practice permit holders must work under the routine supervision of a certified occupational therapy assistant or an occupational therapist.

(5) Occupational therapy aides must work under the direct supervision of an occupational therapist or an occupational therapy assistant. (History: 37-1-131, 37-1-319, 37-24-201, 37-24-202, MCA; IMP, 37-1-305, 37-24-103, 37-24-106, 37-24-107, MCA; NEW, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2007 MAR p. 1450, Eff. 9/21/07; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.502 SUPERVISION - METHODS (REPEALED) (History: 37-1-131, 37-24-202, MCA; IMP, 37-1-131, 37-24-103, 37-24-105, 37-24-106, 37-24-107, MCA; NEW, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2015 MAR p. 56, Eff. 1/30/15; REP, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.503 APPROVAL TO USE MODALITIES (REPEALED) (History: 37-24-202, MCA; IMP, 37-24-105, 37-24-106, MCA; NEW, 1994 MAR p. 663, Eff. 4/1/94; TRANS, from Commerce, 2004 MAR p. 2280; REP, 2005 MAR p. 447, Eff. 4/1/05.)

Rule 24.165.504 reserved

24.165.505 DEEP MODALITY ENDORSEMENT (1) The board will issue a deep modality endorsement to occupational therapists meeting the requirements of 37-24-105, 37-24-106, and 37-24-107, MCA. (History: 37-1-131, 37-24-202, MCA; IMP, 37-1-131, 37-24-105, 37-24-106, 37-24-107, MCA; NEW, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.506 RECOGNIZED EDUCATIONAL PROGRAMS (1) For licensure as an occupational therapist, the board recognizes those educational programs approved or recognized either by the American Occupational Therapy Association or the American Society of Hand Therapists. (History: 37-24-202, MCA; IMP, 37-24-303, MCA; NEW, 1994 MAR p. 663, Eff. 4/1/94; AMD, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.507 STANDARDS OF PRACTICE (1) The board adopts by reference the 2015 American Occupational Therapy Association's Standards of Practice. A copy of these standards is available at aota.org. (History: 37-24-202, MCA; IMP, 37-24-105, 37-24-106, MCA; NEW, 1994 MAR p. 663, Eff. 4/1/94; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.508 PERMISSION TO USE ELECTRICAL OR SOUND PHYSICAL AGENTS (REPEALED) (History: 37-24-202, MCA; IMP, 37-24-106, MCA; NEW, 1994 MAR p. 663, Eff. 4/1/94; TRANS, from Commerce, 2004 MAR p. 2280; REP, 2005 MAR p. 447, Eff. 4/1/05.)

24.165.509 APPROVED MODALITY INSTRUCTION (1) The board has approved the following sponsors or providers to provide instruction to licensees seeking endorsement to provide superficial physical agent modalities:

- (a) providers approved or recognized by the American Occupational Therapy Association;
- (b) providers approved by the National Board for Certification in Occupational Therapy;
- (c) providers approved or recognized by the American Society of Hand Therapists; or
- (d) graduate level education course work offered by an accredited college or university, provided that:
 - (i) the course work is taken after the licensee has obtained an undergraduate degree in occupational therapy; and
 - (ii) the course work provides skills and knowledge beyond mere entry level skills or knowledge of the topic.

(2) The board will approve instruction provided by licensed health care professionals whose competency in teaching the use of superficial physical agent modalities is demonstrated to the satisfaction of the board.

(3) To be approved by the board, the instructor must be a licensed or otherwise regulated professional allowed to use superficial physical agent modalities and have more than one year of clinical experience in the use of these modalities. (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-1-131, 37-24-105, 37-24-107, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2007 MAR p. 1450, Eff. 9/21/07; AMD, 2008 MAR p. 1716, Eff. 8/15/08; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.510 APPROVED TRAINING (1) Approved training includes proctored sessions provided by example and observation of either:

- (a) an occupational therapist:
 - (i) approved by the board to administer superficial physical agent modalities and sound and electrical physical agent modalities for iontophoresis and phonophoresis; and
 - (ii) who has more than one year of clinical experience in either the use of sound and electrical physical agent modalities or superficial physical agent modalities; or
- (b) a licensed health care professional with more than one year of clinical experience in the use of sound and electrical physical agent modalities or superficial physical agent modalities as within the professional's licensed scope of practice. (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-1-131, 37-24-105, 37-24-107, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2007 MAR p. 1450, Eff. 9/21/07; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.511 DOCUMENTATION OF INSTRUCTION AND TRAINING

(REPEALED) (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-105, 37-24-106, 37-24-107, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2015 MAR p. 56, Eff. 1/30/15; REP, 2019 MAR p. 1743, Eff. 10/5/19.)

Rule 24.165.512 reserved

24.165.513 APPROVAL TO USE SOUND AND ELECTRICAL PHYSICAL AGENT MODALITIES (REPEALED) (History: 37-1-131, 37-24-201, 37-24-202, MCA; IMP, 37-24-106, 37-24-107, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2007 MAR p. 1450, Eff. 9/21/07; REP, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.514 ENDORSEMENT TO APPLY TOPICAL MEDICATIONS

(1) To obtain an endorsement for the administration or use of topical medications, an occupational therapist shall:

(a) complete five hours of instruction or training approved by the board in:

- (i) principles of topical drug interaction;
- (ii) adverse reactions and factors modifying response;
- (iii) actions of topical drugs by therapeutic classes; and
- (iv) techniques by which topical drugs are administered; and

(b) perform one proctored treatment in direct application of topical medications, and either:

- (i) two proctored treatments in phonophoresis; or
- (ii) three proctored treatments of iontophoresis.

(2) All proctored treatments required in (1) must be under the direct supervision of a person offering training per ARM 24.165.510. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-106, 37-24-107, 37-24-108, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

Rule 24.165.515 reserved

24.165.516 USE OF TOPICAL MEDICATIONS (1) Topical medication prescribed for a patient on a specific or standing basis by a licensed medical practitioner with prescriptive authority must be obtained by the patient or an authorized representative from a licensed Montana pharmacy.

(2) All prescribed topical medications:

(a) must be stored at the clinician's place of business in compliance with proper storage guidelines under Title 37, chapter 7, MCA, or as otherwise developed by the Board of Pharmacy, or as noted by the pharmacist;

(b) must be returned to the patient's possession at the termination of the course of treatment with the patient; and

(c) may not be transferred to or used in treatment of any other patient.

(3) All topical medications must be administered by the clinician as prescribed and in accordance with any pharmacy guidelines given with the topical medication. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-107, 37-24-108, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.517 PROTOCOLS FOR USE OF TOPICAL MEDICATIONS

(1) Only those classes of topical medications approved for use by 37-24-108, MCA, and prescribed for the patient by a licensed medical practitioner with prescriptive authority, may be applied by a clinician to a patient.

(2) Each clinician must:

(a) understand the use of approved topical medications;

(b) read and understand the medication package inserts for indications, contraindications, and actions;

(c) consult the Physician's Desk Reference (PDR) when necessary; and

(d) maintain appropriate records of all topical medication(s) applied or administered. The records must:

(i) be included in the patient's chart;

(ii) verify proper labeling and packaging;

(iii) demonstrate purchase from a licensed Montana pharmacy; and

(iv) include a record of the written prescription specifying the topical medication to be applied and the method of application (direct application, phonophoresis, or iontophoresis).

(3) The following classes of topical medications are approved for use by the clinician:

(a) bactericidal agents (see ARM 24.165.523);

(b) debriding agents (see ARM 24.165.518);

(c) anesthetic agents (see ARM 24.165.519);

(d) anti-inflammatory agents (see ARM 24.165.520);

(e) antispasmodic agents (see ARM 24.165.521); and

(f) adrenocortico-steroids (see ARM 24.165.522).

(4) Occupational therapists working at facilities with different protocols for the use of topical medications may apply for board authorization to use the facility protocols. The board will not authorize the use of any topical medication not authorized by 37-24-108, MCA. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.518 DEBRIDING AGENTS PROTOCOLS (1) Within the class of debriding agents, only the following subclasses are approved for use by a clinician on a patient:

- (a) papain-based ointments;
- (b) papain with urea additives;
- (c) anti-inflammatories;
- (d) collagenases;
- (e) endogenous platelet-derived growth factors; and
- (f) fibrinolytics.

(2) Clinicians may use papain-based ointments as directed by a licensed medical practitioner with prescriptive authority.

(a) Papain-based ointments act via a proteolytic enzyme that digests nonviable proteins, but which is harmless to viable tissues.

(b) Papain-based ointments are indicated for debriding necrotic tissue and liquefying slough in acute and chronic lesions, trauma wounds, or infected lesions.

(c) Papain-based ointments are contraindicated for patients with known sensitivities to papain or any other ingredient of the medication.

(3) Clinicians may use papain with urea additive agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Papain with urea additive acts as a denaturant to proteins, helps expose papain's activators by a solvent action, rendering them more susceptible to enzymatic digestion.

(b) Papain with urea additive indications are for treating acute and chronic lesions including but not limited to:

- (i) venous ulcers;
- (ii) diabetic and decubitus ulcers;
- (iii) burns;
- (iv) postoperative wounds;
- (v) pilonidal cyst wounds;
- (vi) carbuncles; and
- (vii) traumatic or infected wounds.

(c) Papain with urea additive has no known contraindications.

(4) Clinicians may use anti-inflammatory agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Anti-inflammatory agents act to decrease histamine reactions to peri-wound areas, decreasing inflammation, and encouraging remodeling.

(b) Anti-inflammatory agents are indicated for relieving inflammation and pruritis caused by dermatosis.

(c) Anti-inflammatory agents are contraindicated for patients with known sensitivity to any components of the preparation.

(5) Clinicians may use collagenase agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Collagenase agents act by digesting collagens in necrotic tissues, without destroying healthy granulation, and by encouraging epithelialization.

(b) Collagenase agents are indicated for debriding chronic dermal ulcers and severely burned areas.

(c) Collagenase agents are contraindicated for patients with local or systemic hypersensitivity to collagenases.

(6) Clinicians may use endogenous platelet-derived growth factor agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Endogenous platelet-derived growth factor agents act by promoting chemotactic recruitment and the proliferative stage of healing. They enhance formation of granulation tissue.

(b) Endogenous platelet-derived growth factors are indicated for diabetic neuropathic ulcers that extend into subcutaneous tissue with an adequate blood supply.

(c) Endogenous platelet-derived growth factor agents are contraindicated for patients with known hypersensitivity, including but not limited to parabens. Endogenous platelet-derived growth factor agents are not for use with wounds that close by primary intention because they are a nonsterile, low bioburden, preserved product.

(7) Clinicians may use fibrinolytics as directed by a licensed medical practitioner with prescriptive authority.

(a) Fibrinolytics act by contributing to collagen synthesis, where over-production of collagen can cause poor remodeling of the wound.

(b) Fibrinolytics are indicated in patients who exhibit painful, indurated wounds. Fibrinolytics are also indicated in slow healing venous wounds. Fibrinolytics are only used adjunctively in therapy.

(c) Fibrinolytics are contraindicated in patients who are allergic or exhibit a sensitivity to steroids. Fibrinolytics are also contraindicated when used alone in the treatment of wounds. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.519 ANESTHETIC AGENTS PROTOCOLS (1) Clinicians may use anesthetic agents as directed by a licensed medical practitioner with prescriptive authority.

(2) Anesthetic agents act by blocking both the initiation and conduction of nerve impulses by decreasing the neuron membrane's permeability to sodium ions.

(3) Anesthetic agents are indicated for relief of pain and inflammation associated with minor skin disorders and for acute inflammatory conditions.

(4) Anesthetic agents are contraindicated if there is sensitivity to the topical anesthetic. Anesthetic agents are also contraindicated if there are abrasions, openings, or a local infection at the site of application.

(5) The specific anesthetic agents permitted by this rule are:

(a) fluoromethane compounds:

(i) dichlorofluoromethane 15 percent;

(ii) trichloromonofluoromethane 85 percent;

(iii) lidocaine hydrochloride;

(iv) lidocaine;

(v) ethyl chloride;

(vi) hydrocortisone menthol (See also ARM 24.165.522(4)); and

(vii) lidocaine hydrocortisone. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.520 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

PROTOCOLS (1) Clinicians may use nonsteroidal anti-inflammatory agents as directed by a licensed medical practitioner with prescriptive authority.

(2) Nonsteroidal anti-inflammatory agents act by blocking the formation of prostaglandins.

(3) Nonsteroidal anti-inflammatory agents are indicated for acute inflammation including but not limited to tendonitis, arthritis, and bursitis.

(4) Nonsteroidal anti-inflammatory agents are contraindicated when there is a local infection or abrasion at the site of application. Nonsteroidal anti-inflammatory agents are also contraindicated when there is sensitivity to topical anti-inflammatory agents.

(5) The specific nonsteroidal anti-inflammatory agents permitted by this rule are:

(a) ketaprofen 20 percent (10 percent is available without prescription);

(b) piroxicam 1 percent or 2 percent;

(c) ibuprofen, up to 20 percent; and

(d) diclofenac 2.5 percent. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.521 ANTISPASMODIC AGENTS PROTOCOLS (1) Clinicians may use antispasmodic agents as directed by a licensed medical practitioner with prescriptive authority.

(2) Antispasmodic agents act by forming strong drug-receptor complex at postganglionic parasympathetic neuroeffector sites in smooth muscle, cardiac muscle and exocrine glands, thereby blocking action of acetylcholine.

(3) Antispasmodic agents are indicated for reduction of the volume of perspiration by inhibiting sweat gland secretions to reduce muscle spasms and pain.

(4) Antispasmodic agents are contraindicated if the formulation contains sapphire, which can cause allergic reactions in susceptible individuals. Other contraindications may be listed in the current PDR.

(5) The antispasmodic agents permitted by this rule are:

(a) cyclobenzaprine 1 percent or 2 percent; and

(b) baclofen 10 percent. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.522 ADRENOCORTICO-STEROID AGENTS PROTOCOLS

(1) Clinicians may use adrenocortico-steroid agents as directed by a licensed medical practitioner with prescriptive authority.

(2) Adrenocortico-steroid agents act by diffusing across cell membranes to combine with specific cytoplasmic receptors. The resulting complexes enter the nucleus and bind to DNA, thereby irritating cytoplasmic synthesis of the enzymes responsible for systemic effects of adrenocortico-steroids.

(3) Adrenocortico-steroid agents are indicated for inflammation (including but not limited to tendonitis, bursitis, arthritis, or myositis), and for antipruritic and vasoconstrictor actions.

(4) Adrenocortico-steroid agents are contraindicated or require special care when used with children, growing adolescents, and pregnant women.

Adrenocortico-steroid agents are also contraindicated:

(a) by intolerance to adrenocortico-steroids;

(b) if an infection which is not controlled by antibiotics is present at the treatment site;

(c) for prolonged periods of time;

(d) for large areas; and

(e) with occlusive dressings.

(5) The adrenocortico-steroid agents permitted by this rule are:

(a) hydrocortisone cream 10 percent;

(b) dexamethasone sodium phosphate;

(c) triamcinolone acetoneide; and

(d) dexamethasone cream. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.523 BACTERICIDAL AGENTS PROTOCOLS (1) Within the class of bactericidal agents, only the following subclasses are approved for use by the clinician on a patient:

- (a) antibiotic ointments;
- (b) antimicrobial agents; and
- (c) bactericidal agents.

(2) Clinicians may use antibiotic ointments as directed by a licensed medical practitioner with prescriptive authority.

- (a) Antibiotic ointments act to kill bacteria and microbes.
- (b) Antibiotic ointments are indicated on culture-proven infected wounds.
- (c) Antibiotic ointments are contraindicated in patients with proven sensitivities or allergic reactions to the antibiotic prescribed.

(3) Clinicians may use antimicrobial agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Antimicrobial agents contain a broad spectrum-silver cascade that acts to reduce the bioburden in wounds for up to seven days.

(b) Antimicrobial agents are indicated for managing full and partial thickness wounds and may be used over debrided or grafted partial thickness wounds.

(c) Antimicrobial agents have no known contraindications.

(4) Clinicians may use bactericidal agents only for debridement as directed by a licensed medical practitioner with prescriptive authority.

(a) Bactericidal agents act by killing bacteria.

(b) Bactericidal agents are indicated for the presence of bacteria.

(c) Bactericidal agents are contraindicated in patients with allergic or sensitive response to the agent. (History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.524 PROTOCOL FOR USE OF AN APPROVED MEDICATION AS A NEUROPATHIC PAIN AGENT (1) Clinicians may use approved topical medications as neuropathic pain agents, when and as directed by a licensed medical practitioner with prescriptive authority.

(2) Neuropathic pain agent actions depend upon the type of agent.

(3) Neuropathic pain agents are indicated for injuries to central or peripheral nervous system, including fibromyalgias, diabetic neuropathy, and regional pain syndrome.

(4) Neuropathic pain agents are contraindicated if an infection or rash is present at the site of application or there is a sensitivity to the topical agent.

(History: 37-24-201, 37-24-202, MCA; IMP, 37-24-108, 37-24-109, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.525 DOCUMENTING EDUCATION AND COMPETENCE TO PERFORM SOUND AND ELECTRICAL PHYSICAL AGENT MODALITIES – OUT-OF-STATE PRACTITIONERS (REPEALED) (History: 37-24-201, 37-24-202, MCA; IMP, 37-1-304, 37-24-302, 37-24-303, MCA; NEW, 2005 MAR p. 447, Eff. 4/1/05; REP, 2019 MAR p. 1743, Eff. 10/5/19.)

Subchapter 6

Licensing and Board Specific Rules

24.165.601 TEMPORARY PRACTICE PERMIT (1) Temporary permit holders shall work under the supervision of an occupational therapist in accordance with ARM 24.165.501. (History: 37-1-305, 37-1-319, MCA; IMP, 37-1-319, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

Rules 24.165.602 and 24.165.603 reserved

24.165.604 INACTIVE STATUS (1) An active status licensee may convert to inactive status on the renewal form or by informing the board office. Inactive licensees must inform the board of any change of address while on inactive status and must pay the inactive renewal fee annually to avoid license expiration or termination.

(2) Inactive licensees may not practice occupational therapy.

(3) An inactive status licensee may convert to active status upon request and payment of the required fee. The licensee must demonstrate:

(a) full-time practice of occupational therapy in another state and completion of continuing education for each year of inactive status that is substantially equivalent to Montana's;

(b) completion of a minimum of six hours of continuing education within the six months prior to converting to active status if the licensee has not practiced occupational therapy for more than two years; or

(c) repassage of the National Board of Certification in Occupational Therapy examination. (History: 37-1-131, 37-1-319, MCA; IMP, 37-1-131, 37-1-319, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

Subchapters 7 through 20 reserved

Subchapter 21

Continuing Education

24.165.2101 CONTINUING EDUCATION (1) Licensees must complete ten hours of continuing education (CE) annually and shall affirm an understanding of the recurring duty to comply with CE requirements as part of license renewal. The CE requirement does not apply until a licensee's first full year of licensure.

(2) The board may randomly audit up to 50 percent of renewed licensees.

(3) The licensee shall maintain records and documentation of completed CE and make the records available upon board request.

(4) All CE must be germane to the profession and contribute to the professional competence of an occupational therapist.

(5) The board shall accept any CE offered or approved by the Montana Occupational Therapy Association, the American Occupational Therapy Association, the American Society of Hand Therapists, the National Board for Certification in Occupational Therapy (NBCOT), or the American Journal of Occupational Therapy.

(6) The board recognizes the maintenance of current NBCOT certification as fulfilling the CE requirements of this rule.

(7) Continuing education may be earned:

(a) through college course work, according to the following limitations:

(i) the licensee must pass the course;

(ii) one semester credit shall equal 15 contact hours of CE; and

(iii) one quarter credit shall equal ten contact hours of CE.

(b) by teaching courses or making professional presentations, according to the following limitations:

(i) two contact hours shall be awarded for every hour of presentation;

(ii) documentation must be submitted in the form of an agenda or outline showing the licensee as instructor or presenter of the course;

(iii) the course must be germane to the profession;

(iv) credit for instruction of any course or topic of presentation may be submitted for continuing education only once; and

(v) individuals employed by universities and colleges may not claim credit units in this category for conducting courses that are a part of the regular course offering of those institutions, even if those courses are offered in the evening or summer.

(c) for apprenticeships involving supervised clinical experience aimed at return to practice or developing specialized skills in occupational therapy, according to the following limitations:

(i) ten contact hours shall be credited for each 40 hour week;

(ii) there is no limit to the amount of contact hours that can be earned under this category;

(iii) documentation must be submitted in the form of a signed letter from the clinical supervisor describing the length and type of educational experiences, and an evaluation of the practitioner's performance; and

(iv) apprenticeships must be served under the supervision of an occupational therapist.

(d) by reading books germane to the profession, according to the following limitations:

(i) one contact hour shall be credited for each book or article up to a maximum of four contact hours per year; and

(ii) documentation must be maintained in the form of a book review written by the licensee noting the author, title, publisher, and publishing date of the book or article; and

(e) by attending and participating in a live presentation (workshop, seminar, conference, in-service education program) or other CE activity requiring a formal assessment of learning (electronic or web-based courses, formalized self-study courses), according to the following limitations:

(i) one contact hour shall be awarded for every hour awarded by the provider;

(ii) there is no limit to the number of contact hours that can be earned under this category; and

(iii) documentation must include a certificate of completion or similar document including course name, date, author/instructor, sponsoring organization, location, and number of hours attended.

(8) All Internet courses must meet the same criteria as in-person CE courses.

(9) Licensees found to be in noncompliance with CE requirements may be subject to administrative suspension. (History: 37-1-131, 37-1-319, MCA; IMP, 37-1-131, 37-1-306, 37-1-319, MCA; NEW, 1996 MAR p. 2379, Eff. 9/6/96; AMD, 1998 MAR p. 2266, Eff. 8/28/98; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2006 MAR p. 1614, Eff. 6/23/06; AMD, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2016 MAR p. 2422, Eff. 12/24/16; AMD, 2019 MAR p. 140, Eff. 1/26/19; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

24.165.2102 CONTINUING EDUCATION – EXEMPTION (1) A licensee may request an exemption from CE requirements due to physical disability or undue hardship. Requests will be considered by the board. (History: 37-1-131, 37-1-319, MCA; IMP, 37-1-131, 37-1-306, 37-1-319, MCA; NEW, 1996 MAR p. 2379, Eff. 9/6/96; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2015 MAR p. 56, Eff. 1/30/15; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)

Rules 24.165.2103 through 24.165.2114 reserved

24.165.2115 RENEWALS (REPEALED) (History: 37-1-141, 37-24-201, 37-24-202, MCA; IMP, 37-1-141, 37-24-102, 37-24-301, 37-24-306, MCA; NEW, 2006 MAR p. 1583, Eff. 7/1/06; REP, 2019 MAR p. 140, Eff. 1/26/19.)

Subchapter 22 reserved

Subchapter 23

Unprofessional Conduct

- 24.165.2301 UNPROFESSIONAL CONDUCT (1) In addition to the provisions of 37-1-316, MCA, the board defines "unprofessional conduct" as follows:
- (a) treating individual disorders by correspondence;
 - (b) discriminating against a client on the basis of race, religion, sex, or age;
 - (c) improper use of evaluation or treatment modalities resulting in physical injury to the client;
 - (d) violating, or attempting to violate, directly or indirectly, or assisting or abetting the violation of, or conspiring to violate any provision of Title 37, chapter 24, MCA, or rule promulgated thereunder;
 - (e) violating any state, federal, provincial, or tribal statute or administrative rule governing the profession of any licensee;
 - (f) performing services outside of the licensee's area of training, expertise, competence, or scope of practice or licensure;
 - (g) maintaining a relationship with a client that is likely to impair the licensee's professional judgment or increase the risk of client exploitation;
 - (h) exercising influence on or control over a client, including the promotion or the sale of services, goods, property, or drugs for the financial gain of the licensee or a third party;
 - (i) charging a fee that is clearly excessive in relation to the service or product for which it is charged;
 - (j) failing to render adequate supervision, management, training, or control of auxiliary staff or supervisees;
 - (k) discontinuing professional services unless services have been completed, the client requests the discontinuation, alternative or replacement services are arranged, or the client is given reasonable opportunity to arrange alternative or replacement services;
 - (l) delegating a professional responsibility to a person the licensee knows, or has reason to know, is not qualified to perform the delegated task;
 - (m) failing to report an incident of unsafe practice or unethical conduct of another licensee to the board;
 - (n) failing to obtain informed consent from client or client's representative prior to providing any therapeutic intervention or treatment;
 - (o) guaranteeing that a cure will result from the performance of occupational therapy services;
 - (p) failing to provide to a client, client's representative, or an authorized health care practitioner, upon request, the medical record or a copy of the client's medical record. Prior payment for professional services to which the records relate, other than photocopy charges, may not be required as a condition of making the records available;

- (q) sexual, verbal, or mental abuse of a client;
- (r) failing to safeguard the client's dignity or right to privacy;
- (s) engaging in sexual contact, sexual intrusion, or sexual penetration, as defined in Title 45, chapter 2, MCA, with a client when a professional relationship exists, or up to six months after the relationship has terminated;
- (t) failing to account for funds received in connection with any services rendered or to be rendered; and
- (u) failing to respond to board or department inquiry, audit, or request for information. (History: 37-1-131, 37-1-136, 37-1-319, 37-24-202, MCA; IMP, 37-1-136, 37-1-307, 37-1-308, 37-1-309, 37-1-311, 37-1-312, 37-1-316, 37-24-202, MCA; NEW, 1986 MAR p. 943, Eff. 5/30/86; AMD, 1989 MAR p. 1191, Eff. 8/18/89; AMD, 1994 MAR p. 25, Eff. 1/14/94; AMD, 1996 MAR p. 2379, Eff. 9/6/96; AMD, 1998 MAR p. 2266, Eff. 8/28/98; TRANS, from Commerce, 2004 MAR p. 2280; AMD, 2007 MAR p. 1450, Eff. 9/21/07; AMD, 2019 MAR p. 140, Eff. 1/26/19; AMD, 2019 MAR p. 1743, Eff. 10/5/19.)