

Summer  
2014

# FOCUS

FLORIDA OCCUPATIONAL THERAPY'S QUARTERLY NEWSLETTER

FOTA

## BACK TO THE FUTURE

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November 7-8, 2014 Fort Myers, FL

FOTA  
2014

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- #306 Pediatric Feeding and Swallowing Disorders**  
**Krisi Brackett, MS, SLP/CCC**  
October 4-5, 2014 St. Petersburg, FL
- #342 Eval and Treatment of the Clumsy Child**  
**Barbara Connolly, PT, Ed.D, FAPTA**  
September, 19-20, 2014 St. Petersburg, FL
- #115 Cervical Spine/Upper Extremities for  
Orthopedic Dysfunction and Rehabilitation**  
**Sandy L. Burkart PT OCS, PhD**  
October 17-18, 2014 St. Petersburg, FL
- #160 Core Strengthening Basics and Beyond-  
Dynamic Stabilization**  
**Caroline Corning Creager, PT**  
October 25-26, 2014 Miami, FL

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We hope you have the dates saved for **#FOTA14!** Like years before, there will be something for everyone. Earn your CEUs for licensure, including the mandatories. This year we will be hosting the conference in beautiful Fort Myers, Florida. The host school is Florida Gulf Coast University.

Why **"Back to the Future?"** Occupational Therapy is looking ahead to emerging practices, such as mental health, community health, wellness, and primary care. Some of this may sound familiar to those of us who have been practicing for many years!

- Conference registrations and hotel reservations are now open.
- Professional Papers deadline is July 15
- Student Poster Presentation deadline is Sept. 15
- Exhibitor Registrations are now open
- Sponsorship & Advertising opportunities galore!

The FOTA website will be posting updates over the next few months with conference information. We know there will be something for you in November at the annual conference!

**SEE YOU AT #FOTA14!**



We are pleased to announce  
**Katherine Burson** as the  
**keynote speaker for FOTA 2014.**

Katherine Burson, will be presenting  
**"Connecting Today's Needs to  
Tomorrow's Solutions"**.

Ms. Burson is an occupational therapist who works as the Senior Public Service Administrator and Chief of Rehabilitation Services for the Illinois Department of Human Services, Division of Mental Health.

Under her advocacy, the State of Illinois added 100 mental health occupational therapists to the state system!

We look forward to her sharing how to succeed in an era of healthcare changes and to meet the needs of our consumers.



## PRESIDENTIAL PONDERINGS

Elena Vizvary, MS, OTR/L, FOTA President

First of all, thank you to members who voted in the April election for FOTA President-Elect and Secretary. I am honored to have been elected President-Elect, which means I will have another two year term to serve as President after I complete this, my first term, in June 2015. Basically, this means I have three more years to make FOTA the BEST state association in the country! Truth be told - we are well on our way. Stay tuned for updates as we move forward.

Congratulations to **Deb Misrahi** who was re-elected as FOTA Secretary in the April election. Deb volunteers many hours to keep and update FOTA records and correspondence and make sure we all know when meetings are planned. In addition, she represents the FOTA board in several outreach events each year. Deb's term of office extends to June 2016.

**FOTA Leadership News :** New additions to FOTA leadership group include **Sherri Montgomery** who assumes Chair of the Bylaws Policies and Procedures Committee (BPPC). Previous chair **Carol Gwin** served in this position for several years. We are extremely grateful for all that Carol did, working tirelessly and often thanklessly to update FOTA bylaws, procedures and job descriptions so they all are in agreement, are current and make sense. Thank you Carol for your years of service and welcome Sherri!

Four new Regional Representatives have been added to FOTA leadership group. Regional Representatives represent specific areas of the state and facilitate communication between FOTA members in their region and the FOTA board. Welcome to: **Bonnie Inkel**, Northwest (region 1); **Becky Piazza** North Central (region 3); **Cara Putnam**, Southwest (Region 8); **Laura Maynard**, Central West (region 9). Once we confirm a representative for Central (region 2), FOTA will have a full complement of Regional Representatives for the very first time. Thanks to **Cathy Peirce**, Southwest (Region 7) who continues to coordinate and represent all regional representatives to the board. For details about your regional representative, or your region, check FOTA leadership page at [www.flota.org](http://www.flota.org).

I am very pleased to announce that the FOTA *Membership committee* has been recreated to better serve our current needs. We now have a new membership committee chair, **Adrienne Lauer**. Adrienne is ready to add additional members to her committee as she launches an exciting membership campaign. If you would like to assist Adrienne, as a practitioner or student, contact Adrienne at <alauer@nova.edu>

**Kurt Hubbard** is ending his service on the FOTA board. Thanks Kurt for your service to FOTA as President 2012-2014 and as Past President 2013-2014. We look forward to see where your expertise shows up in your next FOTA volunteer capacity.

Webmaster **Brent Cheyne** has turned in his letter of resignation effective July 3, 2014. We cannot thank Brent enough for the mountain of hours he has worked

for FOTA as webmaster. Because there are a few months left before he completely steps away, Brent is ready to teach, support and assist the incoming webmaster. Brent has worked diligently to transition many webmaster tasks that he previously performed, to FOTA Administrative Assistant, Janine Silvaroli. Janine has proven a very capable manager of our website, but she is not an OT practitioner. We still need an OT or OTA to monitor and oversee professional content for the website. If you, or anyone you know, is interested in assuming this very important FOTA leadership webmaster job, or have questions about what this position entails, please contact me or Brent ASAP. [ervizvary@verizon.net](mailto:ervizvary@verizon.net) or [brentcheyne@yahoo.com](mailto:brentcheyne@yahoo.com).

**Your Board activity:** FOTA Leadership (all voting and non-voting board members) meet twice each year in a face to face meeting and in between we meet via quarterly conference calls. One face to face meeting is adjacent to our annual fall conference and the other meeting is held in the summer. On June 14, the board met in Orlando for a productive summer meeting. We discussed current FOTA and board activities, our budget, conference planning and reviewed procedures and policies. Some of the board decisions can be found in the Treasurer article by **Deb Murphy-Fischer**. Please read and make sure you understand how these new changes impact you.

One exciting update heard at the meeting was offered by the Strategic Plan ad hoc committee. This committee has drafted several Strategic Plan goals and identified FOTA core values. In addition, this committee has decided to review and rewrite the *FOTA mission and vision statements* making them more meaningful and relevant for FOTA members. Watch for more discussions and future publication of the new Strategic Plan, mission and vision statements.

2014 Conference plans were also shared at the June meeting. With **"Back to the Future"** as the theme, and **Katherine Burson**, MS, OTR/L as the keynote, the upcoming conference will offer practitioners and students a look at where we've been, where we are, and where we are going as a profession. Join me in Ft. Myers, November 7 & 8. See [www.flota.org](http://www.flota.org) for all conference and accommodation news. Registrations open soon.

**FOTA Membership Committee:** Congratulations on your decision to support your state professional association and be a member. Yes, FOTA is an organization, but in reality it is people - practitioners and students - who believe that belonging to a professional organization is a professional responsibility. FOTA offers support in practice, education and advocacy. Thank you for your membership. It is worth every penny it costs you.

As a member, you created a profile in the FOTA membership data base. This profile is where we find your contact information. Please take a moment to check your profile at [www.flota.org](http://www.flota.org) and make sure everything is correct - especially your e-mail address. We can't reach you and keep you informed if your contact information is incorrect. And please pass this request to your colleagues.

I look forward to seeing you at conference in November in Ft. Myers. If you need to reach me before then, [ervizvary@verizon.net](mailto:ervizvary@verizon.net) works well. I will respond as quickly as I can.



## TREASURER REPORT

**Debbie Murphy-Fischer, MB, OT, FOTA  
Treasurer**

### What's Up?

**Answer: The Economy and FOTA Dues**

Florida's economy is improving. Witness a surge of new construction of homes and roads, a record influx of tourists and a shortage of Occupational Therapy practitioners to fill available jobs. This economic growth impacts the business of the Florida Occupational therapy Association (FOTA).

During the past 10 years, our association has sustained itself without increasing membership dues by initiating efficiencies in several management processes. They include:

1. FOTA Board operations through Web-based functions — "green" and practical practices in a state as geographically large as Florida;
2. Conference calls and message board communications provide dialogue in lieu of face-to-face meetings.
3. Web-based membership and conference registration keeps our finance streams clean.

Mindful that the association had to make cost reductions, the Board felt that the dues structure had to be maintained. FOTA advertising and education revenue streams, and especially successful annual conferences provided an additional revenue cushion. The Board continues to explore additional revenue streams.

In the past 10 years, however, costs have been rising: food and energy, web hosting and maintenance, and overhead expenses such as printing, bookkeeping and travel. The Board realizes that the association is functioning well, but an increase in expenses looms and threatens to outpace income.

Therefore, after 10-plus years of no increases, the Board feels that an 8 percent increase in membership rates is necessary. Given that as many operational costs as possible have been reduced, Board member feel the increase would be acceptable to association members. The 8 percent increase would bring the FOTA annual membership rates to the following: OTs to \$90; OTAs to \$60; and retired and student practitioners to \$30. Compared to membership rates of other state OT associations of comparable size and potential member base — California, New York and Texas — FOTA membership rates will remain lower even with the 8% increase.

During the past year, the FOTA Executive Board, concerned over a decline in advertising and education income separate from FOTA conferences and the ongoing challenge of member recruitment and retention, approved several investments in the association's operational infrastructure: the hiring of an administrative assistant, a website upgrade, and an increased contract

rate requested by our lawyer/lobbyist, Larry Gonzales, in Tallahassee.

The first two investments already have reaped financial benefit as our new administrative assistant, Janine Silvaroli, has been trained in our website management systems. The Punta Gorda resident has a background in advertising and sales and is pursuing new ideas to boost advertising revenue in addition to making our presence on social media more relevant. To maintain our membership gains, Silvaroli also will focus on identifying and contacting members whose membership has lapsed. Her additional responsibilities include compiling the FOTA newsletter compilation and assisting in the development of FOTA conference programs.

To reduce printing costs, the FOTA newsletter is now offered only online. If you wish a hard copy, you can download and print out those pages of interest to you. This brings us closer to a totally green format. Our upgraded website is more user friendly and provides the association a database to track membership and conference registration.

Your membership dues support our legislative agenda and professional educational programs. FOTA has partnered with AOTF to provide scholarships, and, the past few years, FOTA have been contributing to a research fund that will soon allow us to offer support to worthy member scholars.

Please encourage your colleagues to join. The burden is lighter when shared by many. The greater the number of members in our association the more FOTA can serve. Thank you for demonstrating your professional responsibility through your continued FOTA membership

### DID YOU KNOW?

- There are 324 Colleges or Universities that offer educational programs for OT and OTA.
- In Florida there are 8 colleges/universities that offer educational programs for OT.
- In Florida there are 20 colleges/universities that offer educational programs for OTA.
- The state of Texas, follows in highest number of programs, totaling 14 combined programs for OT and OTA.
- Between 2009 and 2011, Kaiser University graduated 1,267 OTA clinicians in Florida
- There are 12,000 Licensed OTs/OTAs in Florida.
- You can order postage stamps related to OT at <http://bit.ly/1mBARYS>.
- FOTA has a Pinterest site <http://www.pinterest.com/FLoridaOT/>.



### **Enhancing OT Leadership Role in the Community: Facilitating Administrative Decisions**

*Kurt Hubbard, PhD(c), OTD, OTR/L, Remington College National Dean of Occupational and Physical Therapy Studies*

As Occupational Therapy practitioners, we strive to be viewed as leaders in healthcare. We first hear of leadership in our studies as a student, from formal lectures to informal mentorship by our instructors. We then observe many different leadership styles from well skilled clinicians when we start practicing at a variety of sites.

However, many therapists are not exposed to the implementation and practice of leadership especially at the administrative level at the facilities in which we are employed. So how do we cultivate our power and influence in our practice setting and within the profession? Certainly, the future viability of our profession demands that we have solid and skilled leadership at all levels of healthcare. Our overall objective as professionals is to meet the Centennial Vision's strategic objective of "building the profession's capacity to influence and lead." At the basic level, it is important to steadfastly demonstrate best leadership practices and apply them to mid-management. It is imperative that we expose other professionals at the management sector to our knowledge base of leadership skills needed for sustained progress if we are to have a seat at the decision making table. This is needed for the development of the next generation of healthcare leaders. In addition, it is needed to build a network of influential leaders at the higher management levels in a variety of clinical facilities. To this end, the loftiest of goals is to provide motivation for occupational therapy practitioners in mid management positions to aspire to ascend to higher positions within their practice settings. Professional ascension in you will, is done by increasing our confidence in intraprofessional situations and facilitating our ability to think strategically. Let me give you a recent example of using an opportunity to exert influence as a leader in healthcare.

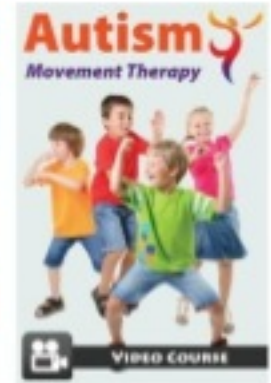
As you are aware, OT has a leadership role in the Neonatal Intensive Care Unit (NICU). The NICU is needed for complicated births and work with neonates who are physiologically unstable (e.g., unable to maintain body temperature, heart rate, etc.). I was fortunate to be involved in some fundraising efforts to assist in the \$13 million expansion to the Alexander Center for Neonatology at Winnie Palmer Hospital in Orlando.

This facility had as its mission a few years ago to become one of the largest Neonatal Intensive Care Units in the world. This fine facility has as its goal to provide the highest level of care for newborns that are at high-

risk, and to organize and provide highly skilled therapy interventions to critically ill newborns. The expansion located on the eleventh floor, adds 30 beds to the Winnie Palmer Hospital NICU which already had 112 beds, including 52 Level III (the highest level) and 60 Level II (intermediate level) beds. This new unit features 30 NICU beds in an innovative environment designed to help enhance family-centered care. Although input was taken into consideration from all healthcare professionals, our specific "OT" skill set which makes us a unique member of the team was not integrated formally. Having the opportunities to review the floor layout and the room design, I was fortunate to give feedback to this expansion from an OT prospective during the construction phase of the project. It was paramount that this space facilitates more family bonding time and opportunities for parents and caregivers to become more comfortable in caring for the baby's medical and developmental needs.

An occupationally based recommendation was that the design of each room in the new unit be private with a fold-down bed to accommodate overnight stays by a family member, and include a private bathroom and shower among other amenities. Infant's "occupations" include sleeping, feeding, interacting with their parents and caregivers, and using of their eyes and hands to explore their environment. OT in the NICU are experts in protecting fragile babies from excessive or inappropriate sensory aspects of the environment, and assists the family in fostering optimal development for their baby. In addition, OT assists in facilitating infant's neuromotor development (how the brain and muscles work together) by optimal positioning as well fabricating special supports in the form of splints to help manage muscle tone or range of motion. OT plays a very important role with the premature infant's sensory system and their ability to organize and regulate the stimuli in the world around them. Therefore, it is was important to design rooms that assist these babies that have a difficult time adjusting to being outside the womb regulating touch, sound, and light. It is details like this, that may have gone overlooked without the voice of OT being heard.

I am not sure if the Occupational Therapy profession attracts individuals that possess natural leadership potential, but we certainly develop these skills through our time from student to clinician, in our daily roles, routines, and engagement with others. Regardless of the setting where we practice our craft, occupational therapy practitioners bring leadership skills to life through our interactions, structuring of the environment, and commitment to helping individuals participate in daily life. Therefore, as I reflect on this wonderful experience, advocacy and service are paramount. Serving on state and national OT associations (e.g., committee chair, representative, President) will enrich your engagement as an occupational therapy practitioner, educator and researcher. Ultimately, have confidence in yourself and use yourself completely – all your skills and energies – to make your vision, our vision manifest.



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Professional Development Resources is approved by the American Occupational Therapy Association (AOTA #3159) and the Florida Board of OT Practice (#34) and is CE Broker compliant (courses are reported within 1 week of completion).

BACK TO THE FUTURE  
2014 Fota Conference

## Sponsor.Exhibit.Advertise - 4 NEW exciting sponsorship levels.

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**GOLD Level Sponsor:** Logo on FOTA Web, Banner Ad on (2) eblasts to FOTA Members, Literature placement Friday Breakfast and Lunch, Exhibit Booth and 2 discounted Conference Tickets, Ad in Focus, Ad in Conference Program, Banner Ad on (2) eblasts to FOTA Members, Social Media coverage, Logo at FOTA booth and Awards,

**SILVER Level Sponsor:** Logo on Fota Web, Exhibit Booth and Discounted Conference Tickets, Food Sponsor for Saturday Lunch, Recognized during awards, FOTA Booth & Registration Table, Ad in Focus and Conference Program, Banner ad on FOTA Eblast

**BRONZE Level Sponsor:** Logo on Conference Lanyard, Logo and Link on FOTA website, Exhibit Booth, Discounted Conference registration, recognized at FOTA Awards, Ad in Focus, 1/4 ad Conference Program,

Check our Conference Home Page for the Sponsor Levels and Advertising Opportunities.

<http://www.flota.org/exhibit-info>



On June 14, the FOTA board met in Orlando for a productive summer meeting. They discussed current FOTA and board activities, our budget, conference planning and reviewed procedures and policies. The FOTA board members are volunteers who generously give their time to help advance the FOTA mission and vision. If you are interested in Volunteering with FOTA please contact us today.

*Pictured are: Cathy Peirce, Debbie Reber, Elena Vizvary, Debora Oliveira, Barbara Ingram Rice, Sheri Montgomery, Debbie Murphy-Fischer and Marsha Shuford.*



## School System Updates:

Kim McKinney, OT/PT, St Johns County School District

In March 2014, Karen Hallinan (Program Specialist for Occupational therapy at Florida DOE) presented the information on the new Technical Assistance Paper (TAP) related to Occupational and Physical Therapy as a related service. The TAP was developed in response to the revision of Rule 6A-6.03024, Florida Administrative Code, Provision of Occupational or Physical Therapy to Exceptional Students as a Related Service, and questions identified by school district staff regarding the provision of occupational and physical therapy in the educational setting.

The new rule now addresses school-based OT & PT services in one State Board of Education rule; discusses OT & PT as related services (not a special program); and has added the respective Practice Acts to the rule.

Some of the key points to the rule revision are:

- Assessments must be conducted by the Florida licensed related service provider prior to the provision of OT or PT as a related service.
- Requires that input from the related service provider must be obtained.
- Rule language now reflects requirement for a plan of treatment.

Problem Solving/Response to Intervention (PS/RtI) within a Multi-Tiered System of Supports (MTSS) was also discussed. MTSS is a system to provide data monitoring for all students. It is a process that is used for students with and without disabilities. "All therapists may provide professional development, school wide in-service, or classroom level training." Resources may be found at: <http://www.florida-rti.org/index.htm>.

The TAP information may be viewed at: <http://info.fldoe.org/docushare/dsweb/Get/Document-6924/dps-2013-119.pdf>. Everyone who works in the school system would benefit from reviewing this document. The TAP provides concise information on:

- OT & PT as a related service
- Assessments for therapy as a related service
- Determination of educational need and IEPs
- Provision of services
- Medicaid and Plan of Cares
- Assistants
- Section 504 of the Rehabilitation Act of 1973
- Rule 6A-6.03024, F.A.C.
- Internet Resources

The DOE in conjunction with Working With the Experts (WWE), has updated their resource section on the WWE website. This is a great place to check for evidence based practice articles. If you know of any articles that could be beneficial, please submit the information on the WWE website. The address is: <http://www.flwwe.net>.



### The Spoon Theory

Melissa Cunningham, MHS,  
OTR/L, CHT  
Work Programs SIS  
Chairperson

As Occupational Therapy practitioners we are often described as the experts in energy conservation. We know

the benefits of conserving energy both physically and psychologically for our patients and do a great job of educating them, but how about the caregivers, friends and family?

In my practice as an outpatient OT I find many patients struggle with delegating tasks and asking for help. If they do try to seek assistance they are made to feel lazy and as an inconvenience. I find this to be greatest among people who suffer from chronic, mostly invisible illnesses like Rheumatoid Arthritis, Lupus, MS, CMT and Myasthenia Gravis. In a society that values being busy and multitasking it can be hard for patients to realize that taking care of themselves is a necessity not a luxury.

The Spoon Theory written by Christine Miserandino is a great resource for patients written by a patient. In the article Christine, who suffers from Lupus, uses spoons to represent the units of energy she has to use in a day. She explains how she handed her friend 12 spoons and then asked her to walk her through her typical day. As the friend mentions various tasks she takes away a spoon. Before the friend gets to dinner she is down to only one spoon, so what is she to do? Eat dinner but not do the dishes, go out to dinner but then be too tired to drive home? Christine goes on to explain that is how each day is for her. She can't do anything spontaneously, she has to very carefully plan how she will use her spoons.

While this concept isn't new to us as OTs, I do find it to be a nice realistic portrayal of the challenges people with invisible illnesses face. I now make a copy for my patients and encourage them to share it with their loved ones, so that they can have a better idea how to help and hopefully ease a little bit of the guilt they feel when practicing the energy conservation techniques I've taught them. To read the full Spoon Theory check out Christine Miserandino's website: ([www.butyoudontlooksick.com](http://www.butyoudontlooksick.com)).



## Complex environmental modifications (CEM) for older adults for aging in place

*Kinsuk Maitra, Ph.D., OTR/L*

*Professor and Chair, Occupational therapy Department, Florida International University, Miami, Florida.*

*Hae Yean Park, Ph.D., OT*

*Post-doc fellow, Occupational therapy Department, Florida International University, Miami, Florida.*

### Aging in Place

Older adults in the United States (US) as well as in other developed nations are living longer than ever. For the US the number of people in their 80s and above is expected to increase from 5.5 million in 2010 to 19 million by 2050 (1). Aging older adults strongly desire to live at home as long as possible. Aging in place that is “the ability to live in one’s own home and community safely, independently, and comfortably regardless of age, income, or ability level” (CDC) has become highly popular. However, increased longevity comes with many significant issues for older adults including increased susceptibility to diseases and injury. Chronic diseases like diabetes, cancer, heart diseases are among highest in older adults. Low vision and dementia are also prevalent in this group. Additionally, older adults are also susceptible to fall-related injuries as well. The changing demographics and associated escalation of cost of care are making it difficult for health care organizations and the government to provide support to health and social care of older adults. Therefore, strategies and policy initiatives to promote productive aging and maximize the home-based care are gaining significance. As a viable solution, ‘smart home’ and ‘smart home technologies’ are being considered as a new model of positive aging. It is conceptualized that smart home technology will empower older adults to maintain independence, functionality, well-being and higher quality of life (2,3). Occupational therapy practitioners will have a greater role to play in this new model of home care.

### Smart Home

In a world of rapid and massive development, technology has taken a leading role as an intervention in our society for preventing the functioning to be retrogressed further and for improving occupational performance of the elders (2). Above all, smart home technology is developing to improve people’s safety and customized monitoring for detecting health conditions, and potential dangers. Recently, several studies have been conducted with smart home for old adults in the United States (3).

Smart environment may be further defined as “using basic and assistive devices to build environment in which many features of the home is automated and where devices can communicate with

each other” (4). To be specific, a smart home is a house that uses basic or high tech-assistive devices, which are operated automatically or by remote control, to enable the followings: (3, 5).

4  
main  
issues of  
smart homes:  
Security, Safety,  
Health, and  
Wellness.

- controlling temperature automatically
- enhancing the security
- proficient communication from outside
- preventing emergency
- supporting people’s daily routines
- monitoring health conditions

Therefore, the four main issues of smart home can be summarized as security, safety, health, and wellness.

### How smart home can address cognitive and other declining abilities of older adults

Evidence has been found throughout several research studies supporting the use of smart home as potential technology for supporting for the older adult population (3). As research is conducted, smart home that is set up with visual, tactile signaling devices, speech synthesizer, and wireless fall monitoring system can be explored to enhance quality of life, reduce risks of accidents and injuries, and benefit their physical and emotional well-being for older people who have difficulties with cognitive and any other abilities (7-9). Besides, most participants in research related to smart home positively recognized usefulness of smart home and desired to set up this technology in their home (3).

### Complex Environmental Modification (CEM) and role of occupational therapy

Smart home and smart home technologies are part of CEM. CEM are advanced adjustments, modifications, and alterations of old space and/or creating new space in the complex environments to facilitate optimal functioning and participation in daily life. Recently American Occupational Therapy Association (AOTA) has released a draft position paper asserting the role of occupational therapy in CEM (6).The AOTA believes that CEM for facilitating occupational performances in daily life is within the scope of occupational therapy practice.

*(Continued on next page)*



The AOTA further asserts that the specialized education, knowledge, and training position the occupational therapy practitioners uniquely to provide solutions to the challenges the individual face in performing occupations of daily life at home or in their environments (6). For CEM, OT practitioners should work in an interdisciplinary team consisting of architecture, construction, city planning, and disability services. OT practitioners can provide expertise in core knowledge of a) human function and participation, b) assistive technology, c) specialized products, d) architecture and structural design, e) community resources, f) legislative guidelines among others (AOTA) (6). Taking a holistic and client-centered approach OT practitioners help all individuals including older adults with cognitive and physical challenges to maintain and improve independent functioning and quality of life (10). Therefore, occupational therapy plays important roles in complex environment modification. As occupational therapy educators, and practitioners we should all supports this great efforts of AOTA to establish occupational therapy's role in CEM.

References available upon request



## AOTA NEWS ALERT!!!

### **AOTA Board of Directors Issues Position Statement on Doctoral-Level Single Point of Entry for Occupational Therapists.**

Sara-Jane A Crowley,  
Adv.Dip.OT, OTR/L, AOTA RA  
Representative - Florida.

In April, 2014, the Board issued a position statement to articulate their view that future occupational therapists will need to be doctorally prepared for entry-level practice by 2025. The position statement is the result of the recommendations of 2 advisory groups as well as months of the Board evaluating changes in the health care system, higher education and the profession itself.

AOTA President Ginny Stoffel stated " This document reflects the Board's view of the future of the profession. We need to take the long view to ensure that occupational therapy remains competitive and relevant".

The rationale for this is;

1. The existence of two entry-level degrees as the requirement for candidacy to sit for a single certification exam is confusing to all stakeholders.
2. The increased requirements for practice-based scholarship and research in the doctoral accreditation standards result in an OT who is able to rigorously implement evidence-based practice, understands care delivery models and is prepared to meet the future occupational needs of society.

3. Doctoral-level education will best prepare graduates who can demonstrate professional autonomy.
4. The increased focus on primary care, interprofessional care teams and specialization in practice has required increased content in the entry-level academic programs.
5. There has been a trend in health-related professions to transition to the entry-level doctorate.
6. The Future of Education Ad Hoc Task Group report review determined that the move to a single doctoral-entry-level degree will best position the profession to meet the growing needs of society and fulfill its potential in the 21st century.

President Stoffel emphasized "Our role here is to frame for the profession what we consider to be a critical, strategic issue and to facilitate a broad-based discussion with all our communities of interest so that an informed decision can take place".

Elena Vizvary, FOTA President and I will be holding a Town Hall meeting at the upcoming 2014 FOTA Conference in November to gather feedback, listen to ideas and concerns of FL AOTA members. This short course will provide an important opportunity for attendees to express their views and ask questions as the dialogue continues.

The position statement with references, FAQ sheet, the schedule for discussion and dialogue with members and stakeholders, as well as a forum on OT Connections can be found at [www.aota.org](http://www.aota.org)

Your input is critical to the future of entry-level education for occupational therapists. Please take the time to review the documents on the AOTA website and I am looking forward to a healthy dialogue over the next months.

Sara-Jane Crowley, email - [sjmjnz@verizon.net](mailto:sjmjnz@verizon.net)

## **STUDENT POSTER PRESENTATIONS**

Full guidelines and registration are posted on FOTA Website  
[FOTA/Conference](#)

**Apply now!**

**Deadline is Sept. 15, 2014**

Don't miss this exciting opportunity to present in front of your peers!

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*(Conference Registration is required for all presenters, volunteers, and conference attendees)*





## GOVERNMENT AFFAIRS

*Barbara Ingram-Rice, OT, LMT, CLT, CHC, FOTA Government Affairs Coordinator*

The Florida 2014 Legislation Session came to a successful close early May. The big news that has come

out of that is that as part of the Appropriations Bill (read Budget) the legislature called for a 5% increase in Medicaid reimbursement for therapy services. The Governor has now signed this into law. So, this is good news for OTs providing Medicaid services.

We have had several questions as to if this changes that fact that Medicaid does not cover OT after age 21. The answer to that is "No", for traditional Medicaid. However, most Medicaid recipients, as of this year, will be shifted to a Medicaid HMO. I currently work in an out-patient clinic that treats adults and we are starting to be able to provide services under some of the new Medicaid HMO plans. Keep in mind, all plans will be different and all have different authorization requirements. But this is good news for Medicaid beneficiaries.

Finally, please be reminded that when we renew our licenses in 2015, you will be under a 100% audit for your continuing education requirement. So here is what you need to know:

1. When you renew, ALL of your continuing education MUST be already listed in CE Broker or you will not be able to complete your license renewal.
2. You DO NOT need a paid subscription to check that your CE are reported and you will be able to report your own CE if needed.
3. You will have to take the mandatory courses, Laws & Rules of OT in Florida and Prevention of Medical Errors from a Board of OT Practice approved provider. They will report your CE for you. You are not able to self-report these courses.
4. Anything you take from AOTA is automatically approved but you will have to report those CEs yourself. AOTA does not complete the CE Broker reporting process.

Bottom line, FOTA recommends you keep an eye on what is reported to CE Broker and renew early so if there are any problems you have time to get them resolved.



## NANCY'S NOTES

### "THE VIAL OF LIFE"

*Nancy E. Collins, COTA/L  
Robin Richmond, OT/L*

Previously, in the spring publication, listed were several ways in which an individual can store their personal health information. As a follow-up to that article, is the introduction to The Vial of Life. The Vial of Life is a means of storing / recording personal health information that can be used by emergency responders during an emergency situation.

The Vial of Life is usually free; commonly used by Senior citizens though may be used by anyone in need of storing their personal health information. The Vial of Life kit usually contains a medical information form, Vial of Life decals and a Ziploc bag.

The medical form is completed and placed in the plastic Ziploc bag with a Vial of Life decal on the outside, which is to be attached to the refrigerator. A decal is also placed on the front door or window of the client's home, so that emergency responders are aware that a Vial of Life is in place at the residence. Emergency responders are already trained to look for the Vial of Life, if a sticker is present.

The Vial of Life can be obtained from several different agencies, senior centers, or internet based programs such as <https://www.vialoflife.com>



Completion of the Vial of Life kit is a great activity to present to your clients and could be billed under the Self Care Code 97535; supporting health promotion and addressing OTPF identified areas of Safety and emergency management or Health Management and Maintenance. Performance skills addressed in this activity may include body functions such as aligning, grasping, stabilizing, or the processing skills of choosing and attending, other areas addressed through this activity may include role competence and maintaining wellness. This activity can be graded in difficulty by having clients complete only parts of the kit to the whole kit in its entirety.

As an OT practitioner, this activity provides an opportunity for individuals including ourselves to control our personal health information and have it available in times of need.

*References: available and on file with authors*



## The Affordable Healthcare Act (ACA) and Fieldwork Education

Pamela A Kasyan-Howe, MS, OTR/L,  
FLOTEC Chairperson, FOTA Fieldwork  
SIS, South University, WPB AFWC From  
the Fieldwork SIS

Let's be honest, if you are reading this article on fieldwork education, you are most likely one of the best fieldwork educators in the state. You are the fieldwork educator who enjoys passing on the legacy of your practice to future occupational therapy practitioners. What I would like to bring you in this SIS section is recognition of the gift you give to yourself and to others when you engage in the fieldwork process.

WE have a profession that is exceptional. Ranked consistently as a top 10 profession, we earn a higher wage individually than the average household (\$45,169 in Florida, 2011), and most importantly, we get to help people. We really are given the opportunity to improve peoples' health through the use of occupation. Through the very nature of our job roles, we get the chance to leave an impression on each client we serve, each team member we work with, each family member we talk to, AND we have the opportunity to leave an impression on future practitioners.

As a point of fact, each of us leaves an impression on everyone we meet. The culmination of these impressions is what leaves the legacy of our lives. How will you be remembered? The choices you make determine the impressions you leave on others. I will encourage you to reflect on the way you would like to be remembered, how you would like to impact others in this world, because that reflection will determine how you treat and work today.

Consider the following ways that you can have a positive impact on your environment, and live a life to be remembered. Here are a few ideas:

- **Be exceptional in your actions.** Strive to demonstrate quality with your actions. You are serving as a role model to everyone you meet. Your co-workers, your clients, your client's families and your students. It only takes one person demonstrating excellence to improve the behaviors of those around them.
- **Encourage and support others.** There is a choice when someone shares their life with you, you can tear them down or lift them up. Take the time to reassure, inspire, and support those you come in contact with. It can start small, think: who can I support today? Pick one person and identify the person you will give a boost to. We come in contact with clients who, lets face it, are not at the high point in their lifespan, or they wouldn't be with us. Help them to remember the joys of where they

came from and help them get back on track. Be the person remembered as the one who really lifted the spirits of your clients and co-workers, not someone forgotten, or worse, who negatively impacted a recovery through negativity.

- **Commit yourself to a higher purpose** – This can be spiritual in nature or secular. People are invigorated and energized when their actions have purpose and meaning. This idea should be familiar to you since it is a core value of our profession; we can use this concept on ourselves! If your purpose is to make a significant impact on a clients' health, or a caregivers' spirit, or a students' development, it makes the day carry more purpose than going to work so you can make a car payment. Our profession is one where we can impact others positively without much more effort than our professional roles. We are entrusted with our clients personal lives. With the information we have, we can help restore their purpose in life, or at least give it a shot. The same can be done with a student, don't just demonstrate the minimal skills needed to be an entry level practitioner, mentor them to fully appreciate the depth of our profession!

There are many practitioners like Jackee Meyer, MOT, who continuously mentors students to be more than they think they can be. She strives to have a positive impact on those around her, and has demonstrated the ability to be exceptional as a practitioner as well as a fieldwork educator I asked her to explain the steps she has taken to develop her skills. As you read what she shared, note how she clearly identifies, her mentor before her, she commits herself to a higher purpose, encourages those around her, and strives for excellence in her actions.

What did you do that developed your maturity as a fieldwork educator? I did my level II fieldwork under Kathy Taylor who was my supervisor at St. Mary, and we are still working together today. Having a phenomenal fieldwork educator, like Kathy and working with a phenomenal population, I saw clearly the purpose for OT intervention. Ironically, when the opportunity arose, to work at the same facility, I couldn't pass it up. Maintaining the professional relationship with my FE gave me a resource to contact whenever I had a question. She made me want to give that [mentorship] back to my students as well.

I also enjoy leadership roles and responsibilities. As time passes I welcome the opportunity to guide students. I mentor them in the same way Kathy did me. Being a fieldwork educator is a lot of work, but it is an opportunity to make a difference in someone's life. ***I get energized and challenged from the students. It is very rewarding.*** I think the important thing is to



establish competency in each student, give them the challenges after they feel comfortable in the facility. I also love that every-time I have a student I learn from them.

At this point, many of my students and co-workers are now my friends. What's truly rewarding is to watch what happens to the students after they leave, to see where my students go. That relationship doesn't end. I can be a letter a reference, support them getting their jobs, getting married, having children, **growing as people.**

What would you say to another fieldwork educator who wanted to become an exceptional FE?

You are your number one tool. If you haven't taken care of yourself, you can't help others. We need to be living healthy lives, to be able to give our all to our clients. We have to be participating in leisure, and healthy lifestyles. You have to go in smiling and engaged with your clients. **We need to approach clients with our best.** If we haven't taken care of our own lives, we can't provide our clients the encouragement and support that we need to improve their lives.

So yes, we are at a point in healthcare, where billable units are priorities, and healthcare providers are being stretched. Most healthcare practitioners (RN,

PT,SLP, Psych, MD, Pharm...) are developed using apprenticeship models, and OT is not an exception to this practice. Without willing practitioners, our profession will end. Healthcare in the US depends on willing licensed practitioners taking additional time out of their lives to give students an opportunity to experience their population of clients. Our profession is looking for more practitioners to take the challenge and become fieldwork educators. No, every student will not be a perfect fit for the population you are serving. But each student does bring his own experiences and goals, and all of us can use encouragement from a mentor. So as I get off my favorite soap box, I would like to say, everyday each of us are given the opportunity to positively impact those around us. Every person we meet including clients, family members, and as FLOTEC chair, I hope you chose to influence students. If each practitioner mentored a few students per year the positive impact on our profession would be exponential- creating engaged practitioners from engaged practitioners- With that kind of impact who knows where we can take our profession!

*Special thank-you to Jackee Meyer, MOT/L, Martin Health System, Martin Memorial Hospital, Stuart, FL, 3 time FLOTEC, Fieldwork Educator Award recipient.*

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## LETTER FROM THE EDITOR

### **Marijuana, Uhh**

Robin Richmond, OT/L

In the course of conversation on a recent trip home to Texas, I was asked by my seat mate where do I as a health care provider, in a state that is considering increasing the use of medical marijuana weigh in on its value to clients. "Umm," I responded. "I don't know enough about it to answer that question." With that response, I was educated on the potential uses, types, benefits, research, ways to grow, harvest, the cost of a license, the medical marijuana card and so much more, delivered in an airplane over the course of 2 hours. While, I now know more than I did when I began my trip home, I wondered... *Where do OT practitioners weigh in on Medical Marijuana?*

With the recent legalization of Charlotte's Web, the now legal low

THC marijuana for the treatment of seizures, certain types of cancer, and ALS; and with the upcoming November ballot for the legalization of higher level THC marijuana as an adjunctive treatment for AID's, hepatitis C, glaucoma, cancer, MS, epilepsy, and chronic pain. OT's need to determine where they stand. Many of our clients suffer from these diseases and as providers of health care services, we can be sure that our clients are going to ask us questions.

Where do you weigh in? What will your responses be to those types of questions? Where and how do we become informed?

Please feel free to send me your thoughts and let's turn up the volume!

Robin, email:  
[fourrichmonds@tampabay.rr.com](mailto:fourrichmonds@tampabay.rr.com)

**Where do OT practitioners weigh in on Medical Marijuana?**