



Introduction to the Quarter 1 Newsletter:

We're excited to bring you updates and highlights from the Connecticut Occupational Therapy Association. In this issue, we celebrate our new president, who previously served as vice president. Next, we spotlight Susan Yebra, OTD, OTR/L, CLT, PCES, a pelvic health OT making a significant impact in her field. We'll also introduce our new board members and their roles, followed by a message from ConnOTA about our current initiatives and efforts. Thank you for being part of our community as we continue to advance and advocate for the occupational therapy profession in Connecticut!

From Vice President to President



By: Kristina Cuoco, MS, OTR/L, CBIS

Amy is honored to lead ConnOTA and her professional community as President, beginning in July 2024. Her dedication and passion for the field of occupational therapy shine through her many contributions to the ConnOTA board over multiple terms. She previously served as Vice President, where she worked closely with fellow Board members, mentoring new leaders, supporting operations, and stepping in to assist the President when needed. Known for her steady leadership and collaborative approach, Amy built strong relationships within the organization, preparing her for a smooth and impactful transition into the role of President.

As Member for Professional Development (MPD), Amy demonstrated exceptional leadership by organizing and hosting conferences, including navigating the swift transition to virtual formats during the onset of COVID-19. Her collaborative spirit was evident as she partnered with State Association conference teams to ensure the continued success of these vital events amidst unprecedented challenges.

Amy's visionary leadership and heartfelt dedication continue to inspire and uplift the ConnOTA community, reinforcing her commitment to advancing the profession and supporting her colleagues.

Breaking Barriers: Transforming Lives Through Pelvic Health OT

An Interview with Susan Yebra, OTD, OTR/L, CLT, PCES

Tell us your story, what drove you to pursue the profession?

I have always felt like occupational therapy chose me. I moved to Texas after college and although I had a bachelor's degree, I started a COTA program, mostly because I still did not have a clear career direction. I didn't even know much about OT, but from what I did know, it sounded interesting and the program was only 18 months. I was a few months into the program, and my then boss whom I nannied for, said, "Hey, my mom friend from our adoption group is the program director for the OT program at the University of Texas and she would like to meet you." I went to campus, met with the director, applied, and started my master's program a few short months later. Ten years later, I have my doctorate degree in OT and I have worked full-time in pelvic health for almost 2.5 years!



How would you sum up your daily practice in one sentence or tagline?

"Did you drink water yet today?"

"When was your last bowel movement?"

"Nothing is off the table in pelvic health. Nothing is 'too much.'"

What advice do you have for others interested in pursuing a career in your Role? I specialize in pelvic health, so I think it is easy to get wrapped up in thinking that you need to take many continuing education courses. A lot of what you learn will be on the job. Find a good mentor or take a job with a supportive team of professionals with more experience. Invest in this versus too many continuing education courses to start. You already have the skills, you just need to refine them.

Why do you continue to love working in this profession? I love working in this profession because I help people every day with tasks that are so vital to their quality of life. It is not often that there is a professional who will talk to you in so much depth about your bowel movements. Nothing is off the table in pelvic health. Nothing is, "too much." I am a safe space for people to be vulnerable and I thank my OT education for training me to do that.

Tell us something about your professional development journey. And what is the coolest training you have ever had? I have done so many trainings that it is hard to pick just one. I think my favorite has been the visceral mobilization courses taught by Ramona Horton, PT through Herman and Wallace. I am a huge fan of manual skills and have spent a great deal of time trying to improve them. Visceral mobilization is so impactful for pain and GI/colorectal concerns.

What about occupational therapy excites you and what do you love most about your Job? I am always excited by the idea that there is so much room for growth. I know that even if I were to get tired of one practice setting, there is another one that I can master. I love that our profession is so very diverse. I love that I go to work and have a vague idea of how the day might be, but never realize how much of an impact I am going to make until the day is done and I look back at all of the small wins.

What do you think sets you apart in the field? I am hugely motivated and driven, and for better or for worse, I don't like setting limits/being told "no." I am my biggest fan. I have worked in almost every setting (except schools). I have worked in inpatient rehab, skilled nursing, acute care, and outpatient. I have done ortho, neuro, lymphedema, wound care, acute care, ICU, early mobilization, etc. I wanted my doctorate, so I went back to school during COVID with an (almost) 1 and (almost) 3-year-old. I wanted to be a lymphedema therapist so I did that. I wanted to specialize in pelvic health so I did that. I don't do anything halfway. I like to go 100%. I am hugely motivated to be the absolute best version of an occupational therapist that I can be.

What have been some of the most important lessons you have learned throughout your career? I have unfortunately worked in some places where OT was not valued as much as other rehab professions. I have learned to advocate for myself, for the profession, and of course for patients. I wasn't prepared for that coming out of OT school. I had to learn to speak up for myself and my patients, whether that was to other rehab professionals, doctors, etc. I still don't even think I have it mastered. No matter what setting you may work in, please know that your time and expertise is valuable and worthy.

Have you set any personal or professional goals for yourself? My professional goals are endless, but for now, I was recently accepted into a PhD Program and I am slated to start in Fall of 2025. I would like to bring pelvic health to the forefront of occupational therapy through research and the creation of standardized assessments and protocols. I am sitting for the PRPC exam in May (Pelvic Rehab Practitioner Certified). I would also like to consider branching out into pelvic health entrepreneurship in order to support my #1 personal goal for 2025, which is to spend more time with my kids and family that I love! 2024 was a very difficult one for me personally, so I am using this time to reset a little bit and sit with my goals to make sure they are what still works best for me.

What are your personal interests and hobbies? I love biking and indoor spinning. I am a former CrossFitter of 12 years and now I do Olympic weightlifting for fun. I love to read, journal, and practice all forms of self-care, including weekly therapy (which I support for all of my colleagues, peers, and patients alike).

During your career, what is something that really surprised you? Something that really surprised me during my career is the amount of CEUs I received along the way at no cost. OTs with many more years of experience offered me mentorship in my first job. I was also pleasantly surprised at the number of well-experienced PTs that also offered me advice. In pelvic health, I have felt wildly supported by colleagues across not only the United States, but the world.

Tell us about your current role and practice setting and what makes it unique.

I work as an outpatient pelvic floor therapist. This practice area, in and of itself, is very unique. Some of the things I treat are urinary incontinence, fecal incontinence, constipation, pelvic pain, dysparunia, coccydynia, pudendal neuralgia, peri-partum concens, prostate issues, pre and post surgical (hysterectomy, endo excision, prostatectomy), hernia repair, repair from bladder or rectal prolapse, diastasis recti, urinary urgency and frequency, etc. My focus: urination, bowel, and intercourse. I work with humans of all ages and genders, although in my current job, I treat people over the age of 18, but I have done pelvic pediatric in the past. But the cherry on top of its uniqueness is that I primarily use a kawa and person, environment, occupation model to guide my treatment sessions. Every case is different: one person with urinary incontinence could find jumping useless whereas the next person also with urinary incontinence might want to be able to take their kid to the park and chase them without leakage. I learn something new every day, I connect with people human to human every day, and I am required to think outside the box during every session.

How do you take advantage of your state and national organization? What do you like the most about ConnOTA and where do you see growth potential? I have relied on the various OT associations in New England and the American Occupational Therapy Association to help disseminate my courses on gender-affirming surgery and gender in occupational therapy as these are topics so widely skimmed over in academia and in most practice settings. I spend a great deal of my spare time working towards LGBTQ+ advocacy, trying to be more involved in my local community to find ways to support LGBTQ+ individuals, and sharing information to empower OTs to feel more comfortable and confident when conversing with their colleagues, in huddles, or even with their patients too or in regards to their LGBTQ+ patients. I think there is room for growth in continuing to disseminate information about pelvic health, healthcare for all genders, and specifically men's health at the state level. AOTA is so large, and there continues to be so much room for growth, but we need to focus on small digestible, and manageable changes at a grassroots level to support larger growth.

Our New Positions



Joyce Rioux EdD, OTR/L, SCSS, FAOTA

Joyce Rioux, our new Member for Government Affairs Co-Chair, brings over 35 years of experience in school-based occupational therapy and a strong passion for advocacy. She also chairs AOTA's Commission on Continuing Competence and Professional Development, contributing to advancing the profession at state and national levels.



Latasha R. Dionne, OTD, OTR/L

Dr. Latasha Dionne, our new Member for Government Affairs Co-Chair, is an assistant professor at Springfield College with 10 years of experience in pediatric occupational therapy. Her expertise includes cultural competence, occupational justice, and addressing health disparities in underserved populations.



Terese Betts, MS, OTD, OTR/L, RYT

Terese Betts, our new SIS Co-Chair, brings over 12 years of experience as an occupational therapist, specializing in supporting youth with disabilities in school and community settings. With advanced degrees from Howard University and NYU, she is passionate about promoting social participation and engagement in leisure activities for youth.



Carol G. Potter, OTR/L, BCG, CAPS

Carol G. Potter, our new treasurer, brings a wealth of experience as an occupational therapist, consultant, and educator, with a career spanning both coasts. She has served in various leadership roles within occupational therapy associations and holds certifications in gerontology and aging-in-place specialization.



Modernizing CT's Occupational Therapy Practice Act

Joyce E Rioux, Co-chair
Government Affairs

Latasha Dionne, Co-chair
Government Affairs

Andy Markowski, ConnOTA
Lobbyist

The Connecticut 2025 Legislative Session is underway, and ConnOTA is working to update the CT General Statutes Chapter 376a Occupational Therapists. This practice act defines what occupational therapists and occupational therapy assistants are licensed to do in Connecticut and serves as the foundation for how we provide services.

However, the current language, established in 1978, does not reflect the full scope of modern occupational therapy practice. Practitioners have reported barriers and limitations caused by outdated language, making it essential to align the act with current practices and standards.

In 2023, the Connecticut Department of Public Health (DPH) selected our scope request to move forward. ConnOTA completed the scoping process in Fall/Winter 2023, and DPH issued its final approval in Winter 2024 after the short legislative session had ended. DPH has confirmed that no further scope process is needed to pursue a bill in 2025.

The proposed updates will ensure the practice act reflects current definitions, clarifies the full scope of occupational therapy, and prevents misinterpretation of what falls within our professional role. The revisions draw from AOTA's Model Practice Act and are designed to provide inclusionary language that supports practitioners in addressing the diverse needs of their clients.

How CT OT Practitioners & Future Practitioners Can Help:

1. **Learn About the Changes:** Read the DPH report and familiarize yourself with the **Understand the Proposed Changes:** Review the DPH report and familiarize yourself with the recommended updates to discuss their significance confidently. Link to DPH report: <https://shorturl.at/2XktL>
2. **Advocate with Legislators:** Contact your state legislators to introduce or sponsor a bill to "update the occupational therapy scope of practice" based on DPH's recommendations. Link to find your legislators: <https://shorturl.at/tMbKI>
3. **Engage with ConnOTA:** Attend a ConnOTA Legislative Action Night to learn more about the process, ask questions, and prepare to support legislative hearings.
4. **Raise Awareness:** Share information about this initiative with your colleagues, discuss the impact of the outdated language, and encourage others to participate.

If you're not ready for legislative advocacy, here are additional ways to contribute:

- **Educate Yourself:** Explore how the practice act defines our professional role and how outdated language impacts our work.
- **Join the Conversation:** Participate in ConnOTA meetings or Legislative Action Nights to hear from others and share your experiences.
- **Support Advocacy Efforts:** Help by spreading awareness or volunteering with ConnOTA to support ongoing advocacy initiatives.

Every contribution, no matter how small, helps move this effort forward. Your efforts can help modernize our practice act, overcome existing barriers, and ensure occupational therapy in Connecticut evolves with the profession's advancements!



PERSPECTIVE IN AGING
Community of Practice presents:

INCLUSIVE DESIGN FOR AGING:

OT Collaborates with Architects
JOIN US FOR A VIRTUAL SIS SESSION:
JANUARY 21, 2025 @7PM

Legislative Action Night

Virtual - January 23rd @7pm
Find the link on all our social media platforms




VIRTUAL

SPRING *Summit*

KEYNOTE: AOTA President Elect, Arameh Anvarizadeh, OTD, OTR/L, FAOTA
March 1, 2025




Open Position: S.I.S. Co-Chair

The SIS Co-Chair is an appointed, non-voting member of the ConnOTA Board of Directors, responsible for coordinating Section Interest Group (SIS) activities and serving as a resource for liaisons. Key duties include organizing monthly educational events and CEU opportunities, facilitating speakers for the Fall Conference, and ensuring proper documentation and electronic storage of event records. Additionally, the role involves maintaining effective communication, managing shared resources, and supporting mentorship and job shadowing initiatives within the SIS sections.

Interested? Email info@connota.org

ConnOTA is on Social Media!

