



2019

Evolution of Occupational Therapy Practice: Life History of Dr. Thomas Fisher, Ph.D., OTR, CCM, FAOTA

Hailey Axtell

Ty Berg

[How does access to this work benefit you? Let us know!](#)

Follow this and additional works at: <https://commons.und.edu/ot-oral-histories-papers>

Recommended Citation

Hailey Axtell and Ty Berg. "Evolution of Occupational Therapy Practice: Life History of Dr. Thomas Fisher, Ph.D., OTR, CCM, FAOTA" (2019). *Oral History Student Papers*. 62.
<https://commons.und.edu/ot-oral-histories-papers/62>

This Student Paper is brought to you for free and open access by the Occupational Therapy Oral Histories at UND Scholarly Commons. It has been accepted for inclusion in Oral History Student Papers by an authorized administrator of UND Scholarly Commons. For more information, please contact und.common@library.und.edu.

Evolution of Occupational Therapy Practice:

Life History of Dr. Thomas Fisher, Ph.D., OTR, CCM, FAOTA

Ty Berg, MOTS & Hailey Axtell, MOTS

University of North Dakota

Abstract

Purpose: The purpose of the study is to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. It is anticipated that the life history process will be a powerful way to gather this information.

Methods: The life history of Dr. Thomas Fisher was a qualitative study using the life history approach. Purposive sampling was used by the project directors to obtain the participants for this project. Data was collected through participant interviews. The interview questions were prepared by the project directors in advance, and the researchers modified or added questions as needed for each individual interview. Interview questions were structured to incorporate the Kawa Model while addressing the participant's experiences in OT practice.

Results: Data was analyzed through coding of transcribed interviews, and four categories emerged from this process. These were: occupational therapy politics, professional journey, occupational therapy practice, and occupational therapy association. Patterns emerged through each category.

Conclusion: A final assertion summarizing the findings was made by the researchers: Dr. Fisher has used his leadership positions in practice settings, state associations, and at the national association to advocate for the profession; he has been a key participant in legislative efforts for the initial OT licensure in several states to protect the domain of occupational therapy practice. Dr. Fisher stressed the importance of being a member of the AOTA and state associations to help with the advocacy for OT practice and ultimately protecting the domain of OT.

Introduction

This life history is one of 30 life history interviews which are part of a larger project, *Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) at the National Level and Beyond*. The purpose of the study is to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. It is anticipated that the life history process will be a powerful way to gather this information.

The study used a qualitative semi-structured interview to guide the interview. The students conducting the interview were able to ask probing and extra questions when necessary for gathering more information or clarity. Dr. Thomas Fisher, Ph.D., OTR, CCM, FAOTA was interviewed using a Life History approach. He is the Dean at Indiana University School of Medicine. He first began his career as an occupational therapist before later switching to becoming a professor and administrator. While working as an instructor he also held positions in the American Occupational Therapy Association (AOTA) as a chair member and later being appointed to vice president. The interview was conducted virtually through a webcam conference call that was recorded and later transcribed. The students conducting the interview were located in a conference room in Aley Hall on the Casper College campus. Dr. Fisher joined the conference call from his office in South Bend, Indiana.

Description of the Participant

Dr. Thomas Fisher has worked in multiple different career fields over his time of practice. He has worked in school settings, home health, hospitals, outpatient clinics, rehabilitation clinics, private practices with government agencies, and currently the Dean at the

University of Indiana School of Medicine. Dr. Fisher also serves on many committees and boards. He finds it very beneficial to his practice as well as protecting the domain of occupational therapy as a whole. He currently serves as an AOTPAC ambassador and Governance of AOTA Review with AMC Consulting.

Dr. Fisher has worked to obtain licensure of occupational therapy services in Indiana and Kentucky. He has also been awarded the Award of Merit from the AOTA in 2016, which is the highest award given by the association. This award is given to an occupational therapist that has demonstrated leadership and significant contributions to the profession. Dr. Fisher was also recognized as one of the 100 most influential people with the occupational therapy profession over the last century.

Timeline Literature Review

Dr. Thomas Fisher graduated with his Bachelor of Science of occupational therapy in 1977 from the Indiana University School of Medicine, Allied Health Division. The passing of the Education for All Handicapped Children Act in 1975 was a victory for occupational therapy (Reed & Peters, 2008) and opened the door for Dr. Fisher to obtain a job in the public school system following his graduation. Between the years of 1972 and 1982, during the time Dr. Fisher was in the occupational therapy program, occupational therapists jumped from 10,981 to 25,754 following growing social consciousness regarding rehabilitation (Reed & Peters, 2008). During the time that Dr. Fisher received his degree in occupational therapy, the AOTA adopted its first stand-alone *Occupational Therapy Code of Ethics* (Decades: OT's Important Events, n.d.). Dr. Fisher explained that he thinks important that occupational therapy needs to have these different documents because that is what makes occupational therapy a special and unique service. He later went on to obtain a master's degree in educational psychology in 1982, from Purdue

University and his educational specialist degree in educational and counseling psychology in 1995, from the University of Kentucky. In 1984 a statement by the Health Insurance Association of America issued a statement regarding the difference between OT and PT making OT more visible and reimbursable as a health care service (Reed & Peters, 2008). Dr. Fisher is very persistent about making sure that occupational therapy is better understood in the healthcare field.

Finally, Dr. Fisher obtained his Ph.D. in educational psychology in 2001, from the University of Kentucky. A year after Dr. Fisher received his Ph.D., the AOTA published the *Occupational Therapy Practice Framework: Domain and Process* (Decades: OT's Important Events, n.d.). This was a big stepping stone for the field of occupational therapy because it protects the domain of occupational therapy and sets it apart from other healthcare helping professions.

Dr. Fisher has held many positions at the national and state occupational therapy associations. Through his work in many different fields, Dr. Fisher has held many leadership positions throughout his career. He held the position of vice president of the AOTA from 1998 to 2001. He also has held many chair positions in both associations. When talking about his involvement in the associations, Dr. Fisher stated, "I think currently we've got a lot of good things working in our favor. And so, you know, now is a good time to get involved because there is does have some positive momentum and to be a part of that change, it can be quite, you know, energizing for the practitioner to be a part of that change...". Being involved in these associations is very important to Dr. Fisher and he believes that it is important for other occupational therapy practitioners to be involved as well. Thomas H. Dillon (2001) found that "it seems important for occupational therapists to learn more about their work through the work of others in the

profession" (p. 442). Dr. Fisher has demonstrated and applied his leadership skills and abilities throughout his occupational therapy practice.

Theory

The Kawa Model uses a metaphor of a river and the water in the river represents the clients' life flow or life energy. Along the river are river banks and sidewalls, these are what surround the individual and shape the course of their life such as the environment and contexts, both social and physical. In the river are rocks, and these are circumstances in one's life that block life flow and cause dysfunction or disability. Lastly, in the river is also driftwood, this can be viewed as assets or liabilities that are personal resources to the individual (Teoh & Iwama, 2015). The Kawa Model was used to guide identify major events that were in the individuals' life that influenced their career path as well as personal attributes that they possess in their profession.

Methodology

Study Design

A qualitative research using a life history approach which allowed the focus to be on the participant's involvement in the evolution of occupational therapy using a semi-structured interview. The semi-structured interview was guided by an interview schedule prepared by the project directors; the questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The student researchers modified or added interview questions as needed for each specific interview.

Participant Selection

The participant was selected from a participant list compiled through purposive sampling by the project directors. Informed consent was obtained prior to the interview and the project was

reviewed by the UND Institutional Review Board and because of the study design, the formal IRB process was waived.

Data Collection

Data was gathered from a multitude of sources. First, initial background information and demographic information was gathered from an internet search of Dr. Fisher. The researchers then obtained his curriculum vitae (CV) and used this and a literature review of relevant events that were happening during his time of work to finish gathering pertinent information for and formulate extra questions added to the semi-structured interview. A face to face interview was then conducted virtually via Zoom and recorded. The interview lasted approximately one hour and 18 minutes. After the interview, the researchers transcribed the interview verbatim and used this for data analysis. The data was coded; 19 codes were identified and then grouped into four categories. A final assertion was developed to summarize the four categories.

Trustworthiness

Trustworthiness was established through the use of triangulation, research notes, reflective journaling, and member checking. Data triangulation and researcher triangulation were done through the gathering of data through multiple sources. Data was gathered from a general search of the internet regarding Dr. Fisher, through Dr. Fisher's CV, a literature review, and from the interview with Dr. Fisher. This allowed researchers to gather information to the study and verify the validity of information by pulling it from multiple sources. The researchers also used researcher triangulation by having each researcher transcribe a portion of the interview and went back and filled in their own research notes regarding what was said to track their thoughts. They then discussed what they individually found and built the codes, themes, and assertions from this. This increased the validity and reliability of the study by decreasing biases and increases the

collective thoughts regarding the study. Through the course of the project, the researchers recorded opinions, challenges, and ideas in a reflexive journal. This increases the reliability of the study by holding the researchers accountable and helped eliminate bias. Lastly, member checking was performed with Dr. Fisher to verify the information on the poster. This increased the validity of the study by increasing the accuracy of what was documented during the data collection period.

Data Analysis

A one hour and 18-minute interview was recorded via Zoom. The conference call was then transcribed verbatim by the students and initial thoughts and ideas were recorded. After transcribing the interview, 19 codes emerged and were grouped into four categories, in each category three themes emerged. The researchers then developed a final assertion to summarize and highlight Dr. Fisher's accomplishments.

During the coding process, all phrases from the interview were taken and assigned a code on a notecard for future reference of the researchers. The codes were then grouped to find common categories and the creation of theme statements was done. The Kawa Model was used to find codes that were internal or external to Dr. Fisher. Phrases such as "protection of domain" or "licensure of occupational therapy" could be viewed as contextual features, or sidewalls, to his river. Other phrases such as "multidisciplinary practice," "leadership opportunities," or "personal achievements" were viewed as the rocks or driftwood or being more personal to Dr. Fisher. The codes that were developed for the category of OT politics consisted of licensure, accreditation, domain, reimbursement, and legislation. The category of the professional journey included the codes of achievements, education, employment, and leadership. The next category of OT practice had the codes of multidisciplinary, frame of references/model, aspects of practice,

profession, and management style. The last category of OT associations included the codes of national, state, memberships, involvement, and mentorship. Exclusion of filler words or statements such as “yeah” or “you know” were excluded from coding as they had no significant value.

Findings/Results

The Kawa Model was used as a guide for looking at major events that took place in the participant's career as well different aspects of his life that included obstacles and or turning points in his career (Teah & Iwama, 2015). This gave way for the researchers to use a literature review to identify a timeline of major events that happened during the course of the participant's time of practice and could be viewed as the bends of the river that guided his career path. It also helped the researchers identify the sidewalls and rocks such as cultural, social, and physical contexts that played an important factor in Dr. Fisher's career as well as personal attributes being the driftwood.

Occupational Therapy Politics

One category that emerged from the data analysis was occupational therapy politics and the passion that Dr. Fisher has for this topic. Dr. Fisher identified the protection of the domain of OT was essential to keeping our profession alive. He stated that we need to be proactive in the political aspect and lobbying for the profession as he sees that physical therapy and speech pathology (SP) is now encroaching into the physical and cognitive pieces that OT once tried to have separated them from other professions. Dr. Fisher stated, "I think the notion of practitioners understanding is absolutely critical, that is something that others that continue to encroach will not be able to tackle that." The idea of continuing to keep occupation true to OT will be what keeps our practice protected from other rehabilitation services.

Theme 1: Dr. Fisher was part of the initial licensure of several states and recognizes the importance of this in protecting the domain of occupational therapy practice. Dr. Fisher was a part of the licensure of Kentucky and Indiana. These are endeavors that he took great pride in as this was opportunities that he found himself advancing the future of occupational therapy. He stated that a surprise to him regarding OT and the licensing of the states was "All 50 states becoming licensed. I never thought we would get Hawaii licensed because of multiple issues." Dr. Fisher made it clear that the licensure of all 50 states is an advancement for the profession that he sees as protecting the future of OT and practitioners. It will continue to give practitioners the right to practice in all states with protection.

Theme 2: He emphasized the importance of being knowledgeable of legislative bills and ensuring reimbursement is consistent. The reimbursement structure is a political component that OT has separated itself from other rehabilitation services. With Medicare Part B, "... we had our own, where speech and PT had to share it." Dr. Fisher stated how because of OT's advocacy efforts this is something that the profession should take pride in as Dr. Fisher explained. He also went to talk about how the reimbursement structure regarding occupational therapy assistants (OTA) may change. Dr. Fisher explained how the work is done by an OTA may be impacted by future reimbursement structures, instead of getting 100 percent of the charges it may be changed to 85 percent. This change could impact how a facility views the importance of an OT versus an OTA.

Theme 3: Dr. Fisher recognizes the benefits to the profession from moving from bachelors to masters and indicates the doctorate will further the recognition of the profession. The movement from bachelor to master's and doctorate programs for OT is a movement that has been beneficial to the growth of the profession. Dr. Fisher sees the advancement of accreditation

level for OT as a "huge endeavor because, at that point in time, you're saying to the state, this professional has moved to the highest level of credentialing and we're protecting consumers from people that could do harm." He also sees that the movement toward the doctorate will continue to allow students to feel more empowered with their abilities as an occupational therapist.

Professional Journey

Through the data analysis process, the second category that emerged was the professional journey of Dr. Fisher. He started as an OT in multiple different settings after getting his bachelor's degree in occupational therapy. He continued to go to school and earned his master's degree and later a doctorate degree in educational psychology. At this time, he was transitioning toward "the dark side" as he jokingly stated becoming a professor at different universities. This ultimately led to his appointment of becoming the Dean of Indiana University School of Medicine. He explained that he has enjoyed the journey of his career and values all the roles that he has held.

Theme 1: Dr. Fisher stated that being awarded the AOTA Award of Merit and being voted a top 100 most influential occupational therapist was a very humbling and honorable experience. Dr. Fisher was awarded the Award of Merit by AOTA as well as being awarded being one of the 100 Most Influential Occupational Therapists. Dr. Fisher described this by saying "The Award of Merit because it's the highest award given to an OT, was a highlight and being voted in as one of the 100 most influential was extremely humbling and surprising..." These awards speak to the level of involvement he has had in the enhancement of OT. His contribution at the state level has also given him the title of Kentucky Colonel. This is the highest title of honor awarded on behalf of the state of Kentucky to an individual that has shown great service to the community, state, or nation.

Theme 2: He has served on multiple committees and boards at the national level and served as vice president of the AOTA from 1998 to 2001. He views his role in these positions as being important in advocating for OT. Dr. Fisher has also had a great deal of experience with AOTA. He has served on multiple boards and been a chair member on many committees as well as being vice president. He stated that his involvement happened because, "I'm not one to sit around and let everybody down." He has since been making contributions politically to advocate on behalf of AOTA and has continued to be re-elected to different positions.

Theme 3: Dr. Fisher values his practitioner, educator, and administrator roles, he is grateful for the opportunities that span his professional career. These are experiences that he values greatly as they have allowed him to benefit the profession. He stated that he is proud of his many accomplishments but wished he could have done one thing while serving as vice president. At the time he wished he could have brought all OTs together, regarding their specialties that separated them from AOTA, such as the certified hand therapists and driving rehab specialists. He stated, "bringing ADED ... together and ASHT because these are our women and these are our members. These our people who went off and did their own thing because the National Association didn't want to." This would have had a positive impact on membership numbers.

Occupational Therapy Practice

A third category that emerged through the data analysis was the occupational therapy practice experience that Dr. Fisher has been through. A key feature of OT practice is the use of client-centered care. Through the use of finding deficits and addressing them, OT has moved to look at the person and what roles they need to fill. Dr. Fisher identified this is an important feature toward keeping OT client-centered. He stated that "... at the end of the day it's about

improving the care we offer the clients that we serve." This serves as a reminder to keep a therapy client-centered to improve overall care.

Theme 1: He believes that using client centered practice to guide interventions for best care of patients is what sets OT apart from other medical professions. The use of a multidisciplinary approach was also evident in regards to serving clients and providing the best care. Dr. Fisher noted that we all have our specialties and expertise in different areas regarding rehabilitation services and that we should band together to work on these to better the client. A broad range of ideas is important to bring forth the best possible solution to a client. This also went with his thoughts on OTAs and how they can be used to complement the service of the OT, "they are assisting the delivery of patient care with the supervision of the OT because we can touch more patients." Dr. Fisher stated.

Theme 2: Through the use of a participatory management style, Dr. Fisher emphasizes the importance of communication and explicit expectations of practice with multidisciplinary teams when caring for a client. Dr. Fisher employs a participatory management style for best communication and expectations amongst his colleagues. He explained, "So when I've had people together, here are my expectations. What are your expectations for me?" So when he does this, he uses a direct and open line of communication and when expectations are not being met, they do not surprise him and can act to fix this. To come to find that this suited him best, Dr. Fisher used self-inventories, continuing education courses, and experience throughout his career.

Theme 3: Dr. Fisher has adapted the COPM to structure the OT program at Vera Z. College of Health Sciences. Indiana University School of Medicine has adopted the Canadian Occupational Performance Measure and embedded it in their curriculum and course work. Dr.

Fisher stated, "... it's embedded in our curriculum so that we bring students of all these disciplines together four times a year in a very explicit model with the same client with certain things and everyone talks about what they're going to do." This has a focus on shaping how students should come together for the care of a client. This also has a focus on a multidisciplinary approach, that he identified as being important earlier, by bringing all health care students together to practice their skills so they have the training and education following the model.

Occupational Therapy Associations

The fourth category that emerged was OT associations. Dr. Fisher placed a great emphasis on AOTA and state associations to protect OT and how all OTs should be involved. Being a member provides the OT with multiple resources to access and gain more knowledge to increase the quality of care an OT can provide.

Theme 1: The importance of membership in both the state and the national occupational therapy associations is fundamental to provide protection OT's domain of practice. The first step given from Dr. Fisher was becoming a member of your state association as well as the AOTA. Dr. Fisher said, "that if we don't have this [membership fees] you want have to worry about that [occupational therapy]." This implies that the membership fees that members pay will give the financial support to AOTA to lobby and advocate for the profession and will keep occupational therapy alive.

Theme 2: Dr. Fisher emphasized being involved in the national and state associations as a rewarding experience that students and practicing therapists should be involved in. He emphasized this point by saying "...now is a good time to get involved because it does have positive momentum and to be a part of that change, it can be energizing for the practitioner to be

a part of that change habit and seeing success.” The change a member of the organization can see their work displayed across a region or country has effects that influence leadership abilities in practice.

Theme 3: Dr. Fisher views his role as a mentor in guiding new practitioners into leadership positions will further the opportunities of the OT profession. Mentorship is critical for practitioners. If an OT does decide to become part of the AOTA or state OT association in a leadership role, it is recommended that they begin at a committee level and work their way up in leadership positions from there as Dr. Fisher emphasized. This will lead to a decrease in burnout levels that many members face, as they will often stop replying to emails and decreasing their involvement as he has seen in his experience. The best support to getting involved in finding a mentor according to Dr. Fisher. He states that it is important to have a mentor to count on, "...a person that knows a little about the drama that's happening in that association to be aware of so that if you're going to invest time and get involved, you know where the challenges or barriers might be.” A mentor can greatly impact the way someone views their leadership position and continuing to hold this position with peer support.

Assertion

Dr. Fisher has used his leadership positions in practice settings, state associations, and the national association to advocate for the profession; he has been a key participant in legislative efforts for the initial OT licensure in several states to protect the domain of occupational therapy practice. Dr. Fisher stressed the importance of being a member of the AOTA and state associations to help with the advocacy for OT practice and ultimately protecting the domain of OT.

Conclusion

A major event that occurred during the time Dr. Fisher was finishing his Bachelor of Science degree in occupational therapy was the passing of the Education for All Handicapped Children Act in 1975 (Reed & Peters, 2008). This act opened the door for Dr. Fisher to obtain a job in the public-school system following his graduation and to start his career as an occupational therapist. Dr. Fisher went on to work in many different settings and held many leadership positions during his time of practice. Leadership qualities are an attribute that Dr. Fisher emphasized as being important to occupational therapy practice and getting involved in the different associations at state and national levels. Being involved in these associations help progress the field of occupational therapy and helps advance the knowledge of its practitioners. If it wasn't for these associations occupational therapy would not have the strength of its domain and advocacy for the practice.

The Kawa model was used to analyze the different aspects of Dr. Fisher's life. This model uses different aspects of a river to symbolize the flow of an individual's life (Cole & Tufano, 2008). Dr. Fisher's environment represents the river walls and bottom. He has previously lived and worked in Kentucky and currently lives and works in Indiana. Dr. Fisher currently works as the Dean and a professor at the University of Indiana School of Medicine. His values, personality, and personal resources represent the driftwood associated with the Kawa model. Dr. Fisher acknowledged that he values education and involvement in occupational therapy associations.

This life history project contributed to the professional body of knowledge useful for examining the history of occupational therapy practice. It described the unique experiences that Dr. Thomas Fisher has had throughout his career and highlights his contributions to the

profession. His education, practice influences, career progression, and leadership abilities have been influential in his approach to providing treatment and shaped him into the therapist he is today.

References

- Cole, M.B. & Tufano, R. (2008). *Applied theories in occupational therapy: A practical approach*. Thorofare, NJ: SLACK, Inc
- Decades: OT's Important Events (n.d.) In *Important events*. Retrieved from <http://www.otcentennial.org/events/events-by-decades>
- Dillon, T. H. (2001). Authenticity in occupational therapy leadership: A case study of a servant leader. *American Journal of Occupational Therapy*, 55, 441-448.
- Reed, K. L. & Peters, C. O. (2008). Values and beliefs: Part IV: A time of professional identity: A time of professional identity: 1970-1985—Would the real therapist please stand up?. *OT Practice*, p. 15-18.
- Teoh, J.Y. & Iwama, M.K. (2015). *The Kawa Model made easy: A guide to applying the Kawa Model in occupational therapy practice* (2nd edition). Retrieved from: www.kawamodel.com

Appendix

Evaluation of Occupational Therapy Practice: Life History of Thomas Fisher, Ph.D., OTR, CCM,
FAOTA

Hailey Axtell, OTS & Ty Berg, OTS

CODES:

OT Politics: <ul style="list-style-type: none"> ● Licensure ● Accreditation ● Domain ● Reimbursement ● Legislation 	Professional Journey: <ul style="list-style-type: none"> ● Achievements ● Education ● Employment ● Leadership 	OT Practice: <ul style="list-style-type: none"> ● Multidisciplinary ● Frame of References and Model ● Aspects of Practice ● Profession ● Management Style 	OT Associations: <ul style="list-style-type: none"> ● National ● State ● Memberships ● Involvement ● Mentorship
--	--	---	---

THEMES:

OT POLITICS: <p>Dr. Fisher was part of the initial licensure of several states and recognizes the importance of this in protecting the domain of occupational therapy practice.</p> <p>He emphasized the importance of being knowledgeable of legislative bills and ensuring reimbursement is consistent.</p> <p>Dr. Fisher recognizes the benefits to the profession from moving from bachelors to masters and indicates the doctorate will further the recognition of the profession.</p>	PROFESSIONAL JOURNEY: <p>Dr. Fisher stated that being awarded the AOTA Award of Merit and being voted a top 100 most influential occupational therapist was a very humbling and honorable experience.</p> <p>He has served on multiple committees and boards at the national level and served as vice president of the AOTA from 1998 to 2001. He views his role in these positions as being important in advocating for OT.</p> <p>Dr. Fisher values his practitioner, educator, and administrator roles, he is grateful for the opportunities that span his professional career.</p>	OT PRACTICE: <p>Through the use of a participatory management style, Dr. Fisher emphasizes the importance of communication and explicit expectations of practice with multidisciplinary teams when caring for a client.</p> <p>He believes that using client centered practice to guide interventions for best care of patients is what sets OT apart from other medical professions.</p> <p>Dr. Fisher has adapted the COPM to structure the OT program at Vera Z. College of Health Sciences.</p>	OT ASSOCIATION: <p>The importance of membership in both the state and the national occupational therapy associations is fundamental to provide protection OT's domain of practice</p> <p>Dr. Fisher emphasized being involved in the national and state associations as a rewarding experience that students and practicing therapists should be involved in.</p> <p>Dr. Fisher views his role as a mentor in guiding new practitioners into leadership positions will further the opportunities of the OT profession. Mentorship is critical for practitioners.</p>
---	--	---	--

ASSERTION:

Dr. Fisher has used his leadership positions in practice settings, state associations, and at the national association to advocate for the profession; he has been a key participant in legislative efforts for the initial OT licensure in several states to protect the domain of occupational therapy practice. Dr. Fisher stressed the importance of being a member of the AOTA and state associations to help with the advocacy for OT practice and ultimately protecting the domain of OT.



Dr. Thomas Fisher, PhD, OTR, CCM, FAOT