
Call to Order – Arkena L. Dailey, PT, DPT, Board President

- Welcome and Introductions
- Mission of the Board

Approval of Minutes

- Board Meeting – February 13, 2020
- Public Hearing – February 13, 2020
- Telephonic Conference – June 2, 2020
- Formal Hearing – July 16, 2020
- For informational purposes – Informal Conferences February 13 and July 28, 2020

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

*****For more information and instructions related to public comment, please refer to page 3 of the Agenda*****

Agency Report – David E. Brown, D.C., Director, and Barbara Allison-Bryan, M.D., Deputy Director

Staff Reports

- Executive Director’s Report – Corie E. Tillman Wolf, JD, Executive Director
- Discipline Report – Kelley Palmatier, JD, Deputy Executive Director
- Licensing Report – Sarah Georgen, Licensing and Operations Manager

Board Counsel Report - Erin Barrett, Assistant Attorney General

Committee and Board Member Reports

- Board President Report – Arkena L. Dailey, PT, DPT
- Board of Health Professions Report – Allen R. Jones, Jr., PT, DPT

Legislation and Regulatory Actions - Elaine Yeatts, Senior Policy Analyst

- Policy Updates - Electronic Meeting Policy (Emergency and Statutory)
 - Legislative/Regulatory Updates
 - Adoption of Final Regulations from Periodic Review - Regulations Governing the Practice of Physical Therapy (18 VAC 112-20-10 et seq.) (p. 57)
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-

Board Discussion and Actions - Corie E. Tillman Wolf, JD

- Consideration of Revisions to Guidance Document 112-13, Approval of a Traineeship (August 6, 2014) (p. 72)
 - Consideration of Revisions to Guidance Document 112-21, Guidance on Telehealth (November 13, 2018) (p. 74)
 - Consideration of Fee Reduction for 2020 Renewals
 - Consideration of Continuing Education Exemption/Extension for 2020 Renewals
 - Consideration of Alternate Approval Pathway
 - Questions from Licensees - Scope of Practice
-
-

Old Business

- Imaging Referrals by Physical Therapists - **Arkena L. Dailey, PT, DPT**
-
-

New Business

- Board Assessment Tool (BAR) from FSBPT - **Corie E. Tillman Wolf, JD**
 - Board Announcements - **Arkena L. Dailey, PT, DPT**
 - Election of Officers - **Arkena L. Dailey, PT, DPT**
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Next Meeting - November 17, 2020

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707 (F).

Virginia Board of Physical Therapy
Instructions for Accessing August 11, 2020 Virtual Quarterly Board
Meeting and Providing Public Comment

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be received by email to Corie.Wolf@dhp.virginia.gov no later than 12:00 noon on August 10, 2020. The written comments will be made available to the Board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to Corie.Wolf@dhp.virginia.gov no later than 12:00 noon on August 10, 2020 indicating that they wish to offer oral comment. Comment may be offered by these individuals when their name is announced by the Board President. Comments will be restricted to 2 minutes each; the maximum allotted time for public comment will be 30 minutes.
- Public participation connections will be muted following the public comment period.
- Should the Board enter into a closed session, public participants will be blocked from seeing and hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the discussions will be restored.
- Please call from a location without background noise.
- Dial (804) 367-4674 to report an interruption during the broadcast.
- FOIA Council Electronic Meetings Public Comment form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

JOIN BY AUDIO ONLY

1-517-466-2023

Meeting number (access code): 161 008 5486

JOIN THE INTERACTIVE MEETING:

Click or copy the link below:

<https://covaconf.webex.com/covaconf/j.php?MTID=mdb2fa2783e2f98caa315d2552a660d40>

Approval of Minutes

February 13, 2020

The Virginia Board of Physical Therapy convened for a full board meeting on Thursday, February 13, 2020 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT

Arkena L. Dailey, PT, DPT, President*
Elizabeth Locke, PT, PhD, Vice-President*
Tracey Adler, PT, DPT, CMTPT*
Allen R. Jones, Jr., PT, DPT*
Susan Palmer, MLS

BOARD MEMBERS ABSENT

Rebecca Duff, PTA, DHSc
Mira H. Mariano, PT, PhD, OCS

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Barbara Allison-Bryan, DHP Deputy Director
Erin Barrett, Assistant Attorney General, Board Counsel
David Brown, DC, DHP Director
Sarah Georgen, Licensing and Operations Manager
Laura Mueller, Program Manager
Kelley Palmatier, Deputy Executive Director
Corie Tillman Wolf, Executive Director
Elaine Yeatts, Senior Policy Analyst

OTHER GUESTS PRESENT

Kiara Christian, Executive Assistant, Board of Pharmacy
Jennifer Deschenes, Deputy Executive Director, Board of Medicine
Lisa Hahn, DHP Chief Operating Officer
Jaime Hoyle, Executive Director, Boards of Counseling, Psychology and Social Work
Caroline Juran, Executive Director, Board of Pharmacy
Leslie Knachel, Executive Director, Boards of Audiology and Speech-Language Pathology, Optometry, and Veterinary Medicine
Diane Powers, DHP Director of Communications

**participant indicates attendance to count toward continuing education requirements*

CALL TO ORDER

Arkena L. Dailey, PT, DPT, Board President, called the meeting to order at 9:35 a.m. and asked the Board members and staff to introduce themselves.

With five members present at the meeting, a quorum was established.

Dr. Dailey read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Dailey provided reminders to the Board members and audience regarding microphones, sign in sheets, computer agenda materials, attendance for continuing education requirements and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

PUBLIC HEARING

Dr. Dailey called the Public Hearing to order at 9:38 a.m. related to receiving public comments on the proposed amendments pursuant to a periodic review of regulations. Ms. Dailey called on persons who had signed up to speak to the proposed amendments. There was no comment on the proposed regulations.

The Public Hearing concluded at 9:39 a.m.

APPROVAL OF MINUTES

Upon a **MOTION** by Dr. Jones, and properly seconded by Ms. Palmer, the Board voted to accept the November 12, 2019 Full Board meeting minutes. The motion passed unanimously.

ORDERING OF THE AGENDA

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Jones, the Board voted to accept the agenda as written/amended. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

AGENCY REPORT

Dr. Brown provided updates to the Board regarding the General Assembly session and changes this year, including recent updates to security at the General Assembly building.

Dr. Brown provided the Board with an update regarding the status of cannabis legislation introduced for both recreational and medical purposes in Virginia. One bill would increase the number of satellite dispensary locations available to dispense cannabidiol and THC-A oil that is manufactured by the five vertical processors approved by the Board of Pharmacy. Additional bills introduced related to removing the limit on THC-A amounts in products and reducing the fine for simple possession of marijuana.

Dr. Allison-Bryan arrived at 9:46 a.m.

With no questions, Dr. Brown concluded his report.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Board Announcements

Ms. Tillman Wolf congratulated Dr. Jones on becoming the 2020 Honoree of the 100 Black Men of the Virginia Peninsula Scholarship Awards “Role Model of the Year.”

Ms. Tillman Wolf announced that the Physical Therapy Compact had fully launched effective January 1, 2020.

Expenditure and Revenue Summary as of December 31, 2019

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of December 31, 2019.

Cash Balance as of June 30, 2019	\$1,897,707
YTD FY20 Revenue	\$ 65,615
<u>Less FY20 Direct & In-Direct Expenditures</u>	<u>\$ 301,245</u>
Cash Balance as of December 31, 2019	\$1,662,077

PT Compact Status – Virginia

Ms. Tillman Wolf said that the January 1, 2020 implementation of the Physical Therapy Compact included updates to the Code of Virginia and Emergency Regulations that became effective that date, as well as, the requirement for applicants to complete criminal background checks.

The Compact Commission began issuing Compact Privileges beginning on January 2, 2020. As of February 10, 2020, twenty-two compact privileges had been issued (17 Physical Therapists and 5 Physical Therapy Assistants). Ms. Tillman Wolf said that eleven Virginia home state licensees had obtained Compact Privileges for other Compact states (7 Physical Therapists and 4 Physical Therapy Assistants) as of January 29, 2020.

Dr. Brown requested that the Board track the number of Virginia licensees that purchase Compact Privileges for other jurisdictions as well as which jurisdictions the Virginia licensees are accessing through the Compact. Ms. Tillman Wolf stated that she would request that information from the Compact Commission, but noted they currently do not have a mechanism in place to track such information other than by manual count.

Ms. Tillman Wolf provided an update of the status of the PT Compact in other jurisdictions.

Ms. Tillman Wolf reported that the Board co-sponsored a PT Compact 101 Webinar with the Virginia Physical Therapy Association (VPTA) on December 19, 2019. She noted that the webinar video would be made available on the Board’s website as soon as it is available. Ms. Tillman Wolf thanked the VPTA for their contribution in ensuring that information was distributed to licensees. She also thanked Board staff and the Criminal Background Checks (CBC) Unit for their hard work and support throughout the process.

Ms. Tillman Wolf said that the Board’s applications had been revised to include the CBC information requested by applicants.

Staff Updates

Ms. Tillman Wolf discussed Board staff planning items for 2020: continuing to make updates related to the PT Compact, including pending legislation to clarify the disciplinary provisions and internal SOPs; continuing to disseminate public information to applicants and licensees; updating the Board’s website as needed; and implementing a “last paper license” for the upcoming 2020 renewal.

FSBPT – Upcoming Dates

Ms. Tillman Wolf reported that the FSBPT Trauma’s Impact on Boundary Violation Investigations Training would be held on March 26-27, 2020 which would be attended by Dr. Dailey, Dr. Locke, Dr. Jones, Dr. Duff, and Ms. Palmatier.

Ms. Tillman Wolf provided the following upcoming dates for FSBPT meetings:

- Annual Regulatory Training for Board Members and Staff – June 19-21, 2020
- Leadership Issues Forum – July 18-19, 2020
- Annual Meeting and Delegate Assembly – October 22-24, 2020
- Compact Commission Meeting – October 25, 2020

Ms. Tillman Wolf announced that Dr. Dailey had been appointed to the FSBPT Ethics and Legislation Committee, as well as the Boundary Violations Task Force.

Lastly, Ms. Tillman Wolf reminded the Board that any continuing education previously certified by FSBPT’s ProCert would remain certified through the end of 2021. She said that a complete list of all certified programs were available on the FSBPT website.

Licensing Report

Ms. Tillman Wolf presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

License	February 10, 2020	November 6, 2019	Change +/-
Physical Therapist	8,765	8,633	132

Physical Therapist Assistant	3,708	3,678	30
Total PT's and PTA's	12,473	12,311	162
Direct Access Certification	1,270	1,265	5

Ms. Tillman Wolf presented the PT and PTA exam statistics from the January administrations of the exams. Ms. Tillman Wolf reported on the Physical Therapist two-year exam pass rates for 2017 and 2018. Ms. Tillman Wolf also reported on the Physical Therapist Assistants two-year exam pass rates for 2017 and 2018.

Recent Accreditation Actions – CAPTE

Ms. Tillman Wolf reported on the recent accreditation actions of the Commission on Accreditation in Physical Therapy Education (CAPTE).

Licensure Statistics – Customer Satisfaction

Ms. Tillman Wolf provided the following statistics regarding the Virginia Performs – Customer Satisfaction Survey Results:

- Q1 2020 – 100% (11/11 responses)
- Q2 2020 – 97.7% (43/44 responses)

Ms. Tillman Wolf shared several positive comments from the Customer Satisfaction survey and thanked Ms. Mueller and Ms. Georgen, as well as Mr. Boatwright and Ms. Wright as back-up support for their hard work on behalf of the Board.

Ms. Tillman Wolf announced that the customer satisfaction statistics from the FSBPT show that Virginia's statistics are above the national average at 93.3%.

Ms. Tillman Wolf announced the proposed Board meeting dates for 2020:

- May 12, 2020 – 9:30 a.m.
- August 11, 2020 – 9:30 a.m.
- November 17, 2020 – 9:30 a.m.

Ms. Tillman Wolf provided reminders to the Board members and thanked them for their hard work and dedication.

With no questions, Ms. Tillman Wolf concluded her report.

Criminal Background Check Update – Sarah Georgen, Licensing and Operations Manager

Ms. Georgen provided an overview of the new steps required of applicants effective January 1, 2020 for the Criminal Background Checks. She provided a brief overview of the steps necessary if an applicant discloses

or is found to have an arrest and/or conviction. Lastly, she reviewed the number of applications received and the number of criminal background checks processed since January 1, 2020.

Discipline Report – Kelley Palmatier, JD, Deputy Executive Director

As of February 7, 2020, Ms. Palmatier reported the following disciplinary statistics:

- 37 total cases
 - 0 in Administrative Proceedings Division
 - 0 in Formal Hearing
 - 3 in Informal Conferences
 - 14 in Investigation
 - 20 in Probable Cause

Ms. Palmatier reported the following Total Cases Received and Closed:

- Q2 2018 – 15/7
- Q3 2018 – 9/2
- Q4 2018 – 4/4
- Q1 2019 – 13/15
- Q2 2019 – 10/11
- Q3 2019 – 9/17
- Q4 2019 – 7/12
- Q1 2020 – 26/13
- Q2 2020 – 4/12

Ms. Palmatier reported the following Virginia Performs statistics for Q2 2020:

- Clearance Rate – 75% Received 4 patient cases and closed 3 cases
- Pending Caseload over 250 days at 35%. That represents 13 cases.
- There were 1 case closed within 250 days.

Ms. Palmatier reported on all case information within the last six quarters as follows:

Percentage of all cases closed in one year:

	Q1 – 2019	Q2 – 2019	Q3 – 2019	Q4 – 2019	Q1 – 2020	Q2 – 2020
PT	46.7%	45.5%	32.7%	54.5%	54.8%	78.6%
Agency	85.5%	84.0%	76.4%	82.3%	78.2%	72.9%

Average days to close a case:

	Q1 – 2019	Q2 – 2019	Q3 – 2019	Q4 – 2019	Q1 – 2020	Q2 – 2020
PT	389.3	366.5	467	322	280	174

Agency	173.8	169.2	258	204	214	258.4
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With no further questions, Ms. Palmatier concluded her report.

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett updated the Board members on the status of *Myer v. Northam, et al.*

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Report – Allen R. Jones, PT, DPT

Dr. Jones stated that the Board of Health Professions met on December 2, 2019 and that the meeting minutes from the meeting are included in the agenda packet. Dr. Jones announced that he was reelected to the position of Chair for the Board of Health Professions, and that Herbert Stewart, Ph.D., with the Board of Psychology had been elected as Vice-Chair.

BREAK

The Board took a break at 10:33 a.m. and returned at 10:40 a.m.

LEGISLATION AND REGULATORY ACTIONS

Update on Status of Regulations

Ms. Yeatts provided an update on the status of the regulations. She noted that the regulations pertaining to the implementation of the Physical Therapy Compact would receive action by the Board later in the agenda. She noted that no public comment had been received in regards to the emergency regulations NOIRA.

Ms. Yeatts reported that the public hearing at the beginning of the meeting pertaining to the periodic review had not received any public comment and the proposed regulations would be adopted at the next scheduled Board meeting. She noted that public comment on the regulations would be open until April 3, 2020.

Ms. Yeatts reported on the regulations pertaining to the handling fee for returned checks. She announced that the regulations would go into effect on March 5, 2020.

Ms. Yeatts reported that the regulations regarding the practice of dry needling were at the final stage at the Governor’s Office.

Update on Legislation

Ms. Yeatts provided an overview of the outstanding bills that were included in the agenda packet.

Adoption of Proposed Regulations for Implementation of Physical Therapy Compact (to replace emergency regulations currently in effect) (18VAC112-20-10 et seq.)

The Board discussed the proposed regulations for implementation of the Physical Therapy Compact to replace the emergency regulations currently in effect (18VAC112-20-10 et seq.).

Upon a **MOTION** by Dr. Adler, and properly seconded by Dr. Jones, the Board voted to adopt the proposed regulations for implementation of the Physical Therapy Compact to replace the emergency regulations currently in effect as presented. The motion passed unanimously.

BREAK

The Board took a break at 11:06 a.m. and returned at 11:11 a.m.

PRESENTATION

Dr. Dailey welcomed Dr. Locke to provide a presentation on “The Adversity to Diversity.”

NEW BUSINESS

Discussion – Imaging Referrals by Physical Therapists – Arkena L. Dailey, PT, DPT

The Board discussed imaging referrals by Physical Therapists. They tabled discussion of this topic to the next Board meeting to allow interested parties to provide comment and be present for the Board’s discussion.

Board Representation – Upcoming FSBPT Meetings and Trainings – Corie E. Tillman Wolf, JD, Executive Director

The Board discussed the Board’s representation at upcoming FSBPT meetings and trainings.

Upon a **MOTION** by Dr. Jones, which was properly seconded by Dr. Adler, the Board designated the Board Chair as the voting delegate and the Board Vice-Chair as the alternate delegate at the FSBPT Annual Meeting and Delegate Assembly. The motion passed unanimously.

NEXT MEETING

The next meeting date is May 12, 2020.

ADJOURNMENT

With all business concluded, the meeting adjourned at 12:20 p.m.

Arkena L. Dailey, PT, DPT, President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

Unapproved
**VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL SESSION - MINUTES**

June 2, 2020

**Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233**

CALL TO ORDER:

The Board of Physical Therapy convened by telephone conference call on June 2, 2020 at 10 a.m. to consider whether a practitioner's ability to practice as a Physical Therapist constituted a substantial danger to the public health and safety pursuant to Va. Code §54.1-2408.1. A quorum of the Board was present, with Dr. Elizabeth Locke, Vice President, presiding.

MEMBERS PRESENT:

Dr. Elizabeth Locke, PT, PhD, Vice President
Susan Palmer, MLS, Citizen Member
Dr. Mira Mariano, PT, PhD
Dr. Allen R. Jones, Jr. PT, DPT
Dr. Rebecca Duff, PTA, DHSc

MEMBERS ABSENT:

Dr. Arkena Dailey, PT, DPT
Dr. Tracey Adler, PT, DPT, CMTPT

DHP STAFF PRESENT:

Corie Tillman Wolf, Executive Director
Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager

**PARTIES ON BEHALF OF
THE COMMONWEALTH:**

Wayne Halbleib, Assistant Attorney General
Claire Foley, Adjudication Specialist

BOARD COUNSEL:

Erin Barrett, Assistant Attorney General

MATTER:

**Richard Eugene Moore, P.T.
License #2305-20139
Case #202672**

DISCUSSION:

The Board received information from Assistant Attorney General, Wayne Halbleib in order to determine whether Richard Moore's ability to practice as a physical therapist constituted a substantial danger to public health and safety. Mr. Halbleib provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Dr. Mira Mariano, and duly seconded by Dr. Elizabeth Locke, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Richard Eugene Moore, P.T. Additionally, she moved that Ms. Erin Barrett, Ms. Kelley Palmatier and Ms. Angela Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Susan Palmer and duly seconded by Dr. Elizabeth Locke, the Board determined that Richard Eugene Moore’s ability to practice constituted a substantial danger to the public health and safety. The board voted to summarily suspend his license to practice as a physical therapist, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia. The Board voted to offer Richard Eugene Moore a consent order for revocation of his license to practice as a physical therapist, in lieu of a formal administrative hearing.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Committee adjourned at 11:06 a.m.

Elizabeth Locke, PT, PhD, Vice President

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING
MINUTES

July 16, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The formal hearing of the Board was called to order at 9:36 a.m.

MEMBERS PRESENT: Dr. Arkena Dailey, PT, DPT
Dr. Tracey Adler, PT, DPT, CMTPT
Dr. Mira Mariano, PT, PhD
Dr. Allen R. Jones, Jr. PT, DPT
Dr. Rebecca Duff, PTA, DHSc

MEMBERS ABSENT: Dr. Elizabeth Locke, PT, PhD, Vice President
Susan Palmer, MLS, Citizen Member

BOARD COUNSEL: Erin L. Barrett, Assistant Attorney General

DHP STAFF PRESENT: Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager

COURT REPORTER: Cheryl Maddox Court Reporting

PARTIES ON BEHALF OF COMMONWEALTH: Wayne Halbleib, Senior Assistant Attorney General
Claire Foley, Adjudication Specialist

COMMONWEALTH'S WITNESSES: Patient "A"
Chad Taylor
Ryan Taylor
Christopher Moore, Senior Investigator, DHP

**RESPONDENT'S
WITNESSES:**

Karen Moore
Marketa Johnson
Robyn Weatherford
Laurie Keville
Caroline Keville
Jennifer Richardson
Judy Schenk
Christine Buckingham
Kelli Funkhouser
Richard Moore
Catherine Lawder

OTHERS PRESENT:

Corie Tillman Wolf

MATTER:

Richard Eugene Moore, P.T.
License #2305-20139
Case #202672

**ESTABLISHMENT OF A
QUORUM:**

With five (5) members present, a quorum was established.

DISCUSSION:

Richard Eugene Moore, P.T., appeared before the Board in accordance with a Notice of Formal Hearing dated June 5, 2020. The Notice was sent by first class and certified mail. The Certified mail was signed and received on June 11, 2020. Mr. Moore was represented by legal counsel, Andre' Hakes.

The Board received evidence and sworn testimony on behalf of the Commonwealth and Mr. Moore regarding the allegations in the Notice.

CLOSED SESSION:

Upon a motion by Dr. Allen Jones and duly seconded by Dr. Tracey Adler, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Richard Eugene Moore, PT. Additionally, he moved that Ms. Barrett, Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting

was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Dr. Allen Jones certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Dr. Rebecca Duff and duly seconded by Dr. Tracey Adler, the Board moved to suspend the license of Richard Eugene Moore, P.T. no less than one year. The motion carried.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 10:50 p.m.

Dr. Arkena Dailey Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

February 13, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 1:02 p.m.

MEMBERS PRESENT:

Elizabeth Locke, PT, PhD, Chair
Allen R. Jones, Jr. PT, DPT

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
Claire Foley, Adjudication Specialist

MATTER:

Brian Blair, PT
License #2305-203256
Case #188344

DISCUSSION:

Mr. Blair appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated January 7, 2020.

The Committee fully discussed the allegations as referenced in the January 7, 2020, Notice of Informal Conference.

CLOSED SESSION:

Upon a motion by Dr. Jones, and duly seconded by Dr. Locke, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Brian Blair, PT. Additionally, he moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Jones and duly seconded by Dr. Locke, the Committee voted and ordered a monetary penalty and successful completion of continuing education in the subjects of Ethics and Documentation and Billing. The motion carried.

ADJOURNMENT:

The Committee adjourned at 1:42 p.m.

Elizabeth Locke, PT, PhD, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

July 28, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 11:10 a.m.

MEMBERS PRESENT:

Allen R. Jones, Jr., PT, DPT, Chair
Mira Mariano PT, PhD

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
Claire Foley, Adjudication Specialist

MATTER:

Tracy Marie Miller, P.T.A.
License #2306-604329
Case #198560

DISCUSSION:

Tracy Miller did not appear before the Committee in accordance with the Board's Notice of Informal Conference dated February 3, 2020. Ms. Miller was not represented by counsel. The Board received the certified receipt on February 11, 2020. A continuance letter was mailed by first class and certified mail March 17, 2020 and the Board received the certified receipt on March 24, 2020.

Accordingly, the Committee Chair concluded that adequate notice was provided to Ms. Miller and the informal conference proceeded in her absence.

The Committee fully discussed the allegations as referenced in the February 3, 2020, Notice of Informal Conference.

CLOSED SESSION:

Upon a motion by Dr. Mariano, and duly seconded by Dr. Jones, the Committee voted to convene a

closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Tracy Miller, PTA. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Mariano and duly seconded by Dr. Jones, the Committee voted and ordered a reprimand and a monetary penalty. The motion carried.

ADJOURNMENT:

The Committee adjourned at 11:32 a.m.

Allen R. Jones, Jr., PT, DPT, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

July 28, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 1:31 p.m.

MEMBERS PRESENT:

Allen R. Jones, Jr., PT, DPT, Chair
Mira Mariano PT, PhD

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
Claire Foley, Adjudication Specialist

MATTER:

Donna J. Lightfoot, P.T.A.
License #2306-602604
Case #183331

DISCUSSION:

Donna Lightfoot appeared before the Committee with counsel, Taylor Brewer, Esq., in accordance with the Board's Notice of Informal Conference, dated May 13, 2019.

The Committee fully discussed the allegations as referenced in the May 13, 2019 Notice of Informal Conference.

CLOSED SESSION:

Upon a motion by Dr. Mariano, and duly seconded by Dr. Jones, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Donna Lightfoot, PTA. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Mariano and duly seconded by Dr. Jones, the Committee voted and ordered the case be dismissed. The motion carried.

ADJOURNMENT:

The Committee adjourned at 3:09 p.m.

Allen R. Jones, Jr., PT, DPT, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Staff Reports

Virginia Department of Health Professions
Cash Balance
As of June 30, 2020

	<u>116- Physical Therapy</u>	
Board Cash Balance as June 30, 2019	\$ 1,897,707	
YTD FY20 Revenue	189,031	
Prior Period Revenue Adjustment	25	(a)
Less: YTD FY20 Direct and Allocated Expenditures	<u>590,159</u>	
Board Cash Balance as June 30, 2020	<u><u>\$ 1,496,604</u></u>	

(a) FY19 Physical Therapy revenue was posted in error to another department.

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	164,281.00	190,580.00	26,299.00	86.20%
4002406	License & Renewal Fee	12,945.00	-	(12,945.00)	0.00%
4002407	Dup. License Certificate Fee	905.00	550.00	(355.00)	164.55%
4002409	Board Endorsement - Out	8,680.00	9,600.00	920.00	90.42%
4002421	Monetary Penalty & Late Fees	1,825.00	5,235.00	3,410.00	34.86%
4002432	Misc. Fee (Bad Check Fee)	70.00	35.00	(35.00)	200.00%
	Total Fee Revenue	<u>188,706.00</u>	<u>206,000.00</u>	<u>17,294.00</u>	<u>91.60%</u>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	325.00	-	(325.00)	0.00%
	Total Sales of Prop. & Commodities	<u>325.00</u>	<u>-</u>	<u>(325.00)</u>	<u>0.00%</u>
	Total Revenue	<u>189,031.00</u>	<u>206,000.00</u>	<u>16,969.00</u>	<u>91.76%</u>
5011110	Employer Retirement Contrib.	13,941.37	14,858.00	916.63	93.83%
5011120	Fed Old-Age Ins- Sal St Emp	7,365.38	9,563.00	2,197.62	77.02%
5011140	Group Insurance	1,362.31	1,440.00	77.69	94.60%
5011150	Medical/Hospitalization Ins.	34,830.84	35,359.00	528.16	98.51%
5011160	Retiree Medical/Hospitalizatn	1,216.69	1,286.00	69.31	94.61%
5011170	Long term Disability Ins	644.88	682.00	37.12	94.56%
	Total Employee Benefits	<u>59,361.47</u>	<u>63,188.00</u>	<u>3,826.53</u>	<u>93.94%</u>
5011200	Salaries				
5011230	Salaries, Classified	104,190.24	109,891.00	5,700.76	94.81%
	Total Salaries	<u>104,190.24</u>	<u>109,891.00</u>	<u>5,700.76</u>	<u>94.81%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,000.00	3,250.00	2,250.00	30.77%
5011380	Deferred Compnstn Match Pmts	119.00	960.00	841.00	12.40%
	Total Special Payments	<u>1,119.00</u>	<u>4,210.00</u>	<u>3,091.00</u>	<u>26.58%</u>
5011400	Wages				
5011410	Wages, General	-	15,100.00	15,100.00	0.00%
	Total Wages	<u>-</u>	<u>15,100.00</u>	<u>15,100.00</u>	<u>0.00%</u>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	118.87	-	(118.87)	0.00%
	Total Terminatn Personal Svce Costs	<u>118.87</u>	<u>-</u>	<u>(118.87)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	<u>164,789.58</u>	<u>192,389.00</u>	<u>27,599.42</u>	<u>85.65%</u>
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	50.00	50.00	0.00%
5012140	Postal Services	6,145.06	5,750.00	(395.06)	106.87%
5012150	Printing Services	35.93	600.00	564.07	5.99%
5012160	Telecommunications Svcs (VITA)	265.50	1,000.00	734.50	26.55%
5012190	Inbound Freight Services	7.54	-	(7.54)	0.00%
	Total Communication Services	<u>6,454.03</u>	<u>7,400.00</u>	<u>945.97</u>	<u>87.22%</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012200	Employee Development Services				
5012210	Organization Memberships	2,500.00	2,500.00	-	100.00%
5012240	Employee Training/Workshop/Conf	1,000.00	400.00	(600.00)	250.00%
5012250	Employee Tuition Reimbursement	-	3,875.00	3,875.00	0.00%
	Total Employee Development Services	<u>3,500.00</u>	<u>6,775.00</u>	<u>3,275.00</u>	<u>51.66%</u>
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	300.00	300.00	0.00%
	Total Health Services	<u>-</u>	<u>300.00</u>	<u>300.00</u>	<u>0.00%</u>
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	158.81	18,000.00	17,841.19	0.88%
5012440	Management Services	819.34	4,000.00	3,180.66	20.48%
5012470	Legal Services	24.29	300.00	275.71	8.10%
	Total Mgmnt and Informational Svcs	<u>1,002.44</u>	<u>22,300.00</u>	<u>21,297.56</u>	<u>4.50%</u>
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	85.71	-	(85.71)	0.00%
5012520	Electrical Repair & Maint Srvc	-	25.00	25.00	0.00%
5012530	Equipment Repair & Maint Srvc	1,135.69	600.00	(535.69)	189.28%
	Total Repair and Maintenance Svcs	<u>1,221.40</u>	<u>625.00</u>	<u>(596.40)</u>	<u>195.42%</u>
5012600	Support Services				
5012630	Clerical Services	-	19.00	19.00	0.00%
5012640	Food & Dietary Services	653.34	750.00	96.66	87.11%
5012660	Manual Labor Services	137.80	700.00	562.20	19.69%
5012670	Production Services	964.82	2,245.00	1,280.18	42.98%
5012680	Skilled Services	10,186.83	13,000.00	2,813.17	78.36%
	Total Support Services	<u>11,942.79</u>	<u>16,714.00</u>	<u>4,771.21</u>	<u>71.45%</u>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,280.34	3,500.00	1,219.66	65.15%
5012840	Travel, State Vehicles	-	500.00	500.00	0.00%
5012850	Travel, Subsistence & Lodging	291.19	1,500.00	1,208.81	19.41%
5012880	Trvl, Meal Reimb- Not Rprtbl	258.75	300.00	41.25	86.25%
	Total Transportation Services	<u>2,830.28</u>	<u>5,800.00</u>	<u>2,969.72</u>	<u>48.80%</u>
	Total Contractual Svcs	<u>26,950.94</u>	<u>59,914.00</u>	<u>32,963.06</u>	<u>44.98%</u>
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	7.49	-	(7.49)	0.00%
5013120	Office Supplies	1,610.23	1,000.00	(610.23)	161.02%
5013130	Stationery and Forms	141.59	-	(141.59)	0.00%
	Total Administrative Supplies	<u>1,759.31</u>	<u>1,000.00</u>	<u>(759.31)</u>	<u>175.93%</u>
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	50.00	50.00	0.00%
	Total Manufctrng and Merch Supplies	<u>-</u>	<u>50.00</u>	<u>50.00</u>	<u>0.00%</u>
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	8.32	-	(8.32)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Medical and Laboratory Supp.	8.32	-	(8.32)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	32.15	-	(32.15)	0.00%
5013530	Electrcal Repair & Maint Matrl	1.54	15.00	13.46	10.27%
	Total Repair and Maint. Supplies	33.69	15.00	(18.69)	224.60%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	32.37	200.00	167.63	16.19%
5013630	Food Service Supplies	30.52	-	(30.52)	0.00%
5013640	Laundry and Linen Supplies	1.12	-	(1.12)	0.00%
5013650	Personal Care Supplies	29.81	-	(29.81)	0.00%
	Total Residential Supplies	93.82	200.00	106.18	46.91%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	13.86	10.00	(3.86)	138.60%
	Total Specific Use Supplies	13.86	10.00	(3.86)	138.60%
	Total Supplies And Materials	1,909.00	1,275.00	(634.00)	149.73%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	231.00	-	(231.00)	0.00%
5015160	Property Insurance	79.44	29.00	(50.44)	273.93%
	Total Insurance-Fixed Assets	310.44	29.00	(281.44)	1070.48%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	9.76	-	(9.76)	0.00%
5015350	Building Rentals	7.20	-	(7.20)	0.00%
5015390	Building Rentals - Non State	6,348.79	7,015.00	666.21	90.50%
	Total Operating Lease Payments	6,365.75	7,015.00	649.25	90.74%
5015500	Insurance-Operations				
5015510	General Liability Insurance	395.03	107.00	(288.03)	369.19%
5015540	Surety Bonds	16.84	7.00	(9.84)	240.57%
	Total Insurance-Operations	411.87	114.00	(297.87)	361.29%
	Total Continuous Charges	7,088.06	7,158.00	69.94	99.02%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	19.90	-	(19.90)	0.00%
	Total Computer Hrdware & Sftware	19.90	-	(19.90)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	60.00	60.00	0.00%
	Total Educational & Cultural Equip	-	60.00	60.00	0.00%
5022400	Medical and Laboratory Equip				
5022420	Medical and Dental Equip	5.96	-	(5.96)	0.00%
	Total Medical and Laboratory Equip	5.96	-	(5.96)	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	35.00	35.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Office Equipment	-	35.00	35.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	76.88	-	(76.88)	0.00%
	Total Specific Use Equipment	76.88	-	(76.88)	0.00%
	Total Equipment	102.74	95.00	(7.74)	108.15%
	Total Expenditures	200,840.32	260,831.00	59,990.68	77.00%
Allocated Expenditures					
20600	Funeral\LTCA\PT	113,793.45	111,767.95	(2,025.50)	101.81%
30100	Data Center	62,381.32	75,688.53	13,307.20	82.42%
30200	Human Resources	9,002.57	6,969.78	(2,032.78)	129.17%
30300	Finance	62,265.50	66,138.69	3,873.19	94.14%
30400	Director's Office	22,869.83	26,444.95	3,575.12	86.48%
30500	Enforcement	65,580.04	64,432.36	(1,147.68)	101.78%
30600	Administrative Proceedings	8,180.68	27,969.98	19,789.30	29.25%
30700	Impaired Practitioners	947.62	1,419.44	471.82	66.76%
30800	Attorney General	15,595.75	15,597.67	1.92	99.99%
30900	Board of Health Professions	17,442.61	19,242.56	1,799.95	90.65%
31100	Maintenance and Repairs	-	702.01	702.01	0.00%
31300	Emp. Recognition Program	157.72	315.39	157.67	50.01%
31400	Conference Center	80.66	168.24	87.58	47.94%
31500	Pgm Devlpmnt & Implmentn	11,021.42	11,604.09	582.67	94.98%
	Total Allocated Expenditures	389,319.17	428,461.64	39,142.47	90.86%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (401,128.49)	\$ (483,292.64)	\$ (82,164.15)	83.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2019 and Ending May 31, 2020

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
5022710	Household Equipment	76.88	-	(76.88)	0.00%
	Total Specific Use Equipment	76.88	-	(76.88)	0.00%
	Total Equipment	96.78	95.00	(1.78)	101.87%
	Total Expenditures	191,615.17	260,831.00	69,215.83	73.46%
Allocated Expenditures					
20600	Funeral\LTCA\PT	108,454.28	111,767.95	3,313.67	97.04%
30100	Data Center	56,237.44	75,688.53	19,451.09	74.30%
30200	Human Resources	8,195.75	6,969.78	(1,225.97)	117.59%
30300	Finance	59,086.02	66,138.69	7,052.67	89.34%
30400	Director's Office	21,900.26	26,444.95	4,544.68	82.81%
30500	Enforcement	62,174.77	64,432.36	2,257.59	96.50%
30600	Administrative Proceedings	6,957.71	27,969.98	21,012.27	24.88%
30700	Impaired Practitioners	908.25	1,419.44	511.18	63.99%
30800	Attorney General	15,595.75	15,597.67	1.92	99.99%
30900	Board of Health Professions	16,322.46	19,242.56	2,920.10	84.82%
31100	Maintenance and Repairs	-	702.01	702.01	0.00%
31300	Emp. Recognition Program	157.72	315.39	157.67	50.01%
31400	Conference Center	73.76	168.24	94.48	43.84%
31500	Pgm Devlpmnt & Implmentn	10,505.98	11,604.09	1,098.11	90.54%
	Total Allocated Expenditures	366,570.17	428,461.64	61,891.48	85.55%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (383,185.34)	\$ (483,292.64)	\$ (100,107.31)	79.29%

Physical Therapy Monthly Snapshot for March 2020

Physical Therapy has received more cases in March than closed. Physical Therapy has closed 1 patient care case and 1 non-patient care case for a total of 2 cases.

Cases Closed	
Patient Care	1
Non-Patient Care	1
Total	2

Physical Therapy has received 3 patient care cases and 0 non-patient care cases for a total of 3 cases.

Cases Received	
Patient Care	3
Non-Patient Care	0
Total	3

As of March 31, 2020, there are 34 patient care cases open and 1 non-patient care case open for a total of 35 cases.

Case Open	
Patient Care	34
Non-Patient Care	1
Total	35

There are 13814 Physical Therapy licensees as of April 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Direct Access Certification	1273
Physical Therapist	8823
Physical Therapist Assistant	3718
Total for Physical Therapy	13814

There were 30 licenses issued for Physical Therapy for the month of March. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Direct Access Certification	2
Physical Therapist	21
Physical Therapist Assistant	7
Total for Physical Therapy	30

Physical Therapy Monthly Snapshot for April 2020

Physical Therapy has received more cases in April than closed cases. Physical Therapy has closed 1 patient care case and 0 non-patient care cases for a total of 1 case.

Cases Closed	
Patient Care	1
Non Patient Care	0
Total	1

The board has received 0 patient care cases and 1 non-patient care case for a total of 1 case.

Cases Received	
Patient Care	0
Non-Patient Care	1
Total	1

As of April 30, 2020 there are 33 Patient care cases open and 2 non-patient care cases open for a total of 35 cases.

Case Open	
Patient Care	33
Non-Patient Care	2
Total	35

There are 13847 Physical Therapy licensees as of May 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Direct Access Certification	1287
Physical Therapist	8841
Physical Therapist Assistant	3719
Total for Physical Therapy	13847

There were 20 licenses issued for Physical Therapy for the month of April. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Direct Access Certification	9
Physical Therapist	11
Total for Physical Therapy	20

Physical Therapy Monthly Snapshot for May 2020

Physical Therapy has received more cases in May than closed. Physical Therapy has closed 0 patient care cases and 0 non-patient care cases for a total of 0 cases.

Cases Closed	
Patient Care	0
Non-Patient Care	0
Total	0

The department has received 1 patient care case and 3 non-patient care cases for a total of 4 cases.

Cases Received	
Patient Care	1
Non-Patient Care	3
Total	4

As of May 31, 2020 there are 35 patient care cases open and 4 non-patient care cases open for a total of 39 cases.

Case Open	
Patient Care	35
Non-Patient Care	4
Total	39

There are 13924 Physical Therapy licensees as of June 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Direct Access Certification</i>	1292
<i>Physical Therapist</i>	8906
<i>Physical Therapist Assistant</i>	3726
Total for Physical Therapy	13924

There were 78 licenses issued for Physical Therapy for the month of May. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Profession	License Issued
<i>Direct Access Certification</i>	8
<i>Physical Therapist</i>	64
<i>Physical Therapist Assistant</i>	6
Total for Physical Therapy	78

Physical Therapy Monthly Snapshot for June 2020

Physical therapy has closed more cases in June than received. Physical therapy has closed 3 patient care cases and 2 non-patient care cases for a total of 5 cases.

Cases Closed	
Patient Care	3
Non-Patient Care	2
Total	5

The board has received 1 patient care case and 1 non-patient care case for a total of 2 cases.

Cases Received	
Patient Care	1
Non-Patient Care	1
Total	2

As of June 31, 2020 there are 33 patient care cases open and 5 non-patient care cases open for a total of 38 cases.

Case Open	
Patient Care	33
Non-Patient Care	5
Total	38

There are 14143 physical therapy licensees as of July 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Total for Direct Access Certification	1298
Total for Physical Therapist	9094
Total for Physical Therapist Assistant	3751
Total for Physical Therapy	14143

There were 218 licenses issued for physical therapy for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Direct Access Certification	5
Physical Therapist	188
Physical Therapist Assistant	25
Total for Physical Therapy	218

Committee and Board Member Reports

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Leveraging Operational Metrics to Help Justify State Board Regulatory Decisions: A Comparison of Two Jurisdictions

A comparison of two states, Nevada and Virginia, examines the advantages of having operational metrics.

Policymakers created occupational licensing to protect the public and ensure quality of services. Regulations governing occupational licensing have grown significantly over the past sixty years. Recently, there have been concerns that some regulations have become overly broad or burdensome, creating poor licensure cost-benefit ratios and restricting occupational mobility. State regulatory agencies often face pushback on state board decisions, restructuring, or de-regulation. Operational metrics can be a good tool to

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demonstrate each boards' value and effectiveness. [A comparison of two states, Nevada and Virginia, will shed light on the advantages of having operational metrics.](#)

Nevada

Tina Baum

In late 2015 and early 2016, the Nevada Board of Physical Therapy identified significant areas of concern in regards to its operational efficiency. As the current Board Chair, I began to question the lack of transparency, accountability, and effectiveness of the board. The results of my relentless pursuit of answers led to the resignation of our executive director. The years to follow would prove to be challenging, yet rewarding, as Nevada dealt with the growing pains of a complete transformation of the board.

During the 2018 sunset report process, Nevada's Sunset Subcommittee of the Legislative Commission reviewed twenty-three professional and occupational licensing boards, including the Nevada Board of Physical Therapy. This process brought our already identified deficiencies into the spotlight. Our biannual audit revealed a lack of internal controls, lack of approved budgets, and expenditures exceeding revenues. The board also had a number of concerns including, but not limited to, a large backlog of investigative cases, higher than average attorney fees given the work completed, and the revelation of the executive director making unauthorized payments to herself.

It was very embarrassing to have to sit in front of the Sunset Subcommittee of the Legislative Commission and respond to questions regarding our lack of fiduciary responsibility to the board. As one might expect, I felt as if the committee members blamed the current board for its state of disarray. The spotlight and accolades will go to the people that correct that problem and not necessarily to the ones that expose it.

Virginia

Arkena Dailey

Forum Winter 2017

Forum Spring 2017

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Textbook Survey Data

In Virginia, we have a different experience. Virginia has ongoing State Board assessments and the development of operational metrics have helped to prove the value of professional boards on their effectiveness of maintaining public protection and ensuring quality of services.

The Virginia Board of Physical Therapy uses acquired data to inform board decision making by assessing board performance. Staff presents the collection of data on licensing, disciplinary actions, and customer satisfaction surveys at each quarterly business meeting. Board members receive data on the number of current licensees, the status of licensing applications, the number of disciplinary cases received and closed, and the results of customer satisfaction surveys (conducted by the agency and collected by the Federation of State Boards of Physical Therapy from National Physical Therapy Examination candidates). During each biennial license renewal cycle, licensees complete standardized workforce surveys with a range of questions aimed at collecting data on areas such as demographics, education, and practice. Staff compiles that information in biennial Workforce Reports for PTs and PTAs, [which are available online](#). Workforce survey data identifies geographic areas where access to physical therapy services is or may be limited. Recently, the board used the data to track the prevalence of dry needling as a treatment modality in PT practice.

To allow newly appointed board members to become knowledgeable regarding the board, comprehensive reports compiled every two years reflect key accomplishments and performance data for all of the boards within the Department of Health Professions (DHP). The most recent biennial report (for FY 2017 - FY2018) [is available online](#). DHP updates reports regarding [Key Performance Measures \(KPMs\)](#) quarterly and posts the information on their website. The KPMs represent key data points that the state requires the boards within DHP to collect as a representation of performance (e.g., time for processing cases, responsiveness, etc.).

The Virginia Board of Physical Therapy is able to substantiate disciplinary board decisions by using sanctioning reference points. In November 2009, the Virginia board first adopted a model sanctioning process for disciplinary

cases. The Virginia Department of Health Professions and an independent consulting firm developed the Sanctioning Reference Points (SRP) system using an analysis of data from all cases resulting in disciplinary action between 2001 and 2009. During the data analysis process, researchers created a database of the case and respondent factors that factored most heavily into the board's decision-making process. Researchers then correlated the most prevalent factors to the sanctions imposed, creating a range of possible sanctions to apply with almost 75 percent accuracy to the cases that were presented before the board. Applying this same range to future cases enhances consistency of sanctioning based upon the most common case and respondent factors. In November 2018, the board adopted an updated SRP tool, reflecting additional data and analysis for cases from 2012 through early 2017. The most recent SRP [is available online](#). Board members use the SRPs as a reference tool for all informal hearings before the board, and they often use the sanctioning ranges in determining appropriate sanctions for consent orders. Based upon data from November 2018, the board's agreement rate with the tool is approximately 83 percent—meaning in approximately 83 percent of cases, board members sanction within the range suggested by the SRP tool.

When the Virginia Board of Physical Therapy considered legislation to join the PT Compact in May 2018, the board considered the potential impact on revenue, professional benefits, and public protection. As part of that discussion, the immediate data collection focused on revenue first. The board reviewed and analyzed data to approximate the cost and determine whether participation in the Compact would be financially viable. The board based their unanimous decision to support the PT Compact on the outcome of the data analysis.

Conclusion

Our advice to board members is to always be proactive. Board chairs should enable those who come after them to look for ways to improve the efficiency of the board and never fall into complacency. Do not fall into the dangerous mode of accepting the status quo. Stay involved and educated in the current

trends in occupational licensing to evaluate the need for ongoing operational efficiency.

The establishment of operational metrics would have made the Nevada Board experience much more palatable. The Sunset Subcommittee of the Legislative Commission specifically asked the Nevada board about licensing fees, renewal costs, and the frequency of renewals across similar professions and neighboring states. These statistics were easy to gather and submit. The board was able to submit statistics that had changed over the past two years, such as, reduction in number of active cases and decreased amount of legal fees. The new Nevada executive director also put in place improved internal policies and procedures involving the establishment of segregation of duties, the timely review of financial reports, and hiring an outside financial audit agency for annual reviews.

Fortunately, the Nevada [Sunset Subcommittee of the Legislative Commission](#) opted to retain the Physical Therapy Board. Author Tina Baum owes this successful decision to the current executive director and board members for their leadership and organization during this difficult time.

Although the regulatory environment is founded on a common principle of public protection and retention of high-quality services, the optimal path to meet this goal is constantly changing. Jurisdictions should strive to share foundational standards while being able to preserve the unique rules and regulations of their state. Keeping operational metrics is an objective way to communicate the board's value and effectiveness.

**Tina Baum, PT, DPT, WCS, ATC,
CLT**

Tina served on the Nevada Board of Physical Therapy for six years and was the Chair for the last two years. In addition to receiving the Outstanding Service Award in 2017 and 2019, she serves the FSBPT as



the current Chair of the Ethics and Legislation Committee and was appointed to the Practice Analysis Task Force Committee in 2016. Tina received a BS in Athletic Training in 1993, MPT in 1997, and a DPT in 2014. She has been in private practice since 2001 and is a Board Certified Clinical Specialist in Women's Health.



Dr. Arkena L. Dailey, PT, DPT, CIMT, FMT

Dr. Arkena Dailey, PT, is a graduate of the Doctor of Physical Therapy program from the University of St Augustine, Allied Health. She is an Alumnae of Hampton University and Longwood University. She currently works for Sentara Healthcare system as a Clinical Rehab Specialist. Arkena specializes in sports management, orthopedics, and neurology. She has 18 years of clinical experience in various settings including Inpatient Rehabilitation, Home Health, Nursing Home, and Outpatient Care. She has served in management roles and as an adjunct professor for Old Dominion University Physical Therapy and Sports Medicine Program. Arkena was Governor appointed to the Virginia Board of

Physical Therapy in 2015. She serves as the President for the Virginia Board of Physical Therapy for a second term. She served three years as an appointed member of the Education Committee, and she has recently been appointed to The Ethics and Legislative Committee and The Boundaries Violation Task Force. She is community service oriented with 25 active years of membership in Alpha Kappa Alpha Sorority, Incorporated and she is active with The Hampton Chapter of the Links, Incorporated, and The Chesapeake Chapter of the Carats, Incorporated. She enjoys world travel and spending time with her family.

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DRAFT

9960 Mayland Dr, Henrico, VA 23233

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the provisions of Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as presented on the agenda necessary for the board to discharge its lawful purposes, duties and responsibilities.

The recorded meeting may be found here: <https://youtu.be/Jr6FrJ8v96U>

In Attendance Sahil Chaudhary, Citizen Member
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Steve Karras, DVM, Board of Veterinary Medicine
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent Sheila E. Battle, MHS, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member

DHP Staff Barbara Allison-Bryan, MD, Deputy Director DHP
David Brown, DC, Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Rajana Siva, MBA, Research Analyst BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Elaine Yeatts, Senior Policy Analyst DHP

DHP Staff Cont'd	Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Kelli Moss, Deputy Executive Director, Boards of Audiology & Speech-Language Pathology, Optometry and Veterinary Medicine Anthony Morales, DHP Staff Celia Wilson, DHP Staff
OAG	Charis Mitchell, Assistant Attorney General
Speakers	No speakers signed-up to provide virtual comment.
Call to Order	Dr. Stewart, Board Vice Chair, chaired this meeting as Board Chair, Dr. Allen Jones, Jr. was unable to attend. Time: 10:07 a.m. Quorum: Established with 11 members in attendance
Public Comment	No public comment was provided to Dr. Carter prior to the June 25, 2020 8:00 a.m. deadline
Approval of Minutes	Minutes from the February 27, 2020 meeting were approved as presented.
Director's Report	Dr. Brown provided information regarding the Governor's Executive Orders relating to the COVID19 pandemic. He noted provisions that permit electronic meetings; issuance of temporary licenses by the behavioral science, nursing and medical boards; and greater use of telemedicine. He also noted that the Executive Orders provide key information on the specific phases of reopening the state. He reported that, overall, COVID19 patients have not overrun Virginia hospitals. He stated that DHP will continue to hold meetings, virtually and in person based upon current social distancing requirements. He reported that DHP has utilized teleworking to allow employees to continue the work of the Boards. At this time, DHP has approximately 75% of its positions teleworking. Teleworking protects the public, as well as staff, as there are less people in the building allowing for social distancing and the use of masks. DHP is working with the Secretary's office on getting expired board members seats filled.
Legislative and Regulatory Report	Ms. Yeatts provided documents that are included in the agenda packet.

Board Chair Report	Dr. Stewart informed attendees that Dr. Watkins (Board of Dentistry) and Dr. O'Connor (Board of Medicine) have come to the end of their terms on their boards as well as BHP. He thanked them on behalf of the Board for their time and service to the Commonwealth.
Executive Director's Report	Board Budget and Agency Statistics/Performance Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance. The 2020 Board work plan will be updated to include the two studies currently underway.
Virginia Board of Health Professions Amendments to Guidance Document 75-4 Bylaws	At the February 27, 2020 Full Board meeting, a request was made that the Board consider adding a new position of 2nd Vice Chair to the existing board positions. This necessitates amending the Bylaws. The following details the recommended changes: Under ARTICLE IV-Officers and Election. Item 1 should be changed to read as follows: "1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair." Under ARTICLE V-Duties of Officers. Item 2 should be changed to read as follows:"2.The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair."
Motion to Amend Article 75-4 Board Bylaws	Ms. Hershkowitz moved that the Bylaws be amended as noted above. It was properly seconded. In response to discussion, Ms. Hershkowitz amended the motion to include that the term "Chairman" be replaced with the term "Chair" throughout the entire document.
Amended Motion	The amended motion was seconded by Dr. Doyle. The motion passed with all members in favor, none opposed.
Healthcare Workforce Data Center	Dr. Carter and Dr. Shobo provided an update on the Center's workforce reports, presentations, and data requests.
Board Studies	The General Assembly has requested that the Board of Health Professions perform sunrise reviews on the following two professions: Diagnostic Medical Sonographer and Naturopathic Physician.
Diagnostic Medical Sonographer Motion	Ms. Jackson presented the workplan for the Diagnostic Medical Sonographer. A motion was made by Mr. Wells to proceed with the study and was seconded by Dr. Watkins. All members were in favor, none opposed.
Naturopathic Physician	Dr. Carter presented the workplan for the Naturopathic Physician.

Motion

A motion was made by Dr. Doyle and seconded by Ms. Hershkowitz. All members were in favor, none opposed. Both studies will be moved to the Boards Regulatory Research Committee.

Individual Board Reports

- Board of Nursing - Ms. Hershkowitz (Attachment 1)
- Board of Dentistry - Dr. Watkins (Attachment 2)
- Board of Counseling - Dr. Doyle (Attachment 3)
- Board of Social Work - Mr. Salay (Attachment 4)
- Board of Long-Term Care Administrators - Mr. Kendall (Attachment 5)
- Board of Veterinary Medicine - Dr. Karras (Attachment 6)
- Board of Psychology - Dr. Stewart (Attachment 7)
- Board of Audiology & Speech-Language Pathology - Dr. King (Attachment 8)
- Board of Funeral Directors & Embalmers - Mr. Jones (Attachment 9)
- Board of Optometry - Dr. Clayton-Jeter was not in attendance (Attachment 10)
- Board of Medicine - Dr. O'Connor was not in attendance
- Board of Pharmacy - Mr. Logan was not in attendance
- Board of Physical Therapy - Dr. Jones, Jr. was not in attendance

New Business

There was no new business.

Next Full Board Meeting

Dr. Stewart advised the Board that the next meeting is scheduled for August 20, 2020 at 10:00 a.m.

Adjourned

The meeting adjourned at 11:47 a.m.

Vice Chair Signature

Herbert Stewart, PhD
_____ / ____ / ____

Board Exec. Director Signature

Elizabeth A. Carter, PhD
_____ / ____ / ____

Board of Health Professions attachments can be found at
https://www.dhp.virginia.gov/bhp/bhp_calendar.htm

Legislation and Regulatory Actions

Virginia Department of Health Professions
Electronic Meetings during a State of Emergency
Declared by the Governor

Purpose:

To establish a written policy for holding electronic meetings during a State of Emergency as necessary to conduct essential business of a health regulatory board within the Department of Health Professions.

Policy:

Electronic meetings may be conducted provided such meetings are consistent with the Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act.

Authority:

Budget bill as amended by the General Assembly on April 22, 2020.

"g. Notwithstanding any other provision of law, any public body, including any state, local, regional, or regulatory body, or a governing board as defined in § 54.1-2345 of the Code of Virginia may meet by electronic communication means without a quorum of the public body or any member of the governing board physically assembled at one location when the Governor has declared a state of emergency in accordance with § 44-146.17, provided that (i) the nature of the declared emergency makes it impracticable or unsafe for the public body or governing board to assemble in a single location; (ii) the purpose of meeting is to discuss or transact the business statutorily required or necessary to continue operations of the public body or common interest community association as defined in § 54.1-2345 of the Code of Virginia and the discharge of its lawful purposes, duties, and responsibilities; (iii) a public body shall make available a recording or transcript of the meeting on its website in accordance with the timeframes established in §§ 2.2-3707 and 2.2-3707.1 of the Code of Virginia; and (iv) the governing board shall distribute minutes of a meeting held pursuant to this subdivision to common interest community association members by the same method used to provide notice of the meeting.

A public body or governing board convening a meeting in accordance with this subdivision shall:

- 1. Give notice to the public or common interest community association members using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body or governing board conducting the meeting;*
- 2. Make arrangements for public access or common interest community association members access to such meeting through electronic means including, to the extent practicable,*

videoconferencing technology. If the means of communication allows, provide the public or common interest community association members with an opportunity to comment; and

3. Public bodies must otherwise comply with the provisions of § 2.2-3708.2 of the Code of Virginia.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes of the public body or governing board."

Procedures:

1. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. (There are exceptions to the three-day notice but the Office of the Attorney General would want to review those situations on a case-by-case basis).
2. The notice shall include the rationale for conducting an electronic meeting (consistent the provisions of the Budget Bill), the purpose of the meeting, information relating to how to participate in the meeting electronically, and the opportunity that will be given for public comment.
3. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar) and the Board's website. They should also be provided electronically to interested parties on the Board's public participation guidelines list.
4. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.
5. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § ~~30-179~~ to allow members of the public to assess their experience with participation in the electronic meeting.
6. Members of the public must be given substantially equal access to the electronic communication available to the members. Public comment on the agenda item(s) may be requested for submission in advance to be included in the agenda package or may be received at the beginning of the meeting.

7. The meeting may be conducted via teleconferencing or videoconferencing. If a telephonic meeting without video is held, members should have an opportunity to speak individually and should identify themselves as they do.
8. Minutes of meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. The nature of the emergency, the type of electronic communication by which the meeting was held, and the reason it was impractical or unsafe to assemble physically shall be stated in the minutes.
9. A Board that meets by electronic communication means must make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:
 - a. The total number of meetings held that year in which there was participation through electronic communication means;
 - b. The dates and purposes of each such meeting;
 - c. A copy of the agenda for each such meeting;
 - d. The primary or central meeting location of each such meeting;
 - e. The types of electronic communication means by which each meeting was held;
 - f. If possible, the number of members of the public who participated in each meeting through electronic communication means;
 - g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
 - h. The identity of any members of the public body who were recorded as absent at each meeting;
 - i. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
 - j. A written summary of the Board's experience conducting meetings through electronic communication means, including its logistical and technical experience.

Form:

Link to Public comment form from the Freedom of Information Council
<http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

Adopted by: _____
David E. Brown, D.C.
Director, Department of Health Professions

Date: _____

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of August 1, 2020)**

Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Periodic review</u> [Action 5228]</p> <p>Proposed - Register Date: 2/3/20 Board to adopt final regulations: 8/11/20</p>
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Implementation of the Physical Therapy Compact</u> [Action 5362]</p> <p>Proposed - At Governor's Office for 64 days Replacement of emergency regulations that expire on 6/30/21</p>
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Practice of dry needling</u> [Action 4375]</p> <p>Final - At Governor's Office for 299 days</p>

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 885

An Act to amend and reenact §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the Code of Virginia, relating to health regulatory boards.

[S 422]

Approved April 8, 2020

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2806. Refusal, suspension, or revocation of license, registration, or courtesy card.

A. As used in this section, "license" shall include any license, registration, or courtesy card issued by the Board.

B. The Board may refuse to admit a candidate to any examination, refuse to issue a license to any applicant and may suspend a license for a stated period or indefinitely, or revoke any license or censure or reprimand any licensee or place him on probation for such time as it may designate for any of the following causes:

1. Conviction of any felony or any crime involving moral turpitude;
2. Unprofessional conduct that is likely to defraud or to deceive the public or clients;
3. Misrepresentation or fraud in the conduct of the funeral service profession, or in obtaining or renewing a license;
4. False or misleading advertising or solicitation;
5. Solicitation at-need or any preneed solicitation using in-person communication by the licensee, his agents, assistants or employees; however, general advertising and preneed solicitation, other than in-person communication, shall be allowed;
6. Employment by the licensee of persons known as "cappers" or "steerers," or "solicitors," or other such persons to obtain the services of a holder of a license for the practice of funeral service;
7. Employment directly or indirectly of any agent, employee or other person, on part or full time, or on a commission, for the purpose of calling upon individuals or institutions by whose influence dead human bodies may be turned over to a particular funeral establishment;
8. Direct or indirect payment or offer of payment of a commission to others by the licensee, his agents, or employees for the purpose of securing business;
9. Use of alcohol or drugs to the extent that such use renders him unsafe to practice his licensed activity;
10. Aiding or abetting an unlicensed person to practice within the funeral service profession;
11. Using profane, indecent, or obscene language within the immediate hearing of the family or relatives of a deceased, whose body has not yet been interred or otherwise disposed of;
12. Solicitation or acceptance by a licensee of any commission or bonus or rebate in consideration of recommending or causing a dead human body to be disposed of in any crematory, mausoleum, or cemetery;
13. Violation of any statute, ordinance, or regulation affecting the handling, custody, care, or transportation of dead human bodies;
14. Refusing to surrender promptly the custody of a dead human body upon the express order of the person lawfully entitled to custody;
15. Knowingly making any false statement on a certificate of death;
16. Violation of any provisions of Chapter 7 (§ 32.1-249 et seq.) of Title 32.1;
17. Failure to comply with § 54.1-2812, and to keep on file an itemized statement of funeral expenses in accordance with Board regulations;
18. Knowingly disposing of parts of human remains, including viscera, that are received with the body by the funeral establishment, in a manner different from that used for final disposition of the body, unless the persons authorizing the method of final disposition give written permission that the body parts may be disposed of in a manner different from that used to dispose of the body;
19. Violating or failing to comply with Federal Trade Commission rules regulating funeral industry practices;
20. Violating or cooperating with others to violate any provision of Chapter 1 (§ 54.1-100 et seq.), Chapter 24 (§ 54.1-2400 et seq.), this chapter, or the regulations of the Board of Funeral Directors and Embalmers or the Board of Health;
21. Failure to comply with the reporting requirements as set forth in § 54.1-2817 for registered funeral service interns;
22. Failure to provide proper and adequate supervision and training instruction to registered funeral

service interns as required by regulations of the Board;

23. Violating any statute or regulation of the Board regarding the confidentiality of information pertaining to the deceased or the family of the deceased or permitting access to the body in a manner that is contrary to the lawful instructions of the next-of-kin of the deceased;

24. Failure to include, as part of the general price list for funeral services, a disclosure statement notifying the next of kin that certain funeral services may be provided off-premises by other funeral service providers;

25. Disciplinary action against a license, certificate, or registration issued by another state, the District of Columbia, or territory or possession of the United States;

26. Failure to ensure that a dead human body is maintained in refrigeration at no more than approximately 40 degrees Fahrenheit or embalmed if it is to be stored for more than 48 hours prior to disposition. A dead human body shall be maintained in refrigeration and shall not be embalmed in the absence of express permission by a next of kin of the deceased or a court order; and

27. Mental or physical incapacity to practice his profession with safety to the public.

§ 54.1-3480. Refusal, revocation or suspension.

A. *As used in this section, "license" shall include any license or compact privilege, as defined in § 54.1-3486, issued by the Board.*

B. The Board may refuse to admit a candidate to any examination, may refuse to issue a license to any applicant, and may suspend for a stated period of time or indefinitely or revoke any license or censure or reprimand any person or place him on probation for such time as it may designate for any of the following causes:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of physical therapy;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Unprofessional conduct as defined in this chapter;

4. Intentional or negligent conduct that causes or is likely to cause injury to a patient or patients;

5. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

6. Restriction of a license to practice physical therapy in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction;

7. Conviction in any state, territory or country of any felony or of any crime involving moral turpitude;

8. Adjudged legally incompetent or incapacitated in any state if such adjudication is in effect and the person has not been declared restored to competence or capacity; or

9. Conviction of an offense in another state, territory or foreign jurisdiction, which if committed in Virginia would be a felony. Such conviction shall be treated as a felony conviction under this section regardless of its designation in the other state, territory or foreign jurisdiction.

~~B.~~ C. The Board shall refuse to admit a candidate to any examination and shall refuse to issue a license to any applicant if the candidate or applicant has had his certificate or license to practice physical therapy revoked or suspended, and has not had his certificate or license to so practice reinstated, in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction.

§ 54.1-3483. Unprofessional conduct.

Any physical therapist or physical therapist assistant licensed by the Board *or practicing pursuant to a compact privilege, as defined in § 54.1-3486, approved by the Board* shall be considered guilty of unprofessional conduct if he:

1. Engages in the practice of physical therapy under a false or assumed name or impersonates another practitioner of a like, similar or different name;

2. Knowingly and willfully commits any act which is a felony under the laws of this Commonwealth or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude;

3. Aids or abets, has professional contact with, or lends his name to any person known to him to be practicing physical therapy illegally;

4. Conducts his practice in such a manner as to be a danger to the health and welfare of his patients or to the public;

5. Is unable to practice with reasonable skill or safety because of illness or substance abuse;

6. Publishes in any manner an advertisement that violates Board regulations governing advertising;

7. Performs any act likely to deceive, defraud or harm the public;

8. Violates any provision of statute or regulation, state or federal, relating to controlled substances;

9. Violates or cooperates with others in violating any of the provisions of this chapter or regulations of the Board; or

10. Engages in sexual contact with a patient concurrent with and by virtue of the practitioner/patient relationship or otherwise engages at any time during the course of the practitioner/patient relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive.

§ 54.1-3807. Refusal to grant and to renew; revocation and suspension of licenses and

registrations.

The Board may refuse to grant or to renew, may suspend, or *may* revoke any license to practice veterinary medicine or to practice as a veterinary technician or registration to practice as an equine dental technician if such applicant or holder:

1. Is convicted of any felony or of any misdemeanor involving moral turpitude;
2. Employs or permits any person who does not hold a license to practice veterinary medicine or to practice as a licensed veterinary technician or registration to practice as an equine dental technician to perform work which can lawfully be performed only by a person holding the appropriate license or registration;
3. Willfully violates any provision of this chapter or any regulation of the Board;
4. Has violated any federal or state law relating to controlled substances as defined in Chapter 34 (§ 54.1-3400 et seq.);
5. Is guilty of unprofessional conduct as defined by regulations of the Board;
6. Uses alcohol or drugs to the extent such use renders him unsafe to practice or suffers from any mental or physical condition rendering him unsafe to practice; or
7. Has had his license to practice veterinary medicine or as a veterinary technician or his registration to practice as an equine dental technician in any other state revoked or suspended for any reason other than nonrenewal *or has surrendered such license or registration in lieu of disciplinary action.*

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 35

An Act to amend and reenact § 54.1-119 of the Code of Virginia, relating to professions and occupations; expediting the issuance of credentials to spouses of military service members.

[S 981]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-119 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-119. Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc.

A. Notwithstanding any other law to the contrary and unless an applicant is found by the board to have engaged in any act that would constitute grounds for disciplinary action, a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board named in this title shall expedite the issuance of a license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth to an applicant whose application has been deemed complete by the board and (i) who holds the same or similar license, permit, certificate, or other document required for the practice of any business, profession, or occupation issued by another jurisdiction; (ii) whose spouse is the subject of a military transfer to the Commonwealth (a) on federal active duty orders pursuant to Title 10 of the United States Code or (b) a veteran, as that term is defined in § 2.2-2000.1, who has left active-duty service within one year of the submission of an application to a board; and (iii) who accompanies the applicant's spouse to Virginia the Commonwealth or an adjoining state or the District of Columbia, if, in the opinion of the board, the requirements for the issuance of the license, permit, certificate, or other document in such other jurisdiction are substantially equivalent to those required in the Commonwealth. A board may waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such a waiver.

B. If a board is unable to (i) complete the review of the documentation provided by the applicant or (ii) make a final determination regarding substantial equivalency within 20 days of the receipt of a completed application, the board shall issue a temporary license, permit, or certificate, provided the applicant otherwise meets the qualifications set out in subsection A. Any temporary license, permit, or certification issued pursuant to this subsection shall be limited for a period not to exceed 12 months and shall authorize the applicant to engage in the profession or occupation while the board completes its review of the documentation provided by the applicant or the applicant completes any specific requirements that may be required in Virginia that were not required in the jurisdiction in which the applicant holds the license, permit, or certificate.

C. The provisions of this section shall apply regardless of whether a regulatory board has entered into a reciprocal agreement with the other jurisdiction pursuant to subsection B of § 54.1-103.

D. Any regulatory board may require the applicant to provide documentation it deems necessary to make a determination of substantial equivalency.

Agenda Item: Adoption of Final amendments for periodic review

Included in your agenda package are:

A copy of the Notice on the Va. Regulatory Townhall

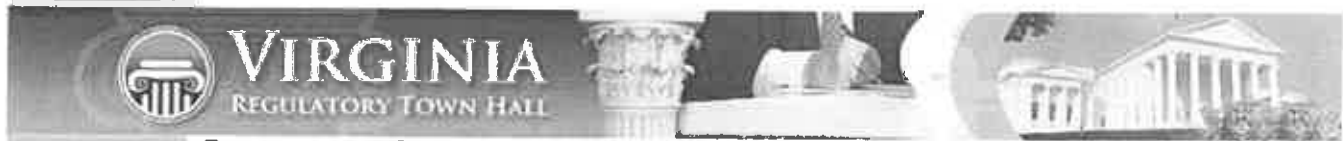
A copy of a comment from APTA-Virginia

A copy of proposed regulations

Board action:

Adoption of final regulations as presented in the attached or as amended by the Board.

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Physical Therapy

Chapter Regulations Governing the Practice of Physical Therapy [18 VAC 112 - 20]

Action: Periodic review**Proposed Stage**

Action 5228 / Stage 8722

[Edit Stage](#)
[Withdraw Stage](#)
[Go to RIS Project](#)

Documents

Proposed Text	1/29/2020 8:07 am	Sync Text with RIS
Agency Background Document	8/16/2019	Upload / Replace
Attorney General Certification	8/29/2019	
DPB Economic Impact Analysis	10/11/2019	
Agency Response to EIA	1/8/2020	Upload / Replace
Governor's Review Memo	1/8/2020	
Registrar Transmittal	1/8/2020	

Status

Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 8/16/2019 Review Completed: 8/29/2019 Result: Certified
DPB Review	Submitted on 8/29/2019 Economist: Larry Getzler Policy Analyst: Jeannine Rose Review Completed: 10/11/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 11/4/2019
Governor's Review	Review Completed: 1/8/2020 Result: Approved
Virginia Registrar	Submitted on 1/8/2020 The Virginia Register of Regulations Publication Date: 2/3/2020 Volume: 36 Issue: 12
Public Hearings	02/13/2020 9:35 AM

Comment Period	Ended 4/3/2020
	1 comments

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This person is the primary contact for this board.

This stage was created by Elaine J. Yeatts on 08/16/2019

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Agency **Department of Health Professions**Board **Board of Physical Therapy**Chapter **Regulations Governing the Practice of Physical Therapy [18 VAC 112 - 20]**

Action	<u>Periodic review</u>
Stage	<u>Proposed</u>
Comment Period	Ends 4/3/2020

[Back to List of Comments](#)

Commenter: APTA Virginia Board of Directors

3/21/20 3:41 pm

Comments regard Regulations for PT re: Continuing education approval bodies

The Board of Directors for APTA-Virginia recently met and reviewed the proposed regulations. This Board felt that it was important to express our collective concern with respect to Continuing Education approval bodies allowed within the state as noted as additions in the proposed regulations. Although the Board recognizes that the National Strength and Conditioning Association provides, on occasion, excellent content, we have reservations with respect to the overall rigor of the courses provided through this organization. We recognize that some of the content is very pertinent and would/could be very appropriate, however, there are courses that have been historically approved that would likely not be approved by other bodies with respect to rigor and/or evidenced based content. Our feeling is that it is not in the best interest of the PT profession, or the patients in which we serve, to allow all courses approved by the NSCA be eligible toward PT license in Virginia.

Additionally, we have some concern with allowing other state credentialing bodies be approved providers. This is based in the small number of states that have this type of credentialing service and the confusion in which adding other states' credentialing bodies may cause. APTA-Virginia consistently fields calls on the topic to provide clarity associated with the regulations as written and adding additional sources of approval has the potential to further increase the level of confusion and misunderstanding.

Thank you for considering our comments.

Dr. Joshua Bailey

President, APTA-Virginia

CommentID: 80062



Proposed Text

highlight

Action: Periodic review

Stage: Proposed

1/29/20 8:07 AM [latest] ▾

18VAC112-20-10

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of ~~460~~ 320 hours of professional practice as a physical therapist or physical therapist assistant within the ~~24-month~~ 48-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the ~~Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association~~ CAPTE.

~~"Assessment tool" means a self-directed assessment tool approved by FSBPT.~~

"CAPTE" means the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

~~"CLEP" means the College Level Examination Program.~~

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals, or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Encounter" means an interaction between a patient and a physical therapist or physical therapist assistant for the purpose of providing health care services or assessing the health and therapeutic status of a patient.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which that may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-25

18VAC112-20-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any licensee shall be validly given when mailed sent to the latest address of record provided or when served to the licensee. Any change of name or change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC112-20-50

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the FSBPT Coursework Evaluation Tool for Foreign Educated Physical Therapists, ~~based on the year of graduation~~ as required to sit for FSBPT examination, and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;

2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and

3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.

2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying his the applicant's graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:

a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or

b. An official certification in English from the school attesting to the applicant's attendance and graduation date.

3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board and based upon the FSBPT coursework tool for physical therapist assistants.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability, officially declared disasters, or mandatory military service.

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.

2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

18VAC112-20-65

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction or Canadian province;
 2. The required application, fees, and credentials to the board;
 3. A current report from the ~~Healthcare Integrity and Protection Data Bank (HIPDB)~~ National Practitioner Data Bank (NPDB);
 4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction or Canada, or 60 hours obtained within the past four years;
 5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state or Canadian province at the time of initial licensure in that state or province; and
 6. Documentation of active practice in physical therapy in another U.S. jurisdiction or Canada for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:
 - a. ~~Successfully~~ successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; ~~or~~
 - b. ~~Document that he attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.~~
- C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.
- 18VAC112-20-70
18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.
- A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.
 - B. The traineeship, which shall be in accordance with requirements in 18VAC112-20-140, shall terminate ~~two~~ five working days following receipt by the candidate of the licensure examination results.
 - C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination, provided he has registered to retake the examination. A new traineeship shall not be approved ~~for~~ if more than one year has passed following the receipt of the first examination results. An unlicensed graduate who has passed the examination may be granted a new traineeship for the period between passage of the examination and granting of a license. An unlicensed graduate shall not be granted more than three traineeships within the one year following the receipt of the first examination results.

18VAC112-20-90

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record;
2. Periodic reevaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery; nurse practitioner; or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement, and data collection, but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's ~~visits to~~ encounters with a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

18VAC112-20-100

18VAC112-20-100. Supervisory responsibilities.

A. A physical therapist shall be fully responsible for any action of persons performing physical therapy functions under the physical therapist's supervision or direction.

B. Support personnel shall only perform routine assigned physical therapy tasks under the direct supervision of a licensed physical therapist or a licensed physical therapist assistant, who shall only assign those tasks or activities that are nondiscretionary and do not require the exercise of professional judgment.

C. A physical therapist shall provide direct supervision to no more than three individual trainees or students at any one time.

D. A physical therapist shall provide direct supervision to a student in an approved program who is satisfying clinical educational requirements in physical therapy. A physical therapist or a physical therapist assistant shall provide direct supervision to a student in an approved program for physical therapist assistants.

E. A physical therapist shall provide direct supervision to a student who is satisfying clinical educational requirements in physical therapy in a nonapproved physical therapist program that has been granted the Candidate for Accreditation status from CAPTE. Either a physical therapist or physical therapist assistant shall provide direct supervision to a student who is satisfying clinical education

requirements in a nonapproved physical therapist assistant program that has been granted the Candidate for Accreditation status from CAPTE.

18VAC112-20-120

18VAC112-20-120. Responsibilities to patients.

- A. The initial patient ~~visit~~ encounter shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.
- B. The physical therapist assistant's first ~~visit~~ encounter with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.
- C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.
- D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:
1. For inpatients in hospitals as defined in § 32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.
 2. For patients in other settings, it shall be not less than one of 12 ~~visits~~ encounters made to the patient during a 30-day period, or once every 30 days from the last reevaluation, whichever occurs first.
 3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last reevaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

18VAC112-20-130

18VAC112-20-130. Biennial renewal of license.

- A. A physical therapist ~~and~~ or physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.
- B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.
- C. In order to renew an active license, a licensee shall be required to:
1. Complete a minimum of ~~460~~ 320 hours of active practice in the preceding ~~two~~ four years; and
 2. Comply with continuing competency requirements set forth in 18VAC112-20-131.
- D. The board may grant an extension of the deadline for completing active practice requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

E. The board may grant an exemption to the active practice requirement for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disaster, upon a written request from the licensee prior to the renewal date.

18VAC112-20-131

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience, or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state, or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course;
- g. The National Athletic Trainers' Association; ~~or~~
- h. The Federation of State Boards of Physical Therapy;
- i. The National Strength and Conditioning Association; or
- j. Providers approved by other state licensing boards for physical therapy.

One credit hour of a college course shall be considered the equivalent of 15 contact hours of Type 1 continuing education.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. For the purposes of this subdivision, Type 2 activities may include:

~~consultation~~ a. Consultation with colleagues, independent study, and research or writing on subjects related to practice.

~~Up to two of the Type 2 continuing education hours may be satisfied through delivery b. Delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services for up to two of the Type 2 hours.~~

~~Up to two of the Type 2 continuing education hours may be satisfied by attendance c. Attendance at a meeting of the board or disciplinary proceeding conducted by the board for up to two of the Type 2 hours.~~

~~d. Classroom instruction of workshops or courses.~~

~~e. Clinical supervision of students and research and preparation for the clinical supervision experience.~~

~~Forty hours of clinical supervision or instruction shall be considered the equivalent of one contact hour of Type 2 activity.~~

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

~~5. A physical therapist who can document that he attained at least Level 2 on the FSBPT assessment tool may receive five hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he attained at least Level 3 or 4 on the FSBPT assessment tool may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. Continuing competency credit shall only be granted for the FSBPT assessment tool once every four years.~~

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters, upon a written request from the licensee prior to the renewal date.

18VAC112-20-135

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in ~~another~~ any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice within the four years immediately preceding application for reactivation.

~~a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for reactivation of licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.~~

~~b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and~~

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27;

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in ~~another~~ any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice for at least 320 hours within the four years immediately preceding applying for reinstatement.

~~a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.~~

~~b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.~~

18VAC112-20-140

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be approved by the board and served under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.

2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.

3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.

2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.

3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

Board Discussions and Actions

Agenda Item: Board review of Guidance document

Included in your agenda package are:

A copy 112-13: Approval of a Traineeship

Staff note:

The Board is required to review guidance documents at least once every four years. Guidance document 112-13 was adopted in August of 2014 and has not been reviewed/updated.

Board action:

To consider amendments to 112-13; or
To re-affirm the current language.

BOARD OF PHYSICAL THERAPY

Approval of a Traineeship

Section 18VAC112-20-70 in *Regulations Governing the Practice of Physical Therapy* provides the following requirements for a traineeship for an unlicensed graduate who is scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements of 18VAC112-20-140, shall terminate two working days following receipt by the candidate of the licensure examination results.

C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination. A new traineeship shall not be approved for more than one year following the receipt of the first examination results.

The Board provides guidance for applicants in the following circumstances:

- An applicant who has graduated from an accredited physical therapy program and has registered to sit for the national examination may be approved for a traineeship even if the degree is to be awarded at a later date. Evidence of graduation would be required for approval.
- An unlicensed graduate who has taken and passed the national examination may be granted an additional traineeship after the termination required in subsection B until licensure is granted or for one year, whichever comes first.
- An unlicensed graduate who has taken and failed the national examination may be granted an additional traineeship after the termination required in subsection B, provided he has registered to retake the examination. The new traineeship may only be approved until he has passed the examination and been granted a license or for one year from the receipt of the first examination results, whichever comes first.
- Another new traineeship shall not be granted to an unlicensed graduate after termination of the one additional traineeship.
- A traineeship may be approved for a foreign-trained graduate upon evidence that his degree is equivalent to an accredited physical therapy program and that he is registered to sit for the national examination.

Note: Guidance Document does not reflect recent federal guidance on HIPAA compliance during COVID-19 crisis. See Board website for more information.

Virginia Board of Physical Therapy Guidance on Telehealth

Section One: Preamble

The Board of Physical Therapy recognizes that using telehealth services in the delivery of physical therapy services offers potential benefits in the provision of care. Advancements in technology have created expanded and innovative treatment options for physical therapist and clients. The appropriate application of these services can enhance care by facilitating communication between practitioners, other health care providers, and their clients. The delivery of physical therapy services by or under the supervision of a physical therapist via telehealth in physical therapy falls under the purview of the existing regulatory body and the respective practice act and regulations. The Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telehealth services. Therefore, physical therapy practitioners must apply existing laws and regulations to the provision of telehealth services.

The Board issues this guidance document to assist practitioners with the application of current laws to telehealth service practices. These guidelines should not be construed to alter the scope of physical therapy practice or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. For clarity, a physical therapist using telehealth services must take appropriate steps to establish the practitioner-patient (client) relationship and conduct all appropriate evaluations and history of the client consistent with traditional standards of care for the particular client presentation. As such, some situations and client presentations are appropriate for the utilization of telehealth services as a component of, or in lieu of, in-person provision of physical therapy care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The board has developed these guidelines to educate licensees as to the appropriate use of telehealth services in the practice of physical therapy. The Board is committed to ensuring patient access to the convenience and benefits afforded by telehealth services, while promoting the responsible provision of physical therapy services.

It is the expectation of the Board that practitioners who provide physical therapy care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of the client first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the physical therapy profession;
- Adhere to applicable laws and regulations;
- Properly supervise PTA's and support personnel;
- Protect client confidentiality.

Section Two: Definition

Telehealth is the use of electronic technology or media including interactive audio or video to engage in the practice of physical therapy. In this guidance document, “telehealth” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Section Three: Responsibility for and Appropriate Use of Technology

A client’s appropriateness for evaluation and treatment via telehealth should be determined by the Physical Therapist on a case-by-case basis, with selections based on physical therapist judgment, client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a client, and should determine and document the technology used in the provision of physical therapy. Additionally, the PT is responsible for assuring the technological proficiency of those involved in the client’s care.

Section Four: Verification of Identity

Given that in the telehealth clinical setting the client and therapist are not in the same location and may not have established a prior in-person relationship, it is critical, at least initially, that the identities of the physical therapy providers and client be verified. Photo identification is recommended for both the client and all parties who may be involved in the delivery of care to the client. The photo identification, at minimum, should include the name of the individual; however, personal information such as address or driver’s license number does not have to be shared or revealed. The client may utilize current means, such as state websites, to verify the physical therapy provider is licensed in the originating jurisdiction (where the client is located and receiving telehealth services).

Section Five: Informed Consent

Clients should be made aware of any limitations that telehealth services present as compared to an in-person encounter for that client’s situation, such as the inability to perform hands-on examination, assessment and treatment, clients should give consent to such services and evidence documenting appropriate client informed consent for the use of telehealth services should be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

- Identification of the client, the practitioner, and the practitioner’s credentials;
- Types of activities permitted using telehealth services (e.g. such as photography, recording or videotaping the client.);
- Details on security measures taken with the use of telehealth services, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express client consent to forward client-identifiable information to a third party.

Section Six: Physical therapist/Client Relationship

Developing a physical therapist/client relationship is relevant regardless of the delivery method of the physical therapy services. As alternative delivery methods such as telehealth emerge, it bears stating that the PT/client relationship can be established in the absence of actual physical contact between the PT and client. Just as in a traditional (in-person) encounter, once the relationship is established, the therapist has an obligation to adhere to the reasonable standards of care for the client (duty of care).

Section Seven: Licensure

The practice of physical therapy occurs where the client is located at the time telehealth services are provided. A practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the client is located. Practitioners who evaluate or treat through online service sites must possess appropriate licensure in all jurisdictions where clients receive care.

Section Eight: Standards of Care

It is the responsibility of the PT to ensure the standard of care required both professionally and legally is met. As such, it is incumbent upon the PT to determine which clients and therapeutic interventions are appropriate for the utilization of technology as a component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers should be guided by professional discipline, best available evidence, and any existing clinical practice guidelines when practicing via telehealth. Physical therapy interventions and/or referrals/consultations made using technology will be held to the same standards of care as those in traditional (in-person) settings. The documentation of the telehealth encounter should be held at minimum to the standards of an in-person encounter. Additionally, any aspects of the care unique to the telehealth encounter, such as the specific technology used, should be noted.

Section Nine: Privacy and Security of Client Records and Exchange of Information

In any physical therapy encounter, steps should be taken to ensure compliance with all relevant laws, regulations and codes for confidentiality and integrity of identifiable client health information. Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using telehealth services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required client information to be included in the communication, such as client name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Section Ten: Client Records

The client record should include, if applicable, copies of all client-related electronic communications, including client-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telehealth services. Informed consents obtained in connection with an encounter involving telehealth services should also be filed in the medical record. The client record established during the use of telehealth services should be accessible to both the practitioner and the client, and consistent with all established laws and regulations governing client healthcare records.

Section Eleven: Technical Guidelines

Physical therapy providers need to have the level of understanding of the technology that ensures safe, effective delivery of care. Providers should be fully aware of the capabilities and limitations of the technology they intend to use and that the equipment is sufficient to support the telehealth encounter, is available and functioning properly and all personnel are trained in equipment operation, troubleshooting, and necessary hardware/software updates. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

Section Twelve: Emergencies and Client Safety Procedures

When providing physical therapy services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedures need to take into account local emergency plans. Alternate methods of communication between both parties should be established prior to providing telehealth services in case of technical complications. It is the responsibility of the provider to have all needed information to activate emergency medical services to the clients' physical location if needed at time of the services are being provided. If during the provision of services the provider feels that the client might be experiencing any medical or clinical complications or emergencies, services should be terminated and the client referred to an appropriate level of service.

Section Thirteen: Guidance Document Limitations

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board's ability to review the delivery or use of telehealth services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board's ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.

Consideration of CE Exemption/Extension for 2020 Renewals

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state, or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course;
- g. The National Athletic Trainers' Association; or
- h. The Federation of State Boards of Physical Therapy.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include consultation with colleagues, independent study, and research or writing on subjects related to practice. Up to two of the Type 2 continuing education hours may be satisfied through delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. Up to two of the Type 2 continuing education hours may be satisfied by attendance at a meeting of the board or disciplinary proceeding conducted by the board.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he attained at least Level 2 on the FSBPT assessment tool may receive five hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he attained at least Level 3 or 4 on the FSBPT assessment tool may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. Continuing competency credit shall only be granted for the FSBPT assessment tool once every four years.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

----- Forwarded message -----

From: **Jeff Rosa** <JRosa@aon.fsbpt.org>
Date: Thu, Apr 30, 2020 at 4:29 PM Subject:
Alternate Approval Process (AAP)
To: ar****@yahoo.com, corie.wolf@dhp.virginia.gov
Cc: Jeff Rosa <JRosa@aon.fsbpt.org>

COVID-19 has impacted how we all do business. Based on that, we are reaching out to our member boards to see if they might be interested in opting into the Alternative Approval Pathway (AAP).

Based on input from our member boards, FSBPT developed the Alternate Approval Pathway that states can elect to opt into. Similar to the process many of other licensing boards currently use, under AAP, the applicant would register to sit for the NPTE and the FSBPT would be responsible for making the candidate eligible to sit if they meet all NPTE eligibility requirements. FSBPT would also be responsible for reviewing and approving all testing accommodation requests. As of April, eighteen member boards have opted into AAP.

Once the individual has tested, we would send the NPTE score to Virginia in the same manner that we currently do. Prior to obtaining a PT/PTA license in Virginia, the candidate must meet all other eligibility requirements contained in Virginia's laws and rules, since determining the eligibility for a license remains the responsibility of the board.

One key advantage of AAP is that it allows applicants that are graduates of CAPTE programs to receive their NPTE eligibility immediately upon registering. This gives them the opportunity to schedule their appointment with Prometric more quickly than in non-AAP states, which must wait for documentation from schools before they can make individuals eligible to sit for the NPTE.

Another advantage that can be useful in future emergency situations is the fact that schools are not required to send documentation to the board for the applicant to be made eligible. As we are currently experiencing, many schools are impacted by stay at home orders and cannot physically submit the official documentation that the board currently requires. Although the board will still need the official school documentation prior to issuing the license, the individual applying in an AAP state can still be made eligible since the FSBPT's graduation validation process is done electronically.

To opt into AAP, your board must comply with all of FSBPT's NPTE eligibility requirements, which include the six-time lifetime limit. In addition, you cannot require mandatory remediation after a specific number of failures.

If your board is interested, we would execute an AAP addendum (draft attached) to your existing NPTE contract. Also attached is a high level overview of the AAP process.

After a quick review of your laws and rules, I believe that your jurisdiction is able to use AAP. Please let me know if this process is of interest to you.

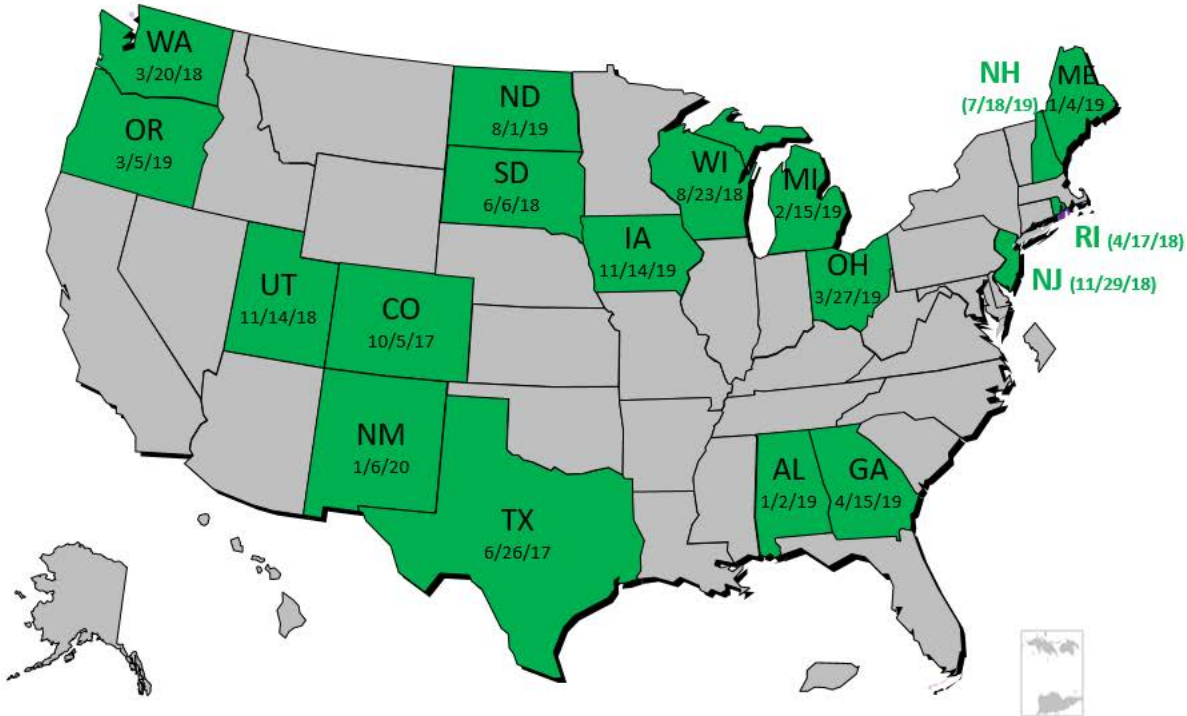
Jeff Rosa

Jeffrey M. Rosa, Managing Director – Post Licensure Services
Federation of State Boards of Physical Therapy
124 West Street South, 3rd Floor
Alexandria, VA 22314
Phone: 703-299-3100 ext. 239

Email: jrosa@fsbpt.org

<http://www.fsbpt.org/>

Status of Alternate Approval Pathway Adoption April 2020



GREEN – Executed AAP Agreement/Opted In (18)

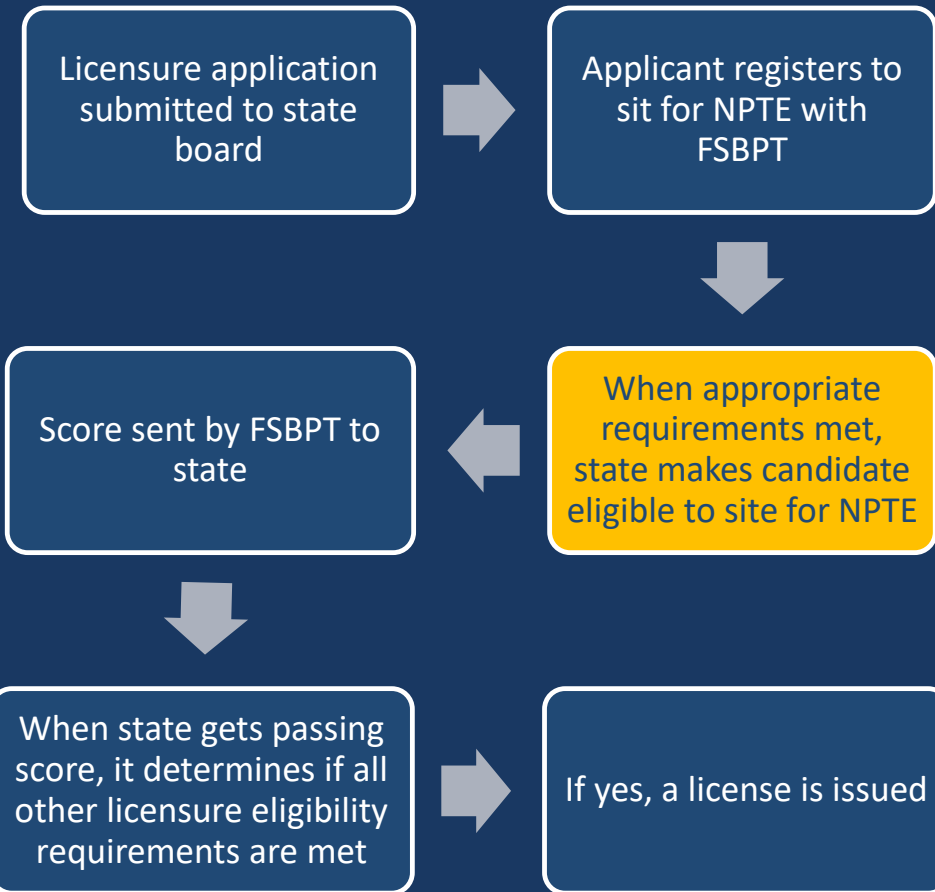


ALTERNATE APPROVAL PATHWAY (AAP)

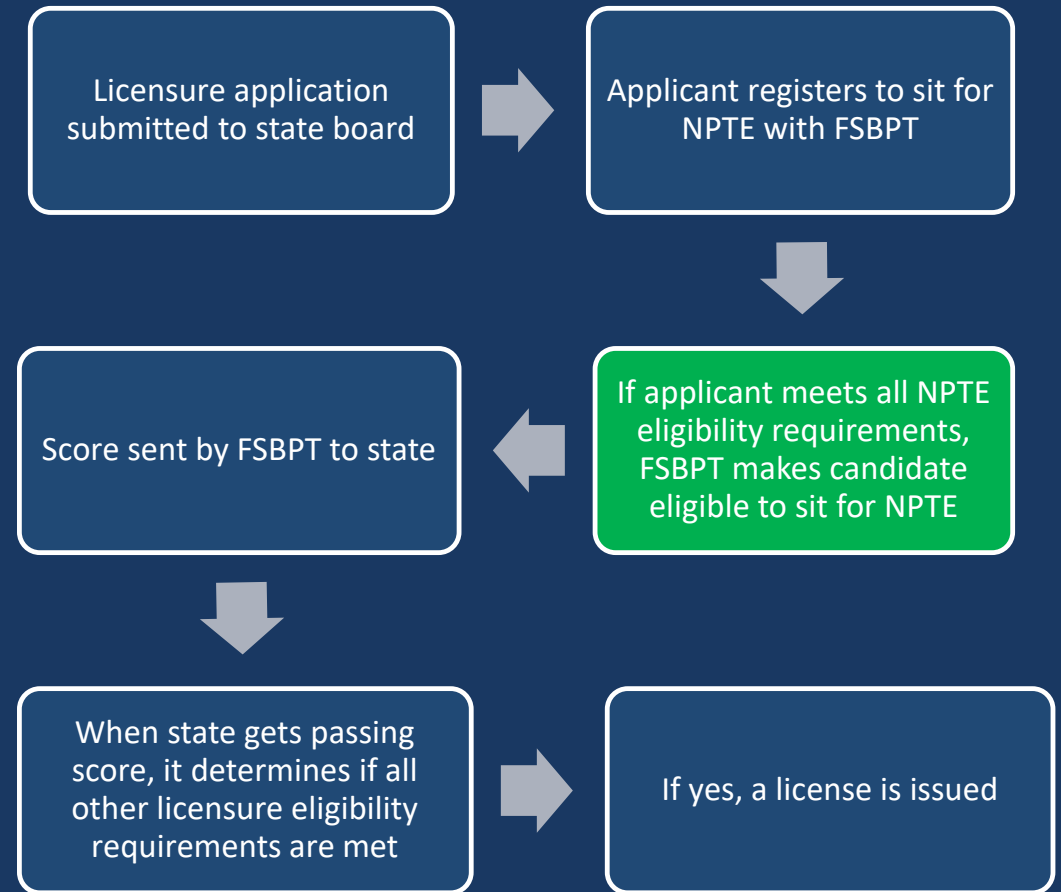


ALTERNATE APPROVAL PROCESS (CAPTE ONLY)

Standard pathway



Alternate approval pathway



ADVANTAGES OF AAP

- Candidates can schedule with Prometric 1 day after registering for NPTE
 - Averaged 10-14 days in AAP states prior to switching to AAP
- School validates graduation electronically removing road block if school is physically unable to send graduation documentation to board during an emergency situation
- FSBPT reviews testing accommodation requests using external experts in field of accessibility and disability services
 - Ensures fair and consistent review process among all AAP jurisdictions



FSBPT NPTE ELIGIBILITY

- No more than 6 attempts at NPTE
- No more than 3 attempts in 12 month period
- No pending flags
- No 2 low scores (less than 400)



ADDITIONAL JURISDICTION ELIGIBILITY

OK Under AAP

- Lifetime limits < 6 attempts
- Restriction on PTs sitting for PTA exam
- Input on ADA requests

Not Supported Under AAP

- Mandatory remediation requirements
- Combined lifetime limits
- Final say on ADA requests



TESTING ACCOMMODATIONS UNDER AAP

- FSBPT is responsible for testing accommodation requests
 - Jurisdiction input, when appropriate
- Paradigm Testing
 - Experts in the field of accessibility and disability services
 - Reviews testing accommodation requests and makes recommendations to FSBPT
 - Fair and consistent process



INTERESTED IN AAP?

- Will you need to amend your laws or rules to allow for AAP?
- If no changes needed, execute AAP Addendum to your existing NPTE contract
- We turn on AAP for your board
- Email Jeff Rosa (jrosa@fsbpt.org) if you have any questions



Questions from Licensees – Scope of Practice

On Wed, Feb 19, 2020 at 2:27 PM [redacted] wrote:

Dear directors and fellow therapists,

My name is [redacted]. I currently hold an inactive license in the state of VA, and have a doctorate level education from [redacted]. I own a nail salon in [redacted], VA (I know - total 180) and am interested in providing a new service to my clientele called Plasma Skin Tightening, using an FDA-approved plasma pen.

To give you some insight on the treatment, it uses plasma to sublimate a very small dot of epidermis, thereby inducing contraction of skin around the area, while also stimulating fibroblasts to produce collagen. The result is the elimination of saggy, wrinkled, excess skin and a plumped-up, youthful appearance. It is NOT the same as microneedling. The effected tissue is only the epidermis. It does not penetrate past the upper layer of skin.

There are no regulations in place, that I could find, as to who can legally perform this procedure, and anyone who wants to pay for the training can be "trained." Of the people I have found online who offer the service, there are estheticians, medical spas where typically an esthetician or nurse provides the treatment, and someone with an MBBS degree (who is local to me).

I have spoken with a couple local estheticians who have also looked into the treatment and both have said that it is out of their scope of practice, however, could provide the treatment if supervised by a doctor (I'm assuming a medical doctor, though the law is unclear).

With all that being said, because I do hold a doctorate in a health care field, and within that field of care we are, or can be, trained in special modalities such as electrical stimulation, iontophoresis, dry needling, wound care, ultrasound, high-velocity thrust manipulations, moist heat, ice, and first aid and CPR/AED application, I believe I am trained and educated more than sufficiently to safely provide this service. All of the aforementioned modalities either affect tissues far below the epidermis, or have the potential to, as well as the potential to cause serious harm. Examples of these would be burning skin with iontophoresis, allergic reaction to medicine, infection during wound dressing changes or from skin piercing during dry needling, electrical shock or pacemaker disruption, or bone pain/burning soft tissue from improper use of ultrasound.

The plasma pen is not without its own set of risks, however they are relatively small, and mainly cosmetic. With proper training, conservative use, and proper aftercare by the client, risks are nearly nonexistent.

My question to you, is this: Would the Board enable Plasma Skin Tightening as a treatment that falls under the scope of practice based on the training and knowledge we obtain throughout our education and continued education?

I am also seeking advice from an attorney as well, to get the legal perspective. Have a wonderful day, and I look forward to continuing this conversation soon.

[redacted]

[redacted]

New Business



The Board Assessment Resource (BAR) is a method of evaluating the regulatory board's performance in accomplishing its mission of preventing and reducing real or potential harm while ensuring access to safe and competent physical therapy services.

The individual completing the BAR should answer the yes/no questions to the best of their knowledge about the operations of the board. At a minimum, the board administrator should complete the BAR and discuss it with board members, however, all board members may desire to complete the tool. Once you begin the BAR, you must finish; you cannot save and return to the point where you left off. The BAR takes approximately 10 minutes to complete. To preview the questions, click the appropriate button to the right.

In the end, a summative report is generated and may be saved by the user or printed for future reference, however, it will not be stored by FSBPT. At the completion of the assessment, the user is provided a list of resources to help improve in the areas where the individual answered "no". Jurisdictions are not able to compare answers nationally, regionally, or against any other jurisdiction.

BAR Background Paper

Review BAR Questions

