

To: Whom it may concern,

3-30-07

This letter is in regards to the current bill in legislature that is amending ORS 676 .606.

I am Writing on behalf of the American Society of Hand Therapists. Our organization consists of both occupational and physical therapists that specialize in treating injuries and diseases of the hand and arm. These can be acute injuries, systemic diseases or from long standing illnesses. The patients we treat are often post surgical. The education and training received by occupational and physical therapists, in regards to disease, muscle issues, surgical procedures and therapy protocols are very different than that of orthotists. Our schooling also involves in depth education in regards to anatomy, kinesiology, neurology and kinesiology. With this knowledge occupational and physical therapists are involved in 1) evaluating the patients need for the orthotic, 2) selecting and providing the orthotic to the patient, which may involve fitting and training for the orthotic and 3) may provide continuing therapy under a written plan of care as it concerns the orthotic and any additional appropriate therapy services.

Our practice requires us to make orthotics for our patient's injuries and illnesses on a daily basis. Orthotics are made to protect or support a joint after a surgery, to rest a joint that may be inflamed, to increase motion, or to assist with function. Our orthotics are made with low temperature thermoplastics so they can be remolded and adjusted as necessary for the patients changing status. We also do not have to take any molds first. The patient receives his/ her custom fabricated orthotic on the day of their visit. If an orthotic needs to be applied following a surgical procedure, our visits are often coordinated with the physician. Therapists in our organization not only have at least 4years of education at a certified school they also complete continuing education on a yearly basis. All of this making us extremely well qualified to provide orthotics to our patients. In fact, in 2005, the American Society of Hand Therapists successfully demonstrated to the Centers for Medicare and Medicaid Services (CMS) the need for the addition of over 20 new L-codes for use by OT's and PT's and other professional who fabricate orthoses.

Section 6 (1) would eliminate the ability of hand therapists to provide orthotics and therefore jeopardize the quality of Care our patients should receive. I urge you not to support this bill on behalf of your constituents but also for you're own quality of care.

Thank you for the opportunity to express my concerns. If you should have any further questions in regards to our qualifications please do not hesitate to contact me.

Sincerely,

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