STATE OF NEVADA

BOARD OF OCCUPATIONAL THERAPY

NOTICE OF PUBLIC MEETING

June 1, 2024 – 9:30 a.m.

Board of Occupational Therapy
Administrative Office
6170 Mae Anne Ave., Suite 1
Reno, NV 89523

Zoom Access:
https://us06web.zoom.us/j/84268953807?pwd=NoD6o1b8RhaCLHpVMSTKaYdwSAabbl.1

Meeting ID: 842 6895 3807

Passcode: 540641

Telephone Audio Only: **(253) 215-8782**

AGENDA

Public comment is welcomed by the Board in writing or in person. Persons wishing to provide public comments remotely may access the meeting by telephone at (253) 215-8782 or through the electronic link posted on the agenda. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. Public comment will be available at the beginning of the meeting and as the last item on the agenda. At the discretion of the Chairperson, additional public comment may be heard when that item is reached. The Chairperson may allow additional time to be given a speaker as time allows at his/her sole discretion. (NRS 241.020, NRS 241.030)

The State of Nevada Board of Occupational Therapy may: (a) address agenda items out of sequence, (b) combine agenda items, and (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030) Action by the Board on an item may be to approve, deny, amend, or table.

1. Call to Order, Confirmation of Quorum
2. Public Comment

> No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

3. Legislative Activities (informational)
   - Legislative Status Report - Belz & Case Government Affairs
4. Approval of the Minutes (for possible action)
   - April 13, 2024
5. Board Member Orientation (for possible action)
6. Discussion, Review, and Approval of Fiscal Year 2025 Budget (for possible action)
   - Consideration of travel budget for 2025 Board Retreat
7. Work Session regarding Specialty and Advanced Areas of Practice (for possible action)
8. Executive Director's Report (for possible action)
   - FY 24 Financial Reports – 3rd Quarter Ended March 31, 2024
9. Report from Deputy Attorney General (informational)
10. Board Activities & Reports from Members (for possible action)
    - Meeting and Activities Schedule, Future Agenda Items
11. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

12. Adjournment (for possible action)

Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. (NRS 233B.126)

Notice: Persons with disabilities who require special accommodations or assistance at the meeting should contact the Board office at (775) 746-4101; or fax (775) 746-4105 no later than 48 hours prior to the meeting. Requests for special accommodations made after this time frame cannot be guaranteed.

This meeting has been posted at the Board of Occupational Therapy Administrative Office, 6170 Mae Anne Ave., Reno, NV 89523, on the Board of Occupational Therapy website www.nvot.org; and may also be accessed at the following websites: https://notice.nv.gov/ - State of Nevada Public Notices

This agenda has been sent to all members of the State of Nevada Board of Occupational Therapy and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice must request so in writing on an annual basis.

Supporting materials relating to this public meeting of the Board of Occupational Therapy are available on the Board website www.nvot.org or by contacting the Board office at (775) 746-4101 or email board@nvot.org

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AGENDA ITEM 3: Legislative Activities

Legislative Report

Lea Case of Belz and Case Government Affairs will provide an update on the Legislative Activities.

Attachment

Written Legislative Report

Nevada State Board of Occupational Therapy
Legislative Interim Report – May 21, 2024
Submitted by Belz & Case Government Affairs

Governor Actions

Governor Lombardo issued executive order 2024-002, directing the Patient Protection Commission (PPC) to focus their interim discussions on addressing the state's healthcare workforce shortage. Section 2(c) of EO2024-002 specifically requests, "recommendations for: … (c) Removing unnecessary state administrative hurdles to recruiting and retaining health-care workers." The PPC is allowed up to three bill draft requests (BDRs).

Legislative Interim Activity

The Joint Interim Committee on Commerce and Labor met on April 4th for an agenda focused almost entirely on interstate compacts. There are 16 professions with active interstate compacts for occupational licensing; Nevada is part of five active compacts. Highlights of the meeting were shared with Director Hartley on April 5. The 4-hour recording is available to stream on YouTube.

The April 8th meeting of the Joint Interim Health and Human Services Committee (IHHS) focused on public health, except item 10, policy recommendations submitted to the committee. Here, Assemblyman Ken Gray introduced proponents of the social work interstate compact and urged the committee to support compact legislation in 2025. IHHS met again on May 13th for an agenda focused on adult mental health.

The Sunset Subcommittee met on April 23 and May 22. No occupational licensing boards were on the agenda for review.

The Patient Protection Commission (PPC) met on May 15th. Pat Kelly with Nevada Hospital Association presented with Blayne Osborn from Nevada Rural Hospital Partners on overall health care workforce shortages. Occupational therapists were listed as a needed occupation on slide 16. The two hospital groups noted the success of the nursing apprenticeship program, and the committee had a short discussion on apprenticeship possibilities in other healthcare professions.

Legislation Implementation

No updates from the Office of Boards and Commissions and Council Standards or Director Nikki Haag.

Elections:

Ballots are arriving in Nevadan's mailboxes and early voting for the primary election runs May 25th – June 7th. The primary election is June 11, 2024. The general election is November 5, 2024. Due to term-limits and folks stepping down or running for other offices, at least 30% of the legislature will be new in 2025.

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AGENDA ITEM 4: Approval of Minutes

The minutes of the meeting of April 13, 2024 of the State Board of Occupational Therapy are presented for approval.

Minutes have not been approved and are subject to revision at the next meeting.

STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

SUMMARY MINUTES
PUBLIC BOARD MEETING
April 13, 2024

Members Present:	Jose Pablo Castillo, Christopher Liebl, Melanie Minarik, Jocelyn Pereira, Phil Seitz
Members Absent:	None
Staff Present:	Heather Hartley, Executive Director Stacey Whittaker, Director of Licensing & Operations Henna Rasul, Sr. Deputy Attorney General
Public Present:	Nathan Edwards, Casey Marano, Robyn Otty

Call to Order, Confirmation of Quorum
Chair Castillo called the Board meeting to order at 10:10 am. A roll call confirmed a quorum was present.

Public Comments
Chair Castillo called for public comments. Casey Marano, OT stated that she is a Certified Hand Therapist and would like to put forth support for PAMS, specifically Dry Needling. Since it is recognized at the national level, she would like to see the State revisit the topic. They often lose patients to Physical Therapy since they cannot perform Dry Needling. There were no further comments.

Approval of Minutes
Vice Chair Liebl made the motion, seconded by Phil Seitz to approve the minutes of the meetings of March 2, 2024 and April 5, 2024. The motion passed.

Consideration of Application for License pursuant to NRS 640A.020 (for possible action)
Nathan Edwards, OT
Mr. Edwards submitted his initial application to the Board on March 8, 2024. Mr. Edwards answered affirmative to the question, "Has there ever been a complaint filed, investigation or legal action taken against your professional license for any reason?"

Mr. Edwards was alleged to be practicing without a license in Ohio from on or about December 7, 2020, to on or about July 1, 2021. His Ohio license was issued on July 7, 2021. The Ohio Consent Agreement went into effect on November 11, 2021. Mr. Edwards fulfilled all obligations of the Ohio Consent Agreement as of July 25, 2022.

Statements from Mr. Edwards were read into the record, Chair Castillo opened the item up for discussion.

After discussion and review of documentation, Vice Chair Liebl motioned to approve the application for licensure for Nathan Edwards, OT, seconded by Chair Castillo. The motion passed.

Hearing for Determination of Violation of Consent Decree (for possible action)
Nicole Kohnert, OTA-2242, Case No. 24-01

Executive Director Hartley provided a summary of events leading up to the Hearing for Determination of Violation of Consent Decree. A Notice of Suspension and Hearing was issued on March 11, 2024, pending a Hearing before the Board for a determination of violation of the Consent Decree and whether to impose any penalty authorized by NRS 640A.200, including but not limited to revocation of Ms. Kohnert's license to practice as an Occupational Therapist Assistant in the State of Nevada.

It is alleged that Ms. Kohnert violated the Consent Decree by not providing a copy of the signed Consent Decree to her employers and to the Board and knowingly providing a false employment start date to the Board.

Ms. Kohnert was not present at the Hearing and has indicated by email that she has moved from the state of Nevada. Ms. Kohnert has previously complied with a payment plan for assessed fine/legal fees; however, has missed the March payment deadline.

Henna Rasul, Board Counsel instructed the Board that two items must be addressed; determine if there was a violation of the Consent Decree and if so, what discipline will be imposed.

After Board discussion, Vice Chair Liebl made the motion that Ms. Kohnert violated the terms of the Consent Decree, seconded by Melanie Minarik. The motion passed.

Chair Castillo asked the Board Members for discussion on proposed disciplinary action.

Phil Seitz made the motion to impose a 5-year revocation of license, with reinstatement option after 5 years if terms of Consent Decree are met, legal fees are paid in full, and current license requirements must be met. Melanie Minarik seconded the motion, the motion passed.

Executive Director Report

Heather Hartley provided updates on Business & Industry, Legislative Activities including Board Regulation update, Office Administration, and the NOTA meet and greet in Reno, Nevada. There were no further comments.

Report from Deputy Attorney General

Henna Rasul, Senior Deputy Attorney General had no report.

Board Activities & Reports from Members

Executive Director Hartley provided a Meeting and Activities Schedule for the Board with the June meeting focusing on the FY25 Budget and New Board Member Orientation. August will include further discussion of advanced practice areas and an NBCOT presentation to the Board. November meeting will be the Audit approval. There were no further comments.

Public Comment

Chair Castillo opened the floor for public comments, there were none.

Adjournment – Chair Castillo adjourned the meeting at 10:50 am

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AGENDA ITEM 5: Board Member Orientation

Structure of the Board:

- 3 Occupational Therapists; 1 Occupational Therapy Assistant; 1 Public Member
- 3 Year Terms; can serve maximum of 2 terms

Board Administration:

- Staff: Executive Director
  - Director of Licensing & Operations
- Contract for Bookkeeping Services
- Board Investigator – Board pays hourly rate
- Deputy Attorney General assigned to Board – Board pays cost

Administrative Requirements:

- Must operate within state administrative requirements – SAM Manual
  - Purchasing
  - Contracting
  - Travel Reimbursement
  - Record Retention
- Must comply with Open Meeting Law
- Exempt from State Budget Act; funded by licensing fees
- Audit of financial records must be conducted at least biennially

Board Policies:

- Practice Policies - operating guidelines for licensing/regulation of practice
  - Licensing Forms
  - Practice Resources
  - Complaint Forms
  - Publications
- Operating Policies and Procedures – Specific to Board Operations
- Personnel Policies

Data Collection and Reporting System:

- Albertson Consulting / Big Picture
  - Database system
  - Board website
  - Designed to Board specifications and needs
  - Includes Licensing; Monitoring and Complaint Modules
  - Documents are uploaded and stored within each individual record
  - Monthly subscription fee; additional cost for major enhancements

Board Meetings:

- Historically held 4 times per year
- Typically via Zoom, one meeting a year in person
- Regulation reviews and Public Hearings may require additional meetings

Roles and Responsibilities of Board Members:

- Nevada Board and Commission Manual
  - Attorney General's Office provides training, tools, and resources
  - Questions should be directed to Board Office
- Nevada Open Meeting Law Manual
  - All meetings must comply with Open Meeting Law
  - Board members are not to communicate amongst themselves regarding Board business.
  - Email correspondence to members from Board office will be BCC only
  - Questions and inquiries should be directed to Board Office
- Administrative Rule Making
  - Process for changing regulations
  - Regulation review required every 3 years
  - Full review required every 10 years

NRS 640A; NAC 640A:

- Nevada Revised Statutes – This is the LAW
  - Legislative Action to create the Board of Occupational Therapy
  - Establishes legal authority and limitations
  - Law Revision AB 343 passed in 2023
- Nevada Administrative Code – This is our REGULATIONS
  - Codified format for Regulations of the Board
  - Format established by Legislative Counsel Bureau
  - Last Revisions approved 04/18/24

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AGENDA ITEM 6: Fiscal Year 2025 Budget

Consideration of Fiscal Year 2025 Budget

The FY 2025 Budget is presented for review and approval. The budget will be revised with any necessary revisions based upon Board decisions or actions.

The Board may discuss and consider budgeting for a Board Retreat that would take place in the Spring of 2025 during the next legislative session.

Attachments

FY 2025 Budget

FY 2025 & FY 2024 Budget Comparison

State of Nevada

Board of Occupational Therapy

FY 25 / FY 26 Budget

July 1 2024 - June 30 2025 / July 1 2025 - June 30 2026

BUDGET		2025		2026	Difference	% Change
Revenue						
Application Fees		$ 44,000.00		$ 45,320.00	$ 1,320.00	
Licensing Fees		$ 230,515.10		$ 262,430.55	$ 31,915.45	
List / Verifications		$ 6,600.00		$ 6,600.00		
Sub-total Licensing Fees		**$ 281,115.10**		**$ 314,350.55**	**$ 33,235.45**	**11.82%**
Interest Income		$ 11,000.00		$ 10,500.00	$ (500.00)	
Cost Sharing Income		$ 15,042.16		$ 15,042.16	$ -	
Sub-Total Other Revenue		**$ 26,042.16**		**$ 25,542.16**	**$ (500.00)**	**-1.92%**
Total Revenue		**$ 307,157.26**		**$ 339,892.71**	**$ 32,735.45**	**10.66%**
Board Operations						
Personnel Expense						
Executive Director	$ 97,846.50		$ 100,781.90			
Director Administration & Licensing	$ 43,170.86		$ 44,465.99			
Investigator	$ 1,750.00		$ 1,750.00			
Sub-Total Salary & Wages		$ 142,767.36		$ 146,997.88		
Employer Taxes	$ 10,921.70		$ 11,245.34			
Employer Paid Deferred Comp	$ 14,092.19		$ 16,413.01			
Medical Stipend	$ 1,800.00		$ 1,800.00			
Accrued PTO	$ 7,500.00		$ 7,725.00			
Sub-Total Benefits		$ 34,313.89		$ 37,183.35		
Total Personnel Expense		**$ 177,081.25**		**$ 184,181.23**	**$ 7,099.98**	**4.01%**
Operating Expense						
Audit Fees		$ 9,600.00		$ -	$ (9,600.00)	
Bank Fees - Merchant Svs		$ 7,000.00		$ 7,858.76	$ 858.76	
Equipment Purchase		$ -		$ -	$ -	
Equipment Rental		$ 2,100.00		$ 2,100.00		
Insurance		$ 1,650.00		$ 1,650.00	$ -	
Legal Fees		$ 12,000.00		$ 12,000.00	$ -	
Licensing Data System		$ 8,950.00		$ 9,050.00	$ 100.00	
Amortization / Subscription	$ 8,200.00		$ 8,300.00			
Technical Support	$ 750.00		$ 500.00			
Board Compensation		$ 4,500.00		$ 4,500.00	$ -	
Office Lease Expense		$ 34,466.00		$ 35,056.18	$ 590.18	
Depreciation / Lease	$ 33,766.00		$ 34,356.18			
State Leasing Svs Assessment	$ 700.00		$ 700.00			
Office Supplies		$ 1,200.00		$ 1,200.00	$ -	
Dues and Subscriptions		$ 2,080.00		$ 2,080.00	$ -	
Office Expense		$ 3,530.00		$ 3,530.00	$ -	
Records Recycling	$ 130.00		$ 130.00	$ -	$ -	
Internet Service	$ 2,400.00		$ 2,400.00	$ -	$ -	
Postage & Mailing	$ 300.00		$ 300.00	$ -	$ -	
Telephone	$ 700.00		$ 700.00	$ -	$ -	
Printing	$ -		$ -	$ -	$ -	
Professional Fees		$ 37,500.00		$ 28,500.00	$ (9,000.00)	
Bookkeeping Services	$ 3,000.00		$ 3,000.00	$ -	$ -	
Legislative Services	$ 33,000.00		$ 24,000.00	$ -	$ -	
Payroll Services	$ 1,500.00		$ 1,500.00	$ -	$ -	
Board Education / Planning		$ 3,000.00		$ 3,000.00	$ -	
Travel		$ 2,500.00		$ 2,500.00	$ -	
In State Travel	$ 2,500.00		$ 2,500.00	$ -	$ -	
Out of State Travel	$ -		$ -	$ -	$ -	
Total Operating Expense		**$ 130,076.00**		**$ 113,024.94**	**$ (17,051.06)**	**-13.11%**
Total Personnel and Operating		**$ 307,157.25**		**$ 297,206.18**	**$ (9,951.08)**	**-3.24%**
Revenue Over / Under Expense		**$ 0.00**		**$ 42,686.53**	**$ 42,686.53**	

State of Nevada
Board of Occupational Therapy
FY 25 / FY 24
Budget Comparison

BUDGET	2025	2024	Difference	
Revenue				
Application Fees	$ 44,000.00	$ 34,942.75	$ 9,057.25	
Licensing Fees	$ 230,515.10	$ 202,823.36	$ 27,691.74	13.65%
List / Verifications	$ 6,600.00	$ 6,798.00	$ (198.00)	
Convenience Fees				
Interest Income	$ 11,000.00	$ 4,750.00	$ 6,250.00	
Cost Sharing Income	$ 15,042.16	$ 14,278.79	$ 763.37	
			$ -	
Total Revenue	**$ 307,157.26**	**$ 263,592.90**	**$ 43,564.36**	16.53%
Operating Expense				
Audit Fees	$ 9,600.00	$ -	$ 9,600.00	
Bank Fees - Merchant Svs	$ 7,000.00	$ 6,114.10	$ 885.90	
Equipment Purchase	$ -	$ 1,500.00	$ (1,500.00)	
Equipment Rental / Maintenance	$ 2,100.00	$ 2,100.00	$ -	
Insurance	$ 1,650.00	$ 1,200.00	$ 450.00	
Legal Fees	$ 12,000.00	$ 12,000.00	$ -	
Licensing Software Program	$ 8,950.00	$ 8,500.00	$ 450.00	
Board Compensation	$ 4,500.00	$ 2,250.00	$ 2,250.00	
Office Lease	$ 34,466.00	$ 34,055.49	$ 410.51	
Office Supplies / Dues & Subscriptions	$ 3,280.00	$ 3,850.00	$ (570.00)	
Office Expense	$ 3,530.00	$ 3,980.00	$ (450.00)	
Personnel Services	$ 177,081.25	$ 196,757.28	$ (19,676.03)	
Professional Fees	$ 37,500.00	$ 21,500.00	$ 16,000.00	
Travel - In State	$ 2,500.00	$ 3,500.00	$ (1,000.00)	
Travel - Out of State	$ -	$ -	$ -	
Board Education/Planning	$ 3,000.00	$ -	$ 3,000.00	
Total Expense	$ 307,157.25	$ 297,306.88	$ 9,850.38	3.31%
Net Revenue / Expense	**$ 0.00**	**$ (33,713.98)**		

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AGENDA ITEM 7: Work Session - Specialty and Advanced Areas of Practice

Potential Legislative Items - Requires a bill to be approved by the Nevada Legislature

- Dry Needling

The Legislative Counsel Bureau has determined that specific authority must be granted in law, Nevada Revised Statute, authorizing dry needling in scope of practice. The Board issued a dry needling advisory in 2019 based upon the LCB determination. The Board of Athletic Trainers and the Board of Physical Therapy introduced legislation in 2019, SB 186, which was approved by the legislature. Similar legislation would be required of the Board of Occupational Therapy in order to authorize dry needling to the OT scope of practice.

Provided for information is SB 186 and the regulations implementing dry needling for the AT and PT Boards.

Action Item- Does the Board wish to pursue potential legislation for the 2027 legislative session regarding adding dry needling to the OT scope of practice in Nevada?

Regulation of Specialty and Advanced Areas of Practice – Discussion Items

- Physical Agent Modalities (PAMS) - AOTA Position Statement
- Definition of Specialty and Advanced Areas of Practice – The West Virginia OT Board defines advance practice as, "treatment techniques or arenas which require education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program."
- Licensee Inquiry - the Board's official stance regarding the practice and educational requirements for soft tissue mobilization techniques, specifically instrument assisted soft tissue mobilization (IASTM/ Gua Sha/ Cupping) within the scope of practice as licensed occupational therapists. Attached Correspondence

Action Item – Does the Board wish to develop general guidelines for education and training in specialty and advanced areas of practice pending development of regulation in these areas?

Attachments

Board of Occupational Therapy Dry Needling Advisory
SB 186
NV Athletic Trainers Dry Needling Status and Regulations
NV Physical Therapy Board Revised Adopted Regulation
AOTA Position Statement
Licensee Inquiry

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Joe Lombardo
Governor

Heather Hartley
Executive Director

ADVISORY NOTICE

Occupational Therapy Scope of Practice
Dry Needling

The provision of Dry Needling IS NOT authorized as being within the Scope of Practice of Occupational Therapy in Nevada.

The Nevada Legislative Counsel Bureau, in response to an inquiry by Senator Parks, regarding whether dry needling was within the scope of practice of physical therapy, issued an opinion regarding dry needling in the State of Nevada. Pertinent sections of that opinion reads in part:

> "After thoroughly examining all the relevant statutory provisions in NRS Title 54, and after interpreting those statutory provisions in a manner that best promotes the protective public policy of NRS Title 54 and best carries out the intent of the Legislature to safeguard the public from potential societal harms, we believe that the practice of dry needling is a healing art encompassed within the scope of practice of: (1) physicians practicing medicine under NRS Chapter 630; (2) osteopathic physicians practicing osteopathic medicine under NRS Chapter 633; (3) homeopathic physicians practicing neural therapy under NRS Chapter 630A; and (4) doctors of Oriental medicine practicing acupuncture under NRS Chapter 634A."

> "In order for licensed physical therapists to practice dry needling in Nevada, it is the opinion of this office that the Legislature would need to change Nevada's existing laws by enacting clear statutory authority allowing licensed physical therapists to practice dry needling in Nevada."

At the 2019 Legislative Session, the Nevada Legislature passed SB 186 which created clear statutory authority for Physical Therapists and Athletic Trainers to perform dry needling with the appropriate training as established through regulation.

Occupational Therapists are NOT authorized to perform dry needling until such time as statutory authority is granted by the Nevada Legislature.

August 10, 2019

Senate Bill No. 186–Senator Seevers Gansert

CHAPTER.....

AN ACT relating to professions; expanding the scope of practice of physical therapy and athletic training to include the performance of dry needling under certain circumstances; requiring the Nevada Physical Therapy Board and the Board of Athletic Trainers to adopt regulations relating to dry needling; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure and regulation of: (1) physical therapists by the Nevada Physical Therapy Board; and (2) athletic trainers by the Board of Athletic Trainers. (Chapters 640 and 640B of NRS) Existing law: (1) authorizes the Nevada Physical Therapy Board to adopt regulations to carry out its powers and duties relating to physical therapy; and (2) requires the Board of Athletic Trainers to adopt regulations to carry out its powers and duties relating to athletic training. (NRS 640.050, 640B.260) **Sections 6 and 11** of this bill require the Nevada Physical Therapy Board and the Board of Athletic Trainers to adopt regulations establishing the qualifications a physical therapist or an athletic trainer, as applicable, must obtain before he or she is authorized to perform dry needling. **Sections 6 and 11** require these qualifications to include the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the appropriate Board. **Sections 6 and 11** further require the appropriate Board to adopt regulations establishing procedures: (1) concerning the handling of needles used to perform dry needling, including procedures for the disposal of a needle after a single use; and (2) to ensure that a physical therapist or athletic trainer does not engage in needle retention. **Sections 3 and 9** of this bill prohibit a physical therapist or an athletic trainer who is qualified to perform dry needling from inserting the same needle more than once during the performance of dry needling. **Sections 2 and 8** of this bill define "dry needling," and **sections 5 and 10** of this bill include dry needling in the scope of practice of physical therapy for qualified physical therapists and athletic trainers.

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~[omitted material]~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 640 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. ***"Dry needling":***

1. Means a skilled technique performed by a physical therapist using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability.

2. Does not include:

(a) The stimulation of an auricular point;

(b) The stimulation of sinus points or other nonlocal points to treat underlying organs;

(c) Needle retention; or

(d) The teaching or application of acupuncture.

Sec. 3. ***A physical therapist who is qualified to perform dry needling pursuant to the regulations adopted in accordance with subsection 3 of NRS 640.050 shall not insert the same needle more than one time during the performance of dry needling.***

Sec. 4. NRS 640.011 is hereby amended to read as follows:

640.011 As used in this chapter, unless the context otherwise requires, the terms defined in NRS 640.013 to 640.026, inclusive, ***and section 2 of this act*** have the meanings ascribed to them in those sections.

Sec. 5. NRS 640.024 is hereby amended to read as follows:

640.024 "Practice of physical therapy":

1. Includes:

(a) The performing and interpreting of tests and measurements as an aid to evaluation or treatment;

(b) The planning of initial and subsequent programs of treatment on the basis of the results of tests; ~~[and]~~

(c) The administering of treatment through the use of therapeutic exercise and massage, the mobilization of joints by the use of therapeutic exercise without chiropractic adjustment, mechanical devices, and therapeutic agents which employ the properties of air, water, electricity, sound and radiant energy ~~[.]~~ ***; and***

(d) The performance of dry needling, if a physical therapist is qualified to do so pursuant to the regulations adopted in accordance with subsection 3 of NRS 640.050.

2. Does not include:

(a) The diagnosis of physical disabilities;

(b) The use of roentgenic rays or radium;

(c) The use of electricity for cauterization or surgery; or

(d) The occupation of a masseur who massages only the superficial soft tissues of the body.

Sec. 6. NRS 640.050 is hereby amended to read as follows:

640.050 1. The Board shall:

(a) Enforce the provisions of this chapter and any regulations adopted pursuant thereto;

(b) Evaluate the qualifications and determine the eligibility of an applicant for a license as a physical therapist or physical therapist

assistant and, upon payment of the applicable fee, issue the appropriate license to a qualified applicant;

(c) Investigate any complaint filed with the Board against a licensee; and

(d) Unless the Board determines that extenuating circumstances exist, forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices as a physical therapist or physical therapist assistant without a license.

2. The Board may adopt reasonable regulations to carry this chapter into effect, including, but not limited to, regulations concerning the:

(a) Issuance and display of licenses.

(b) Supervision of physical therapist assistants and physical therapist technicians.

3. ***The Board shall adopt regulations establishing:***

(a) The qualifications a physical therapist must obtain before he or she is authorized to perform dry needling, which must include, without limitation, the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the Board. Such hours may include didactic education and training completed as part of a graduate-level program of study.

(b) Procedures concerning the handling of needles used to perform dry needling, including, without limitation, procedures for the disposal of a needle after a single use.

(c) Procedures to ensure that a physical therapist does not engage in needle retention.

4. The Board shall prepare and maintain a record of its proceedings, including, without limitation, any disciplinary proceedings.

~~[4.]~~ ***5.*** The Board shall maintain a list of licensed physical therapists authorized to practice physical therapy and physical therapist assistants licensed to assist in the practice of physical therapy in this State.

~~[5.]~~ ***6.*** The Board may:

(a) Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.

(b) Employ attorneys, investigators and other professional consultants and clerical personnel necessary to the discharge of its duties.

(c) Adopt a seal of which a court may take judicial notice.

~~[6.]~~ *7.* Any member or agent of the Board may enter any premises in this State where a person who holds a license issued pursuant to the provisions of this chapter practices physical therapy or as a physical therapist assistant and inspect the premises to determine whether a violation of any provision of this chapter or any regulation adopted pursuant thereto has occurred, including, without limitation, an inspection to determine whether any person at the premises is practicing physical therapy or as a physical therapist assistant without the appropriate license issued pursuant to the provisions of this chapter.

~~[7.]~~ *8.* Any voting member of the Board may administer an oath to a person testifying in a matter that relates to the duties of the Board.

Sec. 7. Chapter 640B of NRS is hereby amended by adding thereto the provisions set forth as sections 8 and 9 of this act.

Sec. 8. ***"Dry needling":***

1. Means a skilled technique performed by an athletic trainer using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability.

2. Does not include:

(a) The stimulation of an auricular point;

(b) The stimulation of sinus points or other nonlocal points to treat underlying organs;

(c) Needle retention; or

(d) The teaching or application of acupuncture.

Sec. 9. ***An athletic trainer who is qualified to perform dry needling pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260 shall not insert the same needle more than one time during the performance of dry needling.***

Sec. 9.5. NRS 640B.005 is hereby amended to read as follows:

640B.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 640B.011 to 640B.120, inclusive, ***and section 8 of this act*** have the meanings ascribed to them in those sections.

Sec. 10. NRS 640B.090 is hereby amended to read as follows:

640B.090 1. "Practice of athletic training" means:

(a) The prevention, recognition, assessment, management, treatment, disposition or reconditioning of the athletic injury of an athlete:

(1) Whose condition is within the professional preparation and education of the licensed athletic trainer; and

(2) That is performed under the direction of a physician;

(b) The organization and administration of programs of athletic training;

(c) The administration of an athletic training room;

(d) The provision of information relating to athletic training to members of the public;

(e) The performance of dry needling under the direction of a physician, if an athletic trainer is qualified to do so pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260; or

~~[(e)]~~ ***(f)*** Any combination of the activities described in paragraphs (a) to ~~[(d),]~~ ***(e),*** inclusive.

2. The term does not include the diagnosis of a physical disability, massaging of the superficial soft tissues of the body or the use of X-rays, radium or electricity for cauterization or surgery.

Sec. 11. NRS 640B.260 is hereby amended to read as follows:

640B.260 The Board shall adopt regulations to carry out the provisions of this chapter, including, without limitation, regulations that establish:

1. The passing grades for the examinations required by NRS 640B.310 and 640B.320 ***.*** ~~[;]~~

2. Appropriate criteria for determining whether an entity is an intercollegiate athletic association, interscholastic athletic association, professional athletic organization or amateur athletic organization ***.*** ~~[;]~~

3. The standards of practice for athletic trainers ***.*** ~~[; and]~~

4. The requirements for continuing education for the renewal of a license of an athletic trainer. The requirements must be at least equivalent to the requirements for continuing education for the renewal of a certificate of an athletic trainer issued by the National Athletic Trainers Association Board of Certification or its successor organization.

5. The qualifications an athletic trainer must obtain before he or she is authorized to perform dry needling, which must include, without limitation, the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the Board. Such hours may include didactic education and training completed as part of a graduate-level program of study.

6. Procedures concerning the handling of needles used to perform dry needling, including, without limitation, procedures for the disposal of a needle after a single use.

7. Procedures to ensure that an athletic trainer does not engage in needle retention.

Dry Needling Statutes and Regulations

NRS 640B – ATHLETIC TRAINERS – Dry Needling Statutes

NRS 640B.037 "Dry needling" defined.

"Dry needling":

1. Means a skilled technique performed by an athletic trainer using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability.

2. Does not include:

(a) The stimulation of an auricular point;

(b) The stimulation of sinus points or other nonlocal points to treat underlying organs;

(c) Needle retention; or

(d) The teaching or application of acupuncture.

(Added to NRS by 2019, 1587)

NRS 640B.090 "Practice of athletic training" defined.

1. "Practice of athletic training" means:

(a) The prevention, recognition, assessment, management, treatment, disposition or reconditioning of the athletic injury of an athlete:

(1) Whose condition is within the professional preparation and education of the licensed athletic trainer; and

(2) That is performed under the direction of a physician;

(b) The organization and administration of programs of athletic training;

(c) The administration of an athletic training room;

(d) The provision of information relating to athletic training to members of the public;

(e) The performance of dry needling under the direction of a physician, if an athletic trainer is qualified to do so pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260; or

(f) Any combination of the activities described in paragraphs (a) to (e), inclusive.

2. The term does not include the diagnosis of a physical disability, massaging of the superficial soft tissues of the body or the use of X-rays, radium or electricity for cauterization or surgery.

(Added to NRS by 2003, 895; A 2019, 1588)

NRS 640B.260 Regulations.

The Board shall adopt regulations to carry out the provisions of this chapter, including, without limitation, regulations that establish:

1. The passing grades for the examinations required by NRS 640B.310 and 640B.320.

2. Appropriate criteria for determining whether an entity is an intercollegiate athletic association, interscholastic athletic association, professional athletic organization or amateur athletic organization.

3. The standards of practice for athletic trainers.

4. The requirements for continuing education for the renewal of a license of an athletic trainer. The requirements must be at least equivalent to the requirements for continuing education for the renewal of a certificate of an athletic trainer issued by the National Athletic Trainers Association Board of Certification or its successor organization.

5. The qualifications an athletic trainer must obtain before he or she is authorized to perform dry needling, which must include, without limitation, the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the Board. Such hours may include didactic education and training completed as part of a graduate-level program of study.

6. Procedures concerning the handling of needles used to perform dry needling, including, without limitation, procedures for the disposal of a needle after a single use.

7. Procedures to ensure that an athletic trainer does not engage in needle retention.

(Added to NRS by 2003, 897; A 2019, 1588)

NRS 640B.890 Limitation on insertion of same needle during dry needling.

An athletic trainer who is qualified to perform dry needling pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260 shall not insert the same needle more than one time during the performance of dry needling.

(Added to NRS by 2019, 1587)

https://www.leg.state.nv.us/NRS/NRS-640B.html

ADOPTED REGULATION OF THE

BOARD OF ATHLETIC TRAINERS

LCB File No. R053-19

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§1-4, NRS 640B.260, as amended by section 11 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1588.

A REGULATION relating to athletic trainers; prescribing the training required before an athletic trainer is authorized to perform dry needling; prescribing standards of practice for dry needling; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Board of Athletic Trainers to prescribe by regulation the qualifications required for an athletic trainer to perform dry needling. Those qualifications must include the completion of at least 150 hours of certain didactic education and training in dry needling. (NRS 640B.260, as amended by section 11 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1588) **Section 2** of this regulation prescribes the requirements for such didactic education and training.

Existing law requires the Board to prescribe by regulation: (1) the standards of practice for athletic trainers; (2) procedures concerning the handling of needles used to perform dry needling; and (3) procedures to ensure that an athletic trainer does not engage in needle retention. (NRS 640B.260, as amended by section 11 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1588) **Section 3** of this regulation requires an athletic trainer to obtain the informed consent of a patient before performing dry needling. **Section 3** also requires an athletic trainer who performs dry needling to: (1) use only single-use, single-insertion needles; (2) refrain from inserting a needle more than one time or retaining a needle in the body of a patient after completing a procedure; and (3) dispose of those needles after completing a procedure. **Section 3** additionally prohibits an athletic trainer from delegating the performance of dry needling to a person who is not authorized to perform dry needling.

Section 1. Chapter 640B of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. *1. Before performing dry needling, an athletic trainer must submit to the Board written proof of successful completion of at least 150 hours of didactic education and training in dry needling which meets the requirements set forth in this section.*

2. The courses taken to satisfy the didactic education and training requirements must:

(a) Be approved by the National Athletic Trainers' Association Board of Certification, Inc., or its successor organization, the Commission on Accreditation of Athletic Training Education, or its successor organization, or the Board of Athletic Trainers;

(b) Include instruction concerning:

(1) The use of sterile needles in accordance with standards prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or the Occupational Safety and Health Administration of the United States Department of Labor;

(2) The aspects of human anatomy relevant to dry needling;

(3) Control of blood-borne pathogens; and

(4) Circumstances under which performing dry needling on a patient may or may not be appropriate;

(c) Except as otherwise provided in paragraph (d), be provided as part of a graduate-level program of study approved by the Board; and

(d) Include at least 25 hours of didactic instruction and training provided through a postgraduate course of study that requires the successful completion of a written examination and a practical examination. Each part of the course, including, without limitation, each examination, must be completed in person.

Sec. 3. *1. Before performing dry needling, an athletic trainer must obtain a signed form which provides informed consent from the patient. Such a form must include, without limitation:*

(a) The definition of "dry needling" set forth in section 8 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1587;

(b) A description of the particular treatment that will be provided and the risks and benefits of the treatment; and

(c) The signature of the patient.

2. An athletic trainer who performs dry needling:

(a) Shall use only single-use, single-insertion sterile needles;

(b) Shall not insert the same needle:

(1) More than one time in a person; or

(2) In more than one person;

(c) Shall not retain a needle in the body of a patient after completing a procedure;

(d) Shall dispose of each needle after completing a procedure;

(e) Shall not delegate dry needling to a student athletic trainer, graduate student athletic trainer or other person who is not authorized to perform dry needling; and

(f) Shall ensure that the form described in subsection 1 is maintained as part of the health care records of the patient pursuant to NRS 629.051.

Sec. 4. An athletic trainer who wishes to perform dry needling after the effective date of this regulation shall submit proof of compliance with the requirements of section 2 of this regulation not later than 30 days after the effective date of this regulation.

Sample Consent Form

DRY NEEDLING CONSENT TO TREAT FORM

Dry needling (DN) is a skilled technique performed by an athletic trainer using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of the procedure:

The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture, while rare, may require hospitalization.

Other risks may include bruising, infection, or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. The monofilament needles are very small and do not have a cutting edge; the likelihood of any significant tissue trauma from DN is unlikely. There are other conditions that require consideration so please answer the following questions:

- **Are you taking blood thinners?** Yes / No
- **Are you or is there a chance you could be pregnant**? Yes / No
- **Are you aware of any problems or have any concerns with your immune system?** Yes / No
- **Do you have any known disease or infection that can be transmitted through bodily fluids?** Yes / No

Patient's Consent:

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks, were answered to my satisfaction.

My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

I,_____, authorize the performance of Dry Needling.

_____ _____

Patient or Authorized Representative Date

_____ _____

Relationship to patient (if other than patient) Date

☐ I was offered a copy of this consent and refused.

REVISED ADOPTED REGULATION OF THE

NEVADA PHYSICAL THERAPY BOARD

LCB File No. R054-19

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: §§1-4, NRS 640.050, as amended by section 6 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1586.

A REGULATION relating to physical therapists; prescribing the training required before a physical therapist is authorized to perform dry needling; prescribing standards of practice for dry needling; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Nevada Physical Therapy Board to prescribe by regulation the qualifications required for a physical therapist to perform dry needling. Those qualifications must include the completion of at least 150 hours of certain didactic education and training in dry needling. (NRS 640.050, as amended by section 6 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1586) **Section 2** of this regulation prescribes the requirements for such didactic education and training.

Existing law requires the Board to prescribe by regulation: (1) procedures concerning the handling of needles used to perform dry needling; and (2) procedures to ensure that a physical therapist does not engage in needle retention. Existing law additionally authorizes the Board to adopt other reasonable regulations to carry out provisions of law governing physical therapy. (NRS 640.050, as amended by section 6 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1586) **Section 3** of this regulation requires a physical therapist to obtain the informed consent of a patient before performing dry needling. **Section 3** also requires a physical therapist who performs dry needling to: (1) use only single-use, single-insertion needles; (2) refrain from inserting a needle more than one time or retaining a needle in the body of a patient after completing a procedure; and (3) dispose of all needles after completing a procedure. **Section 3** additionally prohibits a physical therapist from delegating the performance of dry needling to a person who is not authorized to perform dry needling.

Section 1. Chapter 640 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. *1. Before performing dry needling, a physical therapist must submit to the Board written proof of successful completion of at least 150 hours of didactic education and training in dry needling which meets the requirements set forth in this section.*

2. The courses taken to satisfy the didactic education and training requirements must:

(a) Be approved by the Commission on Accreditation in Physical Therapy Education, or its successor organization, the American Physical Therapy Association, or its successor organization, or the Nevada Physical Therapy Board;

(b) Include instruction concerning:

(1) The use of sterile needles in accordance with standards prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or the Occupational Safety and Health Administration of the United States Department of Labor;

(2) The aspects of human anatomy relevant to dry needling;

(3) Control of blood-borne pathogens; and

(4) Circumstances under which performing dry needling on a patient may or may not be appropriate;

(c) Except as otherwise provided in paragraph (d), be provided as part of a graduate-level program of study approved by the Board; and

(d) Include at least 25 hours of the didactic instruction and training provided through a postgraduate course of study that requires the successful completion of a written examination and a practical examination. Each part of the course, including, without limitation, each examination, must be completed in person.

Sec. 3. *1. Before performing dry needling, a physical therapist must obtain a signed form which provides informed consent from the patient. Such a form must include, without limitation:*

(a) The definition of "dry needling" set forth in section 2 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1585;

(b) A description of the particular treatment that will be provided and the risks and benefits of the treatment; and

(c) The signature of the patient.

2. A physical therapist who performs dry needling:

(a) Shall use only single-use, single-insertion sterile needles;

(b) Shall not insert the same needle:

(1) More than one time in a person; or

(2) In more than one person;

(c) Shall not retain a needle in the body of a patient after completing a procedure;

(d) Shall dispose of each needle after completing a procedure;

(e) Shall not delegate dry needling to a physical therapist assistant, student of physical therapy, physical therapist technician or other person who is not authorized to perform dry needling; and

(f) Shall ensure that the form described in subsection 1 is maintained as part of the health care records of the patient pursuant to NRS 629.051.

Sec. 4. A physical therapist who wishes to perform dry needling after the effective date of this regulation shall submit proof of compliance with the requirements of section 2 of this regulation by not later than 30 days after the effective date of this regulation.

AOTA Position Statement

Physical Agent, Mechanical, and Instrument-Assisted Modalities Within Occupational Therapy Practice

Introduction

The American Occupational Therapy Association (AOTA) asserts that physical agent, mechanical, and instrument-assisted modalities (PAMIMs) may be used by occupational therapy practitioners (i.e., occupational therapists and occupational therapy assistants) as part of a comprehensive plan of intervention designed to enhance engagement in occupation (AOTA, 2020c). Occupational therapy practitioners (OTPs) possess the foundational knowledge of basic sciences, understanding of relevant theory and evidence, and clinical reasoning to recommend and safely apply PAMIMs to support achievement of occupation-based client goals.

This Position Statement clarifies the context for the appropriate use of PAMIMs in occupation-based occupational therapy practice. As guided by the *Occupational Therapy Practice Framework: Domain and Process, 4th Edition* (*OTPF-4*) (AOTA, 2020c), exclusive or stand-alone use of PAMIMs without linking it to a client-centered, occupation-based intervention plan and outcomes is not occupational therapy. Consistent with the 2018-2019 Choosing Wisely initiative, AOTA recommends that practitioners "don't use [PAMIMs] without providing purposeful and occupation-based intervention activities" (Gillen et al., 2019). To ensure client-centered care, practitioners who choose to incorporate PAMIMs into their practice should evaluate the available evidence on the efficacy and effectiveness of each modality and its place in the treatment of a client's condition.

Definitions

The term *therapeutic modalities* refers to the systematic application of various forms of energy or force to effect therapeutic change in the physiology of tissues. *Physical agents* such as heat, cold, water, light, sound, and electricity may be applied to the body to affect client factors, including the neurophysiologic, musculoskeletal, integumentary, circulatory, or metabolic functions of the body. Physical agents may be used to reduce or modulate pain, reduce inflammation, increase tissue extensibility and range of motion, promote circulation, decrease edema, facilitate healing, stimulate muscle activity, and facilitate occupational performance (Bracciano, 2022).

Physical agent modalities may be categorized on the basis of their properties:

1. *Thermal modalities* are those physical agents that provide a change in tissue temperature by either heating or cooling the tissue. Thermal modalities can also be categorized into superficial thermal agents and deep thermal agents on the basis of the depth of energy penetration into the underlying tissue or body structure they are targeting. Thermal agents (heat or cold) facilitate the transfer of energy between two systems through conduction, convection, or conversion.
    a. *Superficial thermal agents*
        i. *Conduction:* Heat or cold is transferred from an object to the body with direct contact with the modality. Examples include, but are not limited to, hot packs, cold packs, and paraffin (Vargas e Silva et al., 2019).

        ii. *Convection:* Heat or cold is transferred between two objects where one is moving or flowing around the body part. Examples include, but are not limited to, whirlpool or hydrotherapy, which can be done with hot or cold water, and Fluidotherapy™ or dry whirlpool, which uses dry heat to circulate dry cellulose medium around the distal extremity (Kumar et al., 2015).
    b. *Deep thermal agents*
        i. *Conversion:* Energy from low-frequency sound waves is converted into heat. A common example is therapeutic ultrasound, where the mechanical waves in sound energy are converted to heat using an ultrasound machine. Therapeutic ultrasound can be used to penetrate deeper tissue structures. Deep thermal agents include, but are not limited to, therapeutic ultrasound and phonophoresis (Morishita et al., 2014).
2. *Electromagnetic modalities* use electromagnetic waves such as radio waves, microwaves, and light waves to transport electrical and magnetic energy through space to effect changes in body structures (Post & Nolan, 2016).
    a. *Diathermy:* Diathermy uses short-wave frequencies to affect healing tissue or higher frequencies that cause tissue heating.
    b. *Low-level laser (light) therapy (LLLT):* Low-intensity, nonthermal (cold) lasers use light energy to cause a photochemical reaction in body tissue that can influence tissue repair, inflammation, and pain (Baktir et al., 2018).
3. *Electrotherapy* uses electrotherapeutic currents and waveforms to influence physiological effects on client body structures (Bellew, 2016). Electrotherapy has many potential clinical uses and may be and may act upon tissues in the following ways:
    a. Influence physiologic change in tissues to increase circulation, facilitate tissue healing, modify edema, and modulate pain. An example includes, but is not limited to, high-voltage galvanic stimulation for tissue and wound repair. A specific electrotherapeutic agent, iontophoresis, uses direct electrical current to move ions of medication across skin into target tissues (Bracciano, 2022).
    b. Facilitate neuromuscular or sensory activity to improve muscle strength, reeducate muscle function, or modulate pain response. Examples include, but are not limited to, neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), and interferential current (IFC) (Bracciano, 2022).
4. *Mechanical modalities* refers to the therapeutic use of mechanical devices to apply force, such as compression, distraction, vibration, or controlled mobilization, to modify biomechanical properties and functions of tissues. Effects of these mechanical modalities include increased circulation and lymphatic flow or increased tissue and joint mobility. Examples include, but are not limited to, mechanical traction, vasopneumatic devices, and continuous passive motion machines.
5. *Instrument-assisted modalities* (IM) refers to the therapeutic use of an instrument or tool that is manually applied by a trained practitioner to target specific tissues, like skin, fascia, and other connective tissues, or muscle. In contrast to a mechanical modality, the instrument or tool is skillfully and manually guided by a trained practitioner to effect change on the soft tissue. While the true physiologic mechanisms of such interventions are less known, IMs are theorized to achieve the following physiologic effects: mechanical deformation (e.g., stretch, movement of collagen fibers), localized inflammatory response (e.g., increased blood flow by vasodilation), and activation of the immune system (Altaş, Birlik, Şahin Onat et al, 2022; Baburao & Gurudut, 2023; Bitra & Sudhan, 2019). Through these mechanisms, the skilled practitioner seeks to achieve the ultimate therapeutic outcomes of pain reduction or analgesia, tissue healing, and improved functioning at the level of client factors (e.g., musculoskeletal functions, lymphatic flow, etc.) and occupational performance. Examples include, but are not limited to, thin filiform needles used in dry needling, stainless steel instruments applied to target tissue using a scraping technique, and suction instruments used in cupping therapy (Al-Bedah et al, 2018; Bush et al, 2020; Chyrs et al., 2023; Sánchez-Infante et al., 2021).

Occupational Therapy Practitioner Qualifications and Ethical Obligations

The Accreditation Council for Occupational Therapy Education (ACOTE®; 2018) requires that entry-level educational programs must prepare occupational therapists to *demonstrate* and occupational therapy assistants to *define* "the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions" for use (p. 31). Foundational knowledge such as human anatomy, physiology, and biomechanics is part of entry-level education for the occupational therapist and occupational therapy assistant.

Occupational therapy practitioners should also refer to the *Occupational Therapy Code of Ethics* (AOTA, 2020a) for relevant principles and the *Standards of Practice for Occupational Therapy* (AOTA, 2021) to guide their practice. Many states where occupational therapy practitioners practice have additional regulatory requirements for demonstrating competence beyond entry-level education and for specific types of therapeutic modalities. Occupational therapy practitioners must be aware of and comply with these state specific requirements, which may include, but are not limited to, continuing professional education, institution-specific procedures for ascertaining service competence, and supervised contact hours by a qualified practitioner in the respective state (AOTA, 2020a).

The efficacy of PAMIMs, including the use of new technology is routinely updated, revised, and developed on the basis of the most currently available evidence. Practitioners are responsible for evaluating the evidence and for maintaining their awareness of new developments, as well as maintaining their competency in the safe and effective application of these technologies.

Insurance coverage and billing policies for therapeutic modalities set forth by federal and state payers (e.g., Medicare, Veterans Administration, state Medicaid programs), and commercial payers may vary widely. Practitioners are responsible for checking their payer policies and state practice acts to learn of any restrictions in coverage and usage. As part of their ethical responsibility, occupational therapy practitioners should also be mindful of the client's ability to access services that include PAMIMs. In situations in which a practitioner has limited access to PAMIMs equipment or tools, they should apply clinical and professional reasoning skills to use low-tech substitutes to which the client has access and that have known therapeutic effects.

Occupational Therapy Process

The *OTPF–4* provides guidance to occupational therapy practitioners when evaluating the need for PAMIMs and incorporating their use as interventions to support occupations (AOTA, 2020c). Throughout the occupational therapy process, an occupational therapist and an occupational therapy assistant may collaborate and play distinct roles.

Evaluation

During the evaluation process, occupational therapists establish an occupational profile to identify client priorities, gain an appreciation of the client's health and well-being, and understand the contextual supports and barriers to performance. Therapists further analyze client performance in chosen occupations to identify the specific focus of the intervention, including impairments in client factors, deficits in performance skills, and overall limitations in occupational performance. The presence of impairments in body functions and body structures as barriers to occupational performance may facilitate clinical reasoning in choosing appropriate PAMIMs. Therapists consider the evidence, pragmatics, and benefits of PAMIMs as an integral component of the occupation-based intervention plan. Occupational therapy assistants may contribute to the evaluative process, especially in establishing the occupational profile of the client, as well as once competency is achieved in the administration of standardized and

nonstandardized assessments (ACOTE, 2018; AOTA, 2021).

Intervention

Occupational therapists may collaborate on the implementation of the intervention plan that involves the use of PAMIMs with occupational therapy assistants who demonstrate service competence (AOTA, 2020b). The occupational therapist has overall responsibility for providing supervision of the occupational therapy assistant and their safe use of PAMIMs with clients. The occupational therapy assistant is also responsible for understanding how the use of PAMIMs supports the client's occupational therapy goals (AOTA, 2020b). Both occupational therapists and occupational therapy assistants should monitor and appropriately document the outcome of interventions. Using PAMIMs as part of a comprehensive intervention plan can facilitate active engagement and participation in occupational tasks and improve occupational performance (see Table 1 for case examples).

As part of the intervention plan, the therapeutic use of PAMIMs may be categorized as follows:

1. *Interventions to support occupations*—Occupational therapy practitioners administer PAMIMs to address barriers to body functions and structures prior to engagement in occupation. For example, a practitioner may apply thermal modalities on a client's hands and wrists to increase tissue extensibility and alleviate pain prior to engaging in cooking activities.
2. *Concurrent to therapeutic occupation or purposeful activities*—Occupational therapy practitioners may administer PAMIMs to reduce the impact of impairment on body functions and structures while the client is engaged in occupation to improve performance. For example, a practitioner may apply FES on the client's affected wrist extensors and flexors during a morning grooming routine to facilitate grasp and release.
3. *As a necessary component of a person's occupational routine*—Occupational therapy practitioners may recommend and train a client to self-administer PAMIMs as part of their health management and maintenance. For example, a practitioner may teach a client how to perform manual lymph drainage massage, use an intermittent pneumatic compression device, and properly apply compression garments to abate the effects of lymphedema on occupational performance.

Outcomes

Outcomes are related to intervention implementation and are established during the evaluation process (AOTA, 2020c). An occupational therapy practitioner may choose to utilize PAMIMs as an intervention if it is thought to support occupational engagement. In collaboration with the client, occupational therapy practitioners determine the target outcomes and monitor the client's progress over time and the progress made as the result of PAMIMs and associated interventions. Under the supervision of the occupational therapist, an occupational therapy assistant may administer an outcome measure, which is then analyzed to determine the need for continuation or discontinuation of services or modification of the intervention plan.

Conclusion

The use of physical agent, mechanical, and instrument-assisted modalities may be an integral part of an occupational therapy intervention that supports or enhances a client's occupational performance, health and wellness, participation, and quality of life (AOTA, 2020c). While an entry-level preparation for occupational therapist and occupational therapy assistant indicates knowledge and practice preparation in the use of select therapeutic modalities (ACOTE, 2018), occupational therapy practitioners should strive to maintain their service competency in these modalities within the parameters of practice established by their state regulatory boards, payors, and institutional policies.

Table 1

Case Study 1: Certified Nursing Assistant with Adhesive Capsulitis

A 52-year-old certified nursing assistant (she/her/hers) has adhesive capsulitis, or frozen shoulder, after a fall 3 months ago. She works full-time and cares for her elderly mother at home.

Research Evidence and Related Resources Guiding Practice

- Post, R., & Nolan, T. P. (2016). Electromagnetic waves: Laser, diathermy, and pulsed electromagnetic fields. In J. W. Bellew, S. L. Michlovitz, & T. P. Nolan (Eds.), *Modalities for therapeutic intervention* (6th ed., pp. 167–210). Philadelphia: F. A. Davis.
- Sung, J.-H., Lee, J.-M., & Kim, J.-H. (2022). The effectiveness of ultrasound deep heat therapy for adhesive capsulitis: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, *19*(3), 1859. https://doi.org/10.3390/ijerph19031859

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
Evaluation summary: At evaluation in an outpatient occupational therapy clinic, the client presented significant shoulder pain and loss of shoulder ROM, which limits her ability to reach above her head (reaching into the linen closet at work or into cabinets at home) and behind her back (to don/doff her bra or toilet hygiene). She is able to lift and carry light objects over a limited range. Prolonged holding positions (e.g., holding a steering wheel, shaving under the involved arm, assisting with client bed mobility at work) are difficult to maintain and cause discomfort. The client's mother requires physical assistance for bathroom transfers, meal preparation and cleanup, dressing, and hair care. The client states that using the curling iron with her involved arm on her mother causes an increase in pain and discomfort.	*PAMIMs used as an intervention to support occupation:* Although the client's desire to continue to work full-time and keep her mother in the home are a strength, impairments in client factors (e.g., pain and limited ROM) impact her ability to achieve goals. The client wants to be independent to get dressed and prepare meals without pain. The OT assesses pain and limited ROM as barriers to occupational performance and establishes an intervention plan that incorporates therapeutic occupations and activities with the use of thermal modalities like moist heat, ultrasound, or diathermy to increase ROM while decreasing pain. The OTA can use these PAMIMs as interventions to support occupation prior to occupation-based and relevant functional activities that support the client's goals.	Through collaboration with the OT practitioners, the client learned adaptive strategies to improve her ability to get dressed and prepare meals. The client also learned self-management strategies and a home exercise program that includes the use of superficial heat to reduce her pain and maintain her ROM. The OT also discussed the client's progress with the referring physician for concurrent medical management for adhesive capsulitis. Given the protracted nature of the condition, the client initially began with modified duty at work and eventually was able to resume full duty as her symptoms improved.

Occupational Goals: The client desires to continue to work and care for herself and her mother in the home.		

Note. OT = occupational therapist; OTA = occupational therapy assistant; PAMIMs = physical agent, mechanical, and instrument-assisted modalities; ROM = range of motion.

Case Study 2: HVAC Technician With Bilateral Lateral Epicondylitis

A 47-year-old self-employed HVAC technician (she/her/hers) presented with bilateral arm pain that has progressively worsened since its onset 6 months ago. The client was diagnosed with bilateral lateral epicondylitis, was initially prescribed with forearm counterforce braces, and received cortisone injections on both sides.

Research Evidence and Related Resources Guiding Practice

- Chys, M., De Meulemeester, K., De Greef, I., Murillo, C., Kindt, W., Kouzouz, Y., Lescroart, B., & Cagnie, B. (2023). Clinical effectiveness of dry needling in patients with musculoskeletal pain—An umbrella review. *Journal of Clinical Medicine*, *12*(3), 1205. https://doi.org/10.3390/jcm12031205
- Sánchez-Infante, J., Navarro-Santana, M. J., Bravo-Sánchez, A., Jiménez-Diaz, F., & Abián-Vicén, J. (2021). Is dry needling applied by physical therapists effective for pain in musculoskeletal conditions? A Systematic review and meta-analysis. *Physical Therapy*, *101*(3), pzab070. https://doi.org/10.1093/ptj/pzab070
- Uygur, E., Aktaş, B., & Yilmazoglu, E. G. (2021). The use of dry needling vs. corticosteroid injection to treat lateral epicondylitis: A prospective, randomized, controlled study. *Journal of Shoulder and Elbow Surgery*, *30*(1), 134–139. https://doi.org/10.1016/j.jse.2020.08.044

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
Evaluation Summary: After experiencing initial relief with the cortisone injections and counterforce bracing, the client noted worsening of pain and sought outpatient occupational therapy services. At initial evaluation, there was notable weakness and pain with grip and persistent lateral elbow pain that was further magnified and	*PAMIMs used as an intervention to support occupation:* Based on the relative acuity of the client's condition, the occupational therapist (OT) approached the intervention process more conservatively, which included a focus on activity modification (e.g., reduce gripping, modify lifting technique, etc.), gentle stretching and exercises, compressive sleeves and soft hand orthoses, and superficial thermal modalities. The client noted gradual	With the introduction of dry needling to standard of care, the client experienced noticeable pain relief over the course of 3–4 weeks. Orthopedic screening tests indicate that the client still had a positive response, but the pain that is reproduced is substantially less intense. The OT initiated a progressive strengthening program for another 4 weeks that also included simulated work tasks and

reproduced using orthopedic screening tests. The client also has active signs of tissue irritation, as noted by intermittent swelling and myofascial trigger points around the area of inflammation. The client, who is self-employed, has not been able to take on new jobs and expressed concerns about her financial status. *Occupational Goals:* The client would like to have significant pain reduction, improve arm and grip strength, and resume work.	improvement in swelling, point tenderness, and movement, but while reduced, the pain continues to impede her ability to execute her occupational routine. The OT recommended the addition of dry needling with kinesiotaping to the intervention plan. The OT explained the benefits of using kinesiotape and instructed the client on how to self apply the tape. The OT explained the therapeutic mechanisms of dry needling and obtained an additional release secondary to the more invasive nature of the procedure.	an ongoing monitoring of acute exacerbation. The OT also collaborated with the client on a gradual return to work schedule.

Note. OT = occupational therapist; PAMIMs = physical agent, mechanical, and instrument-assisted modalities.

Case Study 3: Older Adult With Right-side Hemiparesis

A 61-year-old older adult (he/him/his) with right-sided hemiparesis presented to a community based occupational therapy clinic for uninsured clients with decreased arm function on his dominant side.

Research Evidence and Related Resources Guiding Practice

- Eraifej, J., Clark, W., France, B., Desando, S., & Moore, D. (2017). Effectiveness of upper limb functional electrical stimulation after stroke for the improvement of activities of daily living and motor function: A systematic review and meta-analysis. *Systematic Reviews*, *6*(1), 40. https://doi.org/10.1186/s13643-017-0435-5
- Knutson, J. S., Fu, M. J., Sheffler, L. R., & Chae, J. (2015). Neuromuscular electrical stimulation for motor restoration in hemiplegia. *Physical Medicine and Rehabilitation Clinics of North America*, *26*(4), 729–745. https://doi.org/10.1016/j.pmr.2015.06.002

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
Evaluation summary: The client's community based occupational therapy evaluation indicates weakness of the wrist and finger extension and grip, which makes grasping and releasing objects difficult. He is motivated to return to work and his daily activities that includes, yardwork and	*PAMIMs as an intervention to support occupation and purposeful activities:* The occupational therapist (OT) assessed that the client has potential to regain motor function with the help of task-oriented training combined with electrical stimulation to augment lack of motor activation of key muscle groups. The OT provided training and a home program to enable the client to be	After 10 weeks of participation in a home task-oriented intervention and weekly OT visits, the client demonstrated improvement in UE function, according to standardized measures. Although the client learned adaptive strategies that incorporated the use of both hands, he had hoped for greater fine motor control for more intricate tasks involved with

vegetable gardening. The client had a stroke approximately 2 months ago. He received acute care and 2 weeks of inpatient rehabilitation from his city's public hospital. He was referred to occupational therapy by his pro-bono community based primary physician. He was working full-time as a janitor when he had his stroke. *Occupational Goals:* The client would like to improve arm and hand function and return to work until he qualifies for Medicare.	able to reach and manipulate work tools and garden tools. Because of an unstable grip, the OT trialed the use of functional electrical stimulation (FES) to support the wrist extensors as the client attempts to sustain his grip with positive results. A home FES unit was given to the client by a family member and the OT set the device to the appropriate parameters. The unit was used to assist with hand opening during pre-grasp practice with various objects while at mid-reach. Subsequently, the OT recommended ongoing training with the use of a home FES unit along with a task-oriented training program.	gardening. In collaboration with the OT, the client was able to ease his way back into work with part-time status due to issues of fatigue. The OT advised that the client continue to engage in a home program with a battery of task-oriented activities to maximize hand use and maintain his functional gains. The OT assisted the client to coordinate a follow-up with the referring pro bono physician in 6 months and a subsequent OT re-evaluation to determine the need for continuing services and/or revision of the client's home program.

Note. FES = functional electrical stimulation; OT = occupational therapist; PAMIMs = physical agent, mechanical, and instrument-assisted modalities; UE = upper extremity.

Case Study 4: Computer Engineer With Elbow Fracture and Wrist Sprain

A 26-year-old computer engineer (they/them/theirs) presents with severe pain in their dominant upper extremity after a fall 4 months ago that resulted in an elbow fracture and wrist sprain. They have 9/10 pain with all grasping, lifting, and carrying and they have developed complex regional pain syndrome.

Research Evidence and Related Resources Guiding Practice

- Moretti, A., Gimigliano, F., Paoletta, M., Liguori, S., Toro, G., Aulicino, M., Iolascon, G., … (2021). Efficacy and effectiveness of physical agent modalities in complex regional pain syndrome type I: A scoping review. *Applied Sciences*, *11*(4), 1857. http://dx.doi.org/10.3390/app11041857
- Bellew, J. W. (2016). Foundations of clinical electrotherapy. In J. W. Bellew, S. L. Michlovitz, & T. P. Nolan (Eds.), *Michlovitz's modalities for therapeutic intervention* (6th ed.), pp. 253–285). Philadelphia: F. A. Davis.

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
Evaluation summary: The client has limited grip strength and therefore limited function. They work full-time and have a 1-year-old child at home. They are having difficulty with activities involving lifting and	*PAMIMs as a component of the client's occupational routine:* In collaboration with the client, the OT provided strategies to manage their CRPS through activity modifications and the use of TENS. Prior to recommending a TENS unit, the OT evaluated key areas	The client became independent in the use of TENS in the treatment of pain due to complex regional pain syndrome. The client required a few additional sessions to develop an occupational routine that they could incorporate stress-management

carrying, childcare, and meal preparation and reports that they have increased pain while typing on the computer for work-related tasks. *Occupational Goals:* The client would like to be able to better manage pain as they resume their usual occupations in the home and work setting.	of pain that may benefit from TENS and the client's level of tolerance to stimulation. The OT educated the client on proper application and scheduling of TENS use and then trialed and assessed their ability to use a home TENS unit to manage pain at work and at home during activity to decrease pain and support improved function. The OT used a time log to gain an understanding of the client's experience of pain linked to daily activities, and the use of the TENS unit was incorporated into their daily routine based on the information gleaned from the log. In addition to the modality, the OT educated the client on stress management techniques and self-monitoring of physiologic signs.	techniques, including mindfulness and low-impact aerobics.

Note. CRPS = complex regional pain syndrome; OT = occupational therapist; PAMIMs = physical agent, mechanical, and instrument-assisted modalities; TENS = transcutaneous electrical nerve stimulation.

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Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, April 2024

Note. This revision replaces the 2018 document Physical Agent and Mechanical Modalities, previously published and copyrighted in 2018 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy, 72,* (Suppl. 2), 7212410055p1–7212410055p6. https://doi.org/10.5014/ajot.2018.72S220

Subject: Request for clarification on the Board"s official stance regarding the practice and educational requirements for soft tissue mobilization techniques, specifically instrument-assisted soft tissue mobilization (IASTM/ Gua Sha/ Cupping)

Date: Friday, March 15, 2024 11:37:24 AM

I am writing to request clarification on the Board's official stance regarding the practice and educational requirements for soft tissue mobilization techniques, specifically instrument-assisted soft tissue mobilization (IASTM/ Gua Sha/ Cupping) within the scope of practice as licensed occupational therapists.

The Board's documentation suggests that licensees are expected to attain an adequate level of education and training in any technique they wish to employ. This includes engaging in further educational pursuits when necessary. In light of this guidance, I seek to understand the Board's position on the following matters:

1. For the practice of IASTM/ Gua Sha/ Cupping, is it sufficient for a licensed occupational therapist to pursue continued education courses, engage in peer learning through demonstrations, and study relevant research to meet the Board's standards for education and training? Or is it a requirement to obtain specific certification from recognized organizations (e.g., Graston, HawkGrips) before a licensee is authorized to perform these techniques on patients?

2. In cases where a licensee holds current certifications in methodologies such as Graston and Astym, does the Board permit such an individual to impart training to others within their professional scope, albeit not for certification purposes? For example, can an occupational therapist certified in the Graston technique legally instruct a massage therapist or athletic trainer (soft tissue mobilization is also in their scope of practice) in the application of this method, solely to enhance the latter's skill set or for demonstration purposes, without issuing formal certification? To be specific, can an occupational therapist perform a small demonstration of Astym (5-10 minutes) to another professional for education and not certification purposes?

The clarification of these points will greatly assist in ensuring that my practice, and those of my colleagues, align with the Board's regulations and standards for professional conduct and competency in patient care. I believe that understanding these specifics is crucial for maintaining the integrity of our profession and the safety of our patients.

I appreciate the Board's attention to these inquiries and await your detailed response. I appreciate your dedication to upholding the standards of practice.

Sincerely,

Caroline Joy Co

State of Nevada
Board of Occupational Therapy

6170 Mae Anne Ave., Suite 1, Reno, Nevada 89523
Phone (775) 746-4101 / Fax (775) 746-4105 / Website www.nvot.org

AGENDA ITEM 8: Executive Director's Report

Executive Director's Report

Heather Hartley will provide a report on Board Office Administrative Activites.

Attachments

Written Report
FY 2024 Financial Reports
3rd Quarter Ending March 31, 2024

State of Nevada
Board of Occupational Therapy

6170 Mae Anne Ave, Suite 1, Reno, Nevada 89523
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EXECUTIVE DIRECTOR'S REPORT
June 1, 2024

Licensure Statistics - The following chart provides current and prior year licensing details and activity as of March 31, 2024. The number of practitioners increased by a net 8 licensees in the second quarter.

3rd Quarter Statistics

New Applications Received:	38	Licenses Issued:	38
Licenses Expired:	30	Licenses Renewed:	62

Comparison to Prior Year at March 31

Description	FY 2024	FY 2023	% +	OT's 2024	OT's 2023	OTA's 2024	OTA's 2023
Total Current Licensees	1818	1718	5.8%	1387	1302	431	416
Standard Licensees (active)	1759	1663	5.7%	1345	1266	414	397
Inactive Licensees	32	31		22	23	10	9
Inactive - Retired	12	14		10	12	2	2
Provisional Licensees	12	6		7	0	5	6
Temporary Licensees	3	4		3	2	0	2

Fiscal Year 24 by Quarter

Fiscal Year 2024	Total Licensees	OT	OTA
July 1, 2023	**1745**	**1330**	**415**
September 30, 2023	**1788**	**1365**	**423**
December 31, 2023	**1810**	**1380**	**430**
March 31, 2024	**1818**	**1387**	**431**
June 30, 2024			

FY 24 Financial Statements
3rd Quarter, Period ending March 31, 2024

FY 24 Budget vs Actuals - Period ending March 31, 2024 reflects a net loss of ($31,134.60), approximately 92.35% of the budget. Net operating income, revenue less expenses, is 102.60%.

Licensing Revenue - Licensing revenue is slightly above budget at 76.13%. New license fees exceed budget at 71.40%.

Other Income - Other income is 120.76% of the budget. Interest income on investments exceeded budget at 247.26% due to higher rates of return on short term CD's.

Operating Expenses - Expenses are over budget at 80.83%. Payroll exceeded budget at 86.39%.

Balance Sheet and Investments - Total Cash as of March 31, 2024 was $479,982.10; with $129,856.12 in operating, $348,814.57 in CD's and $1,311.41 in money market funds. Total Equity is $329,244.49.

Wells Fargo - Appointments have been held with a local branch banker for the continuation of updating and maintenance of the accounts.

Wells Fargo Advisors - Currently, there are 2 CDs. One CD matured during the 2nd quarter and one matured in April. Funds were transferred to the money market account.

Office Operations & Activities – Correspondence and collaboration continue to develop with NBCOT, AOTA, and NOTA. Staff have held monthly update meetings with Belz and Case Government Affairs. Board Staff attended varied legislature subcommittee meetings virtually. Board staff also attended the Administrative Collaborative meeting. Heather Hartley attended a webinar hosted by AOTA pertaining to the Occupational Therapy Compact.

The Board's Proposed Regulation LCB R113-23 was approved by the Legislative Commission on April 18th. The regulation was passed without additional questions or a need to testify before the Legislative Commission. The Board's database, website, and fee schedule have been updated to reflect the approved regulations.

State reporting has been submitted to the Legislative Counsel Bureau (Disciplinary and Registration Report), Board or Commission Consultant Reporting for the period of July 1, 2023 through December 31, 2023. The US Census Bureau's Annual Public Employment and Payroll Survey was completed at the beginning of May.

Big Picture/Albertson Consulting - Board staff has a standing monthly update meeting. There were updates to the database to implement the recent regulation changes to include license by reciprocity, fees/payments, and continuing education qualifying activities. Future meetings will continue working on streamlining the continuing education audit process, and licensee login criteria to ensure optimum security.

Numbers Inc. – Carol Woods, Board Bookkeeper, provided an update that she will no longer be able to use QuickBooks Online payroll due to the fact that it cannot properly handle Deferred Compensation calculations. This means that by the end of the year, the Board will need to acquire a new payroll service.

Carol is recommending Nevada Payroll Service who have other state clients and can properly calculate tax state benefits including a 457b. This will provide Carol with the ability to record the payroll entries and make the Deferred Compensation contributions.

Board staff will continue to use QuickBooks Online for invoicing, tracking expenses, and running reports. QuickBooks Online payroll was going to be $45 per month plus $6 an employee per month, to equal $57 per month. Nevada Payroll Service payroll will be every 2 weeks at $40 flat per run plus $3.25 per paycheck. Carol believes that payment for Board Members can be distributed through QuickBooks BillPay, which includes 5 free ACH's per month and $0.50 each thereafter.

Estimate:
QuickBooks Online payroll was $684.00 a year.
Nevada Payroll Service estimated $1,209.00 a year.

Public Member - Correspondence has occurred with the Director of Boards and Commissions. There have been no new applications received for the seat of public member. The position is posted on the Board's and state's websites. We are awaiting an appointment.

Complaints Status - There is one (1) complaint pending in the investigation stage. A hearing may be scheduled regarding this matter at the next Board meeting.

State of Nevada Board of Occupational Therapy

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

July 2023 - March 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
Fees	24,950.00	34,942.75	-9,992.75	71.40 %
Fines and Legal Fees	832.32		832.32	
License Fees	156,488.31	202,823.36	-46,335.05	77.15 %
List Fee	3,925.00	6,798.00	-2,873.00	57.74 %
Total Income	**$186,195.63**	**$244,564.11**	**$ -58,368.48**	**76.13 %**
GROSS PROFIT	**$186,195.63**	**$244,564.11**	**$ -58,368.48**	**76.13 %**
Expenses				
Attorney General / Legal Fees	4,305.09	12,000.00	-7,694.91	35.88 %
Bank Service/Merchant Charges	3,240.23	6,114.10	-2,873.87	53.00 %
Board Compensation	750.00	2,250.00	-1,500.00	33.33 %
Dues & subscriptions	1,814.64	3,050.00	-1,235.36	59.50 %
Equipment Purchase	1,113.73	1,500.00	-386.27	74.25 %
Equipment Rental	1,408.74	2,100.00	-691.26	67.08 %
Insurance	1,343.62	1,200.00	143.62	111.97 %
Interest Expense	914.90		914.90	
Licensing - Data System		8,500.00	-8,500.00	
Amortization	4,300.80		4,300.80	
Licensing System	1,333.45		1,333.45	
System Support	225.00		225.00	
Total Licensing - Data System	**5,859.25**	**8,500.00**	**-2,640.75**	**68.93 %**
Meeting Expenses	2,413.93		2,413.93	
Office Expense				
Internet Service	1,439.82	2,400.00	-960.18	59.99 %
Postage and Delivery	512.07	500.00	12.07	102.41 %
Printing and Reproduction	223.70	200.00	23.70	111.85 %
Records Storage/Recycling	65.00	130.00	-65.00	50.00 %
Telephone	442.07	750.00	-307.93	58.94 %
Total Office Expense	**2,682.66**	**3,980.00**	**-1,297.34**	**67.40 %**
Office Lease				
Depreciation	22,738.50		22,738.50	
Lease Expense	-102.52	34,055.49	-34,158.01	-0.30 %
Office Lease Interest	1,431.75		1,431.75	
Total Office Lease	**24,067.73**	**34,055.49**	**-9,987.76**	**70.67 %**
Office Supplies	819.61	800.00	19.61	102.45 %
Payroll Expenses				
Deferred Compensation	7,528.16	8,626.95	-1,098.79	87.26 %
Employer Taxes	14,415.60	13,982.29	433.31	103.10 %
Medical Benefit	2,064.22	2,595.00	-530.78	79.55 %
PTO Expense	14,705.05		14,705.05	
Salaries and Wages	131,274.25	171,553.04	-40,278.79	76.52 %
Total Payroll Expenses	**169,987.28**	**196,757.28**	**-26,770.00**	**86.39 %**

State of Nevada Board of Occupational Therapy

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

July 2023 - March 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Professional Fees				
Accounting	2,250.00	3,000.00	-750.00	75.00 %
IT / Technical Support		500.00	-500.00	
Legislative Services	15,000.00	18,000.00	-3,000.00	83.33 %
Total Professional Fees	**17,250.00**	**21,500.00**	**-4,250.00**	**80.23 %**
Travel				
Travel - in state	2,338.60	3,500.00	-1,161.40	66.82 %
Total Travel	**2,338.60**	**3,500.00**	**-1,161.40**	**66.82 %**
Total Expenses	**$240,310.01**	**$297,306.87**	**$ -56,996.86**	**80.83 %**
NET OPERATING INCOME	**$ -54,114.38**	**$ -52,742.76**	**$ -1,371.62**	**102.60 %**
Other Income				
Interest Income	11,744.85	4,750.00	6,994.85	247.26 %
Sale of Asset	255.00		255.00	
Sublease Income	10,979.93	14,278.79	-3,298.86	76.90 %
Total Other Income	**$22,979.78**	**$19,028.79**	**$3,950.99**	**120.76 %**
NET OTHER INCOME	**$22,979.78**	**$19,028.79**	**$3,950.99**	**120.76 %**
NET INCOME	**$ -31,134.60**	**$ -33,713.97**	**$2,579.37**	**92.35 %**

State of Nevada Board of Occupational Therapy

Balance Sheet

As of March 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Wells Fargo Bank - Checking	129,856.12
Wells Fargo Bank - Investments	348,814.57
Wells Fargo Bank - Money Market	1,311.41
Total Bank Accounts	**$479,982.10**
Accounts Receivable	
Accounts Receivable	12,569.97
Total Accounts Receivable	**$12,569.97**
Other Current Assets	
Prepaid Expenses	3,798.00
Undeposited Funds	0.00
Total Other Current Assets	**$3,798.00**
Total Current Assets	**$496,350.07**
Fixed Assets	
Net Fixed Assets	0.00
Total Fixed Assets	**$0.00**
Other Assets	
Accum Depr - Right of Use Asset	-131,378.50
Accumulated Amortization of SAAS Asset	-4,300.80
Right of Use Asset	212,228.00
SAAS Asset	29,492.00
Total Other Assets	**$106,040.70**
TOTAL ASSETS	**$602,390.77**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	121.89
Total Accounts Payable	**$121.89**
Credit Cards	
WF Mastercard	158.61

State of Nevada Board of Occupational Therapy

Balance Sheet

As of March 31, 2024

	TOTAL
Total Credit Cards	**$158.61**
Other Current Liabilities	
Accrued PTO	6,578.11
Deferred Compensation Payable	84.52
Deferred Revenue	145,357.98
Direct Deposit Liabilities	0.00
Due to State Treasurer	400.00
Lease Liabilities - Current	31,447.00
Other Current Liabilities	3,965.57
Payroll Liability	2,506.13
Payroll Tax Liability	191.72
SAAS Liability - Current	5,360.00
Total Other Current Liabilities	**$195,891.03**
Total Current Liabilities	**$196,171.53**
Long-Term Liabilities	
Lease Liabilities - Non Current	56,594.75
SAAS Liability - Non Current	20,380.00
Total Long-Term Liabilities	**$76,974.75**
Total Liabilities	**$273,146.28**
Equity	
Retained Earnings	360,379.09
Net Income	-31,134.60
Total Equity	**$329,244.49**
TOTAL LIABILITIES AND EQUITY	**$602,390.77**

State of Nevada
Board of Occupational Therapy

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AGENDA ITEM 9: Report from Legal Counsel

Henna Rasul, Sr. Deputy Attorney General will report on legal matters.

AGENDA ITEM 10: Board Activities & Reports from Members

Meeting and Activities Schedule

Activity	Calendar Year 2024	Topics/Comments
Board Meeting	**June 1**	**Board Member Orientation FY 25 Budget Work Group**
Board Meeting	**August 24**	**NBCOT Presentation**
Board Meeting	**November 2**	**Audit Approval**
Board Retreat In Person	**Spring 2025**	**Strategic Planning Session Legislature Visit - Carson City**

Future Agenda Items

Reports and Comments from Board Members