

August 10, 2006

Dr. Michael J. Kussman
Department of Veterans Affairs
Acting Under Secretary for Health
810 Vermont Ave, NW
Washington, DC 20420

**Re: VHA DIRECTIVE 2006-032 - MANAGEMENT OF PATIENTS WITH
SWALLOWING (DYSPHAGIA) OR FEEDING DISORDERS**

Dear Doctor Kussman:

I am writing to you on behalf of the American Occupational Therapy Association, Inc. (AOTA), which represents the professional interests of more than 36,000 occupational therapists and occupational therapy assistants throughout the country, including those occupational therapy practitioners working in the Department of Veterans Affairs. **AOTA is seriously concerned about a recent Veterans Health Administration (VHA) Directive that limits the role of occupational therapists in the treatment of swallowing disorders.** Further, we are troubled by the lack of meaningful consultation with occupational therapists within the VA health care system or their professional association during the development of the Directive.

VHA Directive 2006-032 (effective May 17, 2006) defines the policy and procedures for the assessment, evaluation, treatment, and follow-up of patients with swallowing (dysphagia) or feeding disorders. The policy establishes speech-language pathologists (SLPs) as the primary providers of dysphagia care. The policy requires each Chief of Staff to ensure the availability of SLPs to evaluate, treat, manage, and follow-up patients with swallowing disorders. Although occupational therapists are mentioned as potentially being part of the inter-disciplinary dysphagia team, SLPs are clearly identified as the drivers of care.

The Veterans Health Administration should immediately withdraw Directive 2006-032 so that it may be revised to reflect the appropriate role of occupational therapists in the assessment, evaluation, treatment, and follow-up of patients with swallowing (dysphagia) or feeding disorders.

AOTA has consistently taken the position that evaluation and intervention for dysphagia are solidly within the occupational therapy scope of practice as supported by AOTA's own continuing education (CE) offerings, official documents, *Definition of Occupational Therapy for the Model State Practice Act*, and Accreditation Council for Occupational

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Therapy Education (ACOTE[®]) educational standards. Indeed providing dysphagia care is a well-established practice area for occupational therapists within the VA health care system. In fact, many VA OTs have noted that SLP colleagues look to them for training and leadership in the area of dysphagia.

AOTA would like to emphasize its position that an occupational therapist may be the primary dysphagia practitioner on the dysphagia team. Much like speech language pathologists who render advanced dysphagia services, occupational therapists are required to have specialized training in instrumentation procedures prior to performing such services. With appropriate education, training and demonstrated competence, occupational therapists and speech language pathologists can skillfully render advanced dysphagia services to patients.

AOTA maintains its long-standing position that occupational therapy practitioners may intervene in any or all aspects of the eating/swallowing process, including instrumentation procedures with clients who have a wide range of conditions and eating deficits. In addition, occupational therapists may be part of a dysphagia or swallowing team and may evaluate and treat swallowing as an essential component of the overall eating process.

As the national professional society representing occupational therapists, AOTA requests a meeting with you or your staff at your earliest possible convenience to discuss our concerns with the Directive as well as our broader concerns about the provision of occupational therapy in the VA health care system. Thank you for your attention to this request.

Sincerely,



Christina Metzler
Chief Public Affairs Officer

CC: The Honorable Steve Buyer
Chairman
U.S. House of Representatives Veterans' Affairs Committee