American Society of Hand Therapists

A Position Paper on Direct Access for Hand Therapy Services

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POSITION:

The American Society of Hand Therapists endorses the concept of direct access to hand therapy services by certified hand therapists, occupational therapists, and physical therapists. The APTA and AOTA likewise have both issued policy statements supporting the belief that physical therapists and occupational therapists are well qualified to evaluate and treat patients to the extent of their knowledge, expertise, competence, and scope of practice without the requirement of a physician referral. (5, 10, 12, 13).

DEFINITION:

Direct access can be defined as “the ability of patients to seek care directly from professionals without a referral from another professional.” (1). The American Physical Therapy Association (APTA) has further defined direct access for physical therapists as “the legal right to seek and receive the examination, evaluation, and intervention of the physical therapist without the requirement of a physician referral.” (2) By 2013, forty-eight states and the District of Columbia have passed legislation allowing physical therapists full or limited rights to treat patients directly. Limitations to full direct access include time limits that require a referral after treatment is initiated, or if progress is not achieved within a specified time frame. Some states require an established diagnoses or a previous referral for the same problem prior to the initiation of treatment. Other states have required a certain number of years of experience or continuing education training. (3)

The American Occupational Therapy Association (AOTA) has established the position “that a referral is not required for the provision of occupational therapy services and that an occupational therapist accepts and responds to referrals in compliance with state laws or other regulatory requirements (AOTA 2005a, Standard II.1, p. 664). State laws and other regulatory
requirements should be viewed as minimum criteria to practice occupational therapy. Ethical
guidelines that ensure safe and effective delivery of occupational therapy services to clients
always influence occupational therapy practice (AOTA, 2005b). Policies of payers such as
insurance companies also must be followed” (4). Eleven states currently allow for direct access
for occupational therapy/hand therapy services in an outpatient setting within their state
practice acts. Guidelines for direct access may differ in a school based or wellness care setting.

BACKGROUND:

As early as 1987, the APTA’s House of Delegates set out to establish guidelines to address
ethical and professional implications and responsibilities for physical therapists to practice
without practitioner referral. (3) The APTA’s Vision 2020, which defines the highest priorities in
physical therapy practice, conceptualizes that by the year 2020 physical therapists will be “the
practitioners of choice to whom consumers have direct access for the diagnosis or,
interventions for, and prevention of impairments, functional limitations, and disabilities related
to movement, function, and health” (5) Likewise, the AOTA’s Centennial Vision for the
occupational therapy profession advocates for occupation based wellness services that includes
direct access to occupational therapy professionals (6,1)

There are arguments that direct access can lead to overutilization of services, increased costs,
and inappropriate or delayed care. There is a growing body of research, however, to dispute
this claim. Direct access has in fact resulted in fewer claims submissions (7), lower costs per
episode of care (8), and a decreased need for medications such as muscle relaxants and
narcotics (9). Based on this evidence, beginning in 2005, Medicare allowed beneficiaries to go
directly to physical therapists without a referral or visit to a physician (5). However, the patient
must be under the care of a physician, and a plan of care must be signed by a physician or a
nonphysician provider within 30 days of the initial visit, making it certified. Furthermore, if a
state law is more restrictive than these Medicare regulations, physical therapists must abide by
state law. Medicare currently does not reimburse for occupational therapy without a
physician’s order. “AOTA’s position is that all skilled therapies should continue to receive equal
treatment under Medicare, and is working with Congress to assure an appropriate and current
definition of occupational therapy is included in Medicare” (11).

DISCLAIMER:

The American Society of Hand Therapists assumes no responsibility for the practice or
recommendations of any member or other practitioner, or for the policies and procedures of
any practice setting. The therapist functions within the limitations of licensure, state practice
act and/or institutional policy. This endorsement should be utilized with respect to current
federal and state legislation on the licensing and regulation of both occupational therapy and physical therapy professions.

REFERENCES:

6. Medicare Benefit Policy Manual (Publication 100-02)

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