

Manual M-2, Clinical Programs. Part VIII, Rehabilitation Medicine Service

Part VIII name changed to: Physical Medicine and Rehabilitation Service

By: VHA Directive 10-93-071, dated June 17, 1993

Chapter 9, Scope of Practice (Paragraphs 9.01 through 9.04)

Rescinds earlier revisions and changes to Chapter 9

This document includes:

Title page and title page verso, dated **October 7, 1992**
Contents page for M-2, Part VIII, dated **October 7, 1992**
Rescissions page for M-2, Part VIII, dated **October 7, 1992**

Contents page for Chapter 9, dated **October 7, 1992**
Text for Chapter 9, dated **October 7, 1992**

Transmittal sheets located at the end of the document:

VHA Directive 10-93-071, dated **June 17, 1993**
Sheet dated **October 7, 1992**

Change prior to 1992 located at the end of the document:

Change 3, dated **July 2, 1981**

**DEPARTMENT OF
VETERANS AFFAIRS**

**CLINICAL PROGRAMS
Rehabilitation Medicine Service**

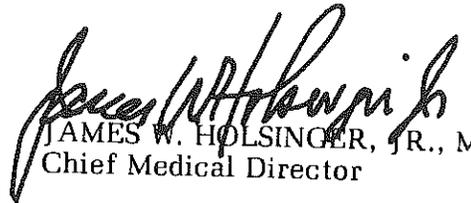
**M-2, Part VIII
October 7, 1992**

**Veterans Health Administration
Washington, DC 20420**

October 7, 1992

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service," is published for the compliance of all concerned.



JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

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7. EDUCATION IN REHABILITATION MEDICINE
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RESCISSIONS

The following material is rescinded.

1. **Complete Rescissions**

a. Manual

M-2, Part VIII, dated July 15, 1955, and changes 1 through 4
M-2, Part VIII, dated July 15, 1966,
M-2, Part VIII, change 1, dated June 19, 1970
M-2, Part VIII, change 2, dated September 22, 1971
M-2, Part VIII, change 3, dated July 2, 1981

b. Interim Issues

II 10-66-44
II 10-70-16
II 10-74-28
II 10-74-30
II 10-75-3
II 10-76-16
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II 10-77-25

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CHAPTER 9. SCOPE OF PRACTICE

9.01 STATEMENT OF POLICY

a. A scope of practice invests a specified rehabilitation medicine therapist with the authority and responsibility of providing treatment to referred VA (Department of Veterans Affairs) patients.

b. A scope of practice will be granted by individual VA health care facilities based upon the individual therapist's:

- (1) Formal education,
- (2) Licensure and certification status,
- (3) Experience,
- (4) Competencies,
- (5) Abilities, and
- (6) Other relevant information, such as clinical specialty areas.

c. The scopes of practice for the therapy disciplines of Kinesiotherapy, Occupational Therapy and Physical Therapy cannot exceed the "Standards of Practice" as defined by the respective professional organizations (i.e., American Kinesiotherapy Association, American Occupational Therapy Association and American Physical Therapy Association).

d. A scope of practice for Educational Therapy is found in paragraph 9.03.

e. A scope of practice for Manual Arts Therapy is found in paragraph 9.04.

NOTE: "Clinical Privileges" for the therapy disciplines will be used in accordance with established VA regulations.

9.02 GENERAL PROVISIONS

a. These guidelines are applicable for processing applications for a scope of practice for all rehabilitation therapists irrespective of geographic location or organizational assignment. The process for granting renewal of a scope of practice will be the same as that for granting the initial scope of practice.

b. The supervisor of the respective rehabilitation therapy section (educational therapy, kinesiotherapy, manual arts therapy, occupational therapy, physical therapy) will develop written criteria and procedures, which must be approved by the Chief, RMS or physician designee, for granting a scope of practice to an individual rehabilitation therapist.

- (1) These criteria and procedures include:
 - (a) Recommended levels of continuing education,
 - (b) Quality assurance, and

(c) Utilization guidelines, such as standards established by the respective national therapy association.

(2) The criteria and procedures will specify the appropriate level of performance required to receive, maintain or renew this status at each of the defined levels of scope of practice for rehabilitation specialists.

c. Section supervisors will be responsible for submitting the initial application for a scope of practice and shall apply for renewal biennially for self and staff.

d. Each RMS will have procedures for reviewing initial and renewal requests for a scope of practice.

e. Final approval will be indicated by the signature of the chief of the respective section, and of the Chief, RMS.

f. Staff applications for renewal will include:

(1) Evidence of continued competency appropriate to the areas of practice, and

(2) Supervisory certification indicating all performance requirements have been met satisfactorily.

g. With the approval of the Chief, RMS, or designee, therapists who have already demonstrated competency in a specific skill, and were already conducting treatment programs prior to issuance of the scopes of practice mandate, may continue to practice this skill.

9.03 EDUCATIONAL THERAPY

The "Scope of Practice" is the level of practice granted to the experienced educational therapist.

a. The majority of the educational therapist's patient education activities involves work of a highly complex nature and is performed independently utilizing the supervisory educational therapist or designee as a consultant.

b. To qualify for practice that exceeds entry-level skills, the applicant must have demonstrated competency in a health care setting for a least 1 year during the previous 3 years and provide documentation of continuing education in the applicant's current area of practice. The general scope of practice for educational therapists includes, but is not limited to, the following:

(1) Assessment by the:

(a) Analysis of formal educational preparation prior to acceptance in the program,

(b) Analysis of educational needs to prepare for GED (General Educational Development) testing, and

(c) Analysis of special educational needs in order to prepare for vocational changes or upgrading, or for other areas of need; and

(2) Treatment by:

- (a) Conducting adult basic education for semi-literate individuals.
- (b) Providing remedial instruction for individuals with educational handicaps, learning disabilities, and/or cognitive dysfunction.
- (c) Implementing academic and developmental education techniques.
- (d) Counseling in marketable job skills.
- (e) Providing expertise in poetry, prose, drama, and other educationally creative areas.
- (f) Arranging GED testing.
- (g) Providing work-based avocational activities.
- (h) Assisting with patient newspapers, and
- (i) Teaching:
 - 1. Typing,
 - 2. Word processing,
 - 3. Computer technology, and
 - 4. Current events.

9.04 MANUAL ARTS THERAPY

A "Scope of Practice" is the level of practice granted to the experienced manual arts therapist (sometimes referred to as vocational rehabilitation therapist).

a. The majority of the manual arts therapist's patient care activities involves work of a highly complex nature and are performed independently utilizing the supervisory manual arts therapist as a consultant.

b. To qualify for practice that exceeds entry-level skills, the applicant must have demonstrated competency in a health care setting for at least 1 year during the previous 3 years and provide documentation of continuing education in the applicant's current area of practice. The general scope of practice for manual arts therapists includes, but is not limited to, the following:

- (1) Assessment of the:
 - (a) Functional level and work potential utilizing:
 - 1. Job sample evaluations,
 - 2. Work adjustment evaluations, and
 - 3. Standardized vocational testing instruments; and
 - (b) Ability levels.

- (2) Treatment by:
- (a) Promoting optimal functioning in work settings by modifying the environment;
 - (b) Providing structured work situations through the work-for-pay assignments;
 - (c) Promoting sociability and interdependence by providing group work situations;
 - (d) Providing Compensated Work Therapy (work-for-pay) as a therapeutic assessment;
 - (e) Conducting Incentive Therapy (work-for-pay) to evaluate work tolerance and low-level work performance;
 - (f) Providing work-based avocational activities to reduce hospitalization; and
 - (g) Providing pre-discharge patient education and coordination of community resources to increase successful community re-entry.

June 17, 1993

TO: Regional Directors; Directors, VA Medical Center Activities, Domiciliary, Outpatient Clinics, Regional Offices with Outpatient Clinics

SUBJ: PM&RS (Physical Medicine and Rehabilitation Service) Name Change

1. PURPOSE: The purpose of this VHA (Veterans Health Administration) directive is to provide instructions relating to a change in title from RMS (Rehabilitation Medicine Service) to PM&RS. This directive will be incorporated into manual M-2, part VIII.

2. BACKGROUND

a. Prior to 1973, the formal designation of the current RMS was PM&RS. This title, which had been utilized by VA (Department of Veterans Affairs) since 1948, reflected the official name of the medical specialty, the ABMS (American Board of Medical Specialists) specialty board, as well as the affiliated medical school departments. In 1973, in an effort to "expand the parameters of this medical program," the name was changed to RMS.

b. The new title went generally unappreciated by leaders in the field whose training, experience and background were identified as "physiatry," a universally recognized medical specialty. There is now a strong need to support the many advances in technology, medical knowledge, and national interest in the field of physical rehabilitation to again assume the specific title for which this specialty is best known and recognized.

c. The need to maintain the reputation and credibility of the VA Physical Medicine and Rehabilitation Program should not be compromised by naming physicians who are not board-certified physiatrists to head those programs in field health care facilities.

3. POLICY: Clinical designation of a service in VA Central Office and field facilities will correspond as clearly as possible with the designation of its counterpart in academia, the private sector and the international medical community. Renaming the RMS in VA will provide the correct designation of the types and kinds of services with which this service has been associated, as well as maintaining a consistency for all non-VA correspondence with inspection/accreditation bodies and professional organizations in physical medicine and rehabilitation.

4. ACTION

a. On or after June 17, 1993, all full-time permanent Chiefs of PM&RS will be board-certified physiatrists.

b. Any individual who is not board certified and currently serving as a field chief of PM&RS may continue in that capacity. Facilities wishing to nominate for appointment non-Board certified physiatrists to Chief of PM&RS must request a waiver from the Associate Deputy Chief Medical Director (11). These requests should be forwarded through the Regional Director (13_/PM&RS (117B)).

THIS VHA DIRECTIVE EXPIRES JUNE 17, 1994

5. REFERENCES: None.
6. FOLLOW-UP RESPONSIBILITY: Director, Physical Medicine and Rehabilitation Service (117B).
7. RESCISSIONS: This VHA directive will expire June 17, 1994.

Signed 6/17/93 C. Wayne Hawkins
for

James W. Holsinger, Jr., M.D.
Under Secretary for Health

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October 7, 1992

1. Transmitted is a complete revision of Veterans Health Administration Manual M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service." Because of the many changes, brackets have not been used to indicate the changes.

2. Principal changes are:

- a. **Chapter 1:** Includes a statement of policy and reporting requirements.
- b. **Chapter 3:** Is replaced by a new Chapter 3, "RMS (Rehabilitation Medicine Service) Sections."
- c. **Chapter 5:** Is replaced by a new Chapter 5, "Driving Training for the Handicapped Veteran."
- d. **Chapter 6:** Is replaced by a new Chapter 6, "Work Restoration Program."
- e. **Chapter 7:** Is replaced by a new Chapter 7, "Education in RMS (Rehabilitation Medicine Service)."
- f. **Chapter 8:** Is replaced by a new Chapter 8, "Research in RMS (Rehabilitation Medicine Service)."
- g. **Chapter 9:** Is replaced by a new Chapter 9, "Scope of Practice."
- h. **Chapter 10:** Is deleted.

3. Filing Instructions

Remove pages

Cover through vi ✓
1-1 through 1-8 ✓
2-1 ✓
3-1 ✓
4-1 through 4-8 ✓
5-1 through 5-2 ✓
6-1 through 6-3 ✓
7-1 ✓
8-1 ✓
9-1 through 9-5 ✓
10-1 through 10-13 ✓

Insert pages

Cover through iv ✓
1-i through 1-10 ✓
2-i through 2-2 ✓
3-i through 3-7 ✓
4-i through 4-2 ✓
5-i through 5-4 ✓
6-i through 6-3 ✓
7-i through 7-2 ✓
8-i through 8-1 ✓
9-i through 9-4 ✓

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4. **RESCISSIONS:** M-2, Part VIII, dated July 15, 1966; Circulars 10-87-13 (Supp. 1), 10-87-15 (Supp. 1); 10-87-81 (Supp. 1); 10-87-133, 10-88-113, 10-90-025, and Interim Issue 10-66-44, 10-70-16, 10-74-28, 10-74-30, 10-75-03, 10-76-16, 10-76-17, 10-76-31, 10-77-25.


JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

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M-2, Part VIII
Change 3

July 2, 1981

Part VIII, "Physical Medicine and Rehabilitation Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to add Chapter 10, "Compensated Work Therapy."

✓ Page iii, paragraph 1b: Add "II 10-77-25".

✓ Page vi: Under chapter 9 add:

"CHAPTER 10. COMPENSATED WORK THERAPY

| | |
|---|------|
| ✓ 10.01 General | 10-1 |
| 10.02 Objectives | 10-1 |
| 10.03 Detailed Policy and Procedural Requirements | 10-1 |

✓ Pages 10-1 through 10-13: Insert these pages attached.

✓ RESCISSION: II 10-77-25.



W.J. JACOBY, JR., M.D.
Acting Chief Medical Director

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