Virginia Department of Health Professions
Board of Physical Therapy

Agenda
Full Board Meeting

August 20, 2026
Board Room #2
10:00 a.m.

Call to Order – Megan Bureau, PT, DPT, Board President

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Instructions

Approval of Minutes (p. 4-13)

- Board Meeting – May 12, 2026

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. To allow ample time for the Board to conduct its business, public comment will be allocated up to a maximum of 20 minutes. 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.

Agency Report – David E. Brown, DC, Director

Staff Reports

- Executive Director's Report and Physical Therapy Compact Update – **Corie E. Tillman Wolf, JD, Executive Director** (p. 16-25)
- Discipline Report – **Annette Kelley, MS, CSAC, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Board Administrator**

Board Counsel Report – Sara Blose, Senior Assistant Attorney General

Committee and Board Member Reports

- Legislative/Regulatory Committee Report – Megan Bureau, Committee Chair
- FSBPT Ethics and Legislation Committee – Srilekha Palle, PT, DPT
- Report from FSBPT Leadership Issues Forum – Megan Bureau and Corie E. Tillman Wolf

Legislative and Regulatory Reports

- Legislative Report and Report on Status of Regulatory Actions - Matt Novak, Agency Regulatory Coordinator (p. 27-28)

Board Actions – Corie E. Tillman Wolf, Matt Novak

- Consideration of Recommendations from the Legislative/Regulatory Committee:

- Specialty Recertifications for Physical Therapists and Satisfaction of Continuing Education Requirements, 18VAC112-20-131
- Adoption of Proposed Guidance Document Regarding Imaging Referrals by Physical Therapists

New Business – Corie E. Tillman Wolf, Sarah Georgen

- Review and Feedback - Continuing Education Information Page
- Recent Concerns Regarding Traineeships for Graduates Awaiting Examination Results and Proposed Communications to Supervising Licensees

Board Member Development

- Best Practices for Board Members – Conflicts of Interest – **Sara Blose, Board Counsel**

Next Meeting – November 20, 2026

Business 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 the Code of Virginia.

Approval of Minutes

Virginia Department of Health Professions
Board of Physical Therapy

Draft Minutes
Full Board Meeting

May 12, 2026

The Virginia Board of Physical Therapy convened for a full Board meeting on Tuesday, May 12, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT

Megan Bureau, PT, DPT, EdD, President
Srilekha Palle, PT, DPT, Vice-President
Melissa Fox, PT, DPT
Margaret Guarino, PT, DPT
Michele Wiley, PT, DPT, DHSc

BOARD MEMBERS NOT PRESENT:

Pam Pryor, Citizen Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

David E. Brown, DC, Director, Department of Health Professions
Sarah Georgen, Board Administrator
Annette Kelley, MS, CSAC, Deputy Executive Director
Laura Mueller, Senior Licensing Specialist
Matt Novak, Agency Regulatory Coordinator
Corie E. Tillman Wolf, JD, Executive Director
Joi Yancey, Administrative Support Specialist

BOARD COUNSEL:

Sara Blose, Senior Assistant Attorney General

PRESENTERS:

Michele Thorman, PT, DPT, MBA, Vice President, FSBPT Board of Directors
Leslie Adrian, PT, DPT, MPA, FSBPT Director of Professional Standards

OTHER GUESTS PRESENT:

Jess Tang, Virginia Commonwealth University
Emily Hawkins, APTA Virginia*
Ken Hutcheson, APTA Virginia

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

CALL TO ORDER

Dr. Bureau called the meeting to order at 10:00 a.m. and asked the Board members and staff to introduce themselves.

Dr. Bureau stated that Ms. Pryor was absent from the meeting.

Dr. Bureau announced the passing of Dr. Rebecca Duff, Physical Therapist Assistant Board Member, on April 30, 2026. Dr. Bureau expressed her condolences and appreciation for her dedicated service.

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

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

Dr. Bureau reminded the Board members and audience about microphones, computer agenda materials, breaks, sign-in sheets, and attendance for continuing education requirements.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINUTES

Dr. Bureau opened the floor to edits or corrections to the draft minutes for the Board meeting held on February 4, 2026, and the Legislative/Regulatory Committee meeting held on April 24, 2026. Hearing none, the minutes were approved as presented.

ORDERING OF THE AGENDA

Dr. Bureau opened the floor to any additional items to add to the agenda.

Upon a **MOTION** by Dr. Fox, and properly seconded by Dr. Wiley, the Board voted to approve the agenda as presented. The motion carried unanimously (5-0).

PUBLIC COMMENT

There was no public comment.

AGENCY REPORT

Dr. Brown provided an update on departmental activities, noting that DHP is preparing to implement an upgraded licensing software system that has been well-received in other states. He remarked that, having served through four administrations, each of which moves quickly, the current administration has placed a strong emphasis on healthcare affordability, access, and workforce support. The Department continues to participate actively in these discussions.

Dr. Brown reported increased cross-agency collaboration, including efforts to identify areas of overlap and engage multiple agencies in joint meetings. He highlighted ongoing work with the Department of

Professional and Occupational Regulation (DPOR) on legislation to streamline the fee-increase process. He expressed appreciation for the strengthened partnership.

He answered questions from the Board. With no further questions, Dr. Brown concluded his report.

PRESENTATION AND UPDATES FROM FSBPT - ***Michele Thorman, PT, DPT, MBA, Vice President, FSBPT Board of Directors, Leslie Adrian, PT, DPT, MPA, FSBPT Director of Professional Standards***

Dr. Thorman and Dr. Adrian provided a presentation and update from FSBPT. Dr. Thorman thanked the Board for the opportunity to speak, expressed appreciation to Ms. Tillman Wolf and Dr. Bureau for their work and support, and thanked board members who attended the recent FSBPT regulatory training.

Dr. Thorman outlined the purpose of the presentation, noting FSBPT's commitment to supporting state boards and providing a broad regulatory perspective. She highlighted FSBPT's role as custodian of the National Physical Therapy Examination (NPTE) and the Exam Licensure and Disciplinary Database (ELDD), to which Virginia contributes data. She noted that, while distinct from the PT Compact, both entities share resources and data. She acknowledged Ms. Tillman Wolf's contributions to both FSBPT and PT Compact initiatives.

Dr. Thorman also described key strategic initiatives, including integrating the Healthcare Regulatory Research Institute (HRRI) into FSBPT's strategic planning to enhance workforce data analysis and expand participation by additional health professions.

Dr. Adrian provided updates on upcoming initiatives, including a mini practice analysis on imaging, conducted with subject matter experts and external consultants. She referenced FSBPT resources available on the website, including a prior ethics and legislation survey of state laws and rules.

Dr. Adrian noted ongoing work to improve the FSBPT website, acknowledging current navigation challenges. She highlighted available regulatory resources for practitioners and board members, including information on imaging, informed consent, the Model Practice Act, and military-related practice issues, as well as additional materials available through the member portal.

In response a question from Dr. Fox about staying informed of new resources, Ms. Tillman Wolf noted that the FSBPT newsletter is a helpful tool sent regularly to Board Members. Ms. Tillman Wolf thanked Dr. Thorman and Dr. Adrian for their presentation and acknowledged Dr. Adrian's recent article on military law.

STAFF REPORTS

Executive Director's Report and Physical Therapy Compact Update – Corie E. Tillman Wolf, JD, Executive Director

Ms. Tillman Wolf began by recognizing the recent passing of Board member, Dr. Rebecca "Becky" Duff, PTA, DHSc, and acknowledging her dedicated service to the Board.

Board Updates

Ms. Tillman Wolf reported that the February 2026 News Brief was distributed to 17,420 licensees and achieved an 80 percent open rate, significantly exceeding industry averages. The Brief demonstrated strong engagement with resources on continuing education and telehealth.

She further informed the Board of several upcoming initiatives, including the development of a concise continuing education reference sheet for the 2026 renewal cycle, enhanced informational materials for military applicants and their spouses, and strengthened communication with PT and PTA educational programs. She also noted that planning efforts are underway for a multi-year upgrade of the Board's licensing and database systems.

Additionally, she reported recent improvements to the Board's website to increase accessibility for visually impaired users.

FSBPT Updates

Ms. Tillman Wolf announced the upcoming national meetings, including the Leadership Issues Forum on July 18–19, 2026, in Alexandria, and the Annual Meeting on October 22–24, 2026, in Greenville, South Carolina, noting that the President and Vice-President traditionally represent the Board at the annual meeting.

Ms. Tillman Wolf reviewed an update from FSBPT on recent efforts related to standard setting for the Test of English as a Foreign Language (TOEFL). Standard recommendations are expected to be released at the October Annual Meeting.

She also highlighted the schedule of FSBPT's 2026 regulatory webinars and reminded members that while the webinars provide valuable national regulatory perspectives, Board staff should be consulted for any Virginia-specific questions.

PT Compact Updates

Ms. Tillman Wolf reported that the Compact now includes 40 member states, with Nevada as the most recent addition.

She reviewed first-quarter 2026 data showing that 834 physical therapists and 203 physical therapist assistants hold Compact Privileges in Virginia, while 878 Virginia physical therapists and 166 Virginia PTAs hold Compact Privileges in other states. She noted that 2025 revenue from Compact Privileges totaled $39,456 and that first-quarter 2026 revenue reached $14,208, suggesting the Board is on track to exceed the prior year's totals.

Ms. Tillman Wolf announced that the 2025 Annual Report will be released soon and described recent updates to the PT Compact website, including new eligibility tools and a chatbot designed to assist licensees and applicants.

She provided a brief overview of licensure compact models across health professions, including compact privilege, multistate licensure, mutual recognition, and expedited licensure, and discussed emerging compacts in other healthcare fields.

2026 Board Meetings

Ms. Tillman Wolf provided the 2026 Board meeting schedule:

- August 20, 2026
- November 20, 2026

Notes and Reminders

Ms. Tillman Wolf concluded by reminding Board members to keep staff informed regarding committee and workgroup participation, FSBPT-funded travel, and any updates to their contact information. She provided reminders regarding presentations given on behalf of the Board. She expressed appreciation for the Board members' continued service.

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

BREAK

The Board took a break at 11:05 a.m. and reconvened at 11:15 a.m.

Discipline Report – Annette Kelley, MS, CSAC, Deputy Executive Director

As of March 31, 2026, Ms. Kelley reported the following disciplinary statistics:

- 43 Patient Care Cases:
    - 0 at Informal Conferences
    - 1 at Formal Hearings
    - 11 at Enforcement
    - 31 at Probable Cause
    - 0 at Administrative Proceedings Division

- 26 Non-Patient Care Cases:
    - 1 at Informal Conferences
    - 0 at Formal Hearings
    - 4 at Enforcement
    - 21 at Probable Cause
    - 0 at Administrative Proceedings Division

- 5 cases were listed in Compliance

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

- Q1 2023 – 15/21
- Q2 2023 – 13/18
- Q3 2023 – 10/8
- Q4 2023 – 4/5
- Q1 2024 – 10/14
- Q2 2024 – 27/4
- Q3 2024 – 10/15
- Q4 2024 – 9/29
- Q1 2025 – 18/12
- Q2 2025 – 15/9
- Q3 2025 – 16/15
- Q4 2025 – 15/8
- Q1 2026 – 28/14
- Q2 2026 – 16/10
- Q3 2026 – 19/24

Ms. Kelley provided an overview of PTA disciplinary cases from Q1 2024 to Q1 2026.

With no further questions, Ms. Kelley concluded her report.

Licensing Report – Sarah Georgen, Board Administrator

Licensure Statistics – All Licenses

Ms. Georgen presented licensure statistics that included the following information and trends in license count:

License	Q2 2026	Q3 2026	Change +/-
Physical Therapist	9,822	9,932	+110
Physical Therapist Assistant	3,832	3,871	+39
Total PTs and PTAs	13,654	13,803	+149
Direct Access Certification	1,221	1,229	+8

Criminal Background Check Statistics 2025

	PT	PTA	Total
Total Applicants	**673**	**193**	**866**
CBC Record Not Disclosed	3	3	6
Self Disclosed	9	4	13
Total Convictions	12	7	19

Examination Statistics

Ms. Georgen presented statistics on the Physical Therapist examinations from the January and April 2026 administrations, including examination trends.

Ms. Georgen presented statistics on the Physical Therapist Assistant examination from the April 2026 administration, including examination trends.

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT

Ms. Blose had no matters to report to the Board.

COMMITTEE REPORTS

Legislative/Regulatory Committee Report

Dr. Bureau stated that the Legislative/Regulatory Committee met on April 24, 2026, and stated that the Committee would meet again in July 2026 and will then provide recommendations to the full Board at the August meeting.

FSBPT Ethics and Legislation Committee

Dr. Palle provided an update on her recent ad hoc appointment to the FSBPT Ethics and Legislation Committee and summarized key outcomes from the committee's two-day meeting. She noted that the committee's work centered on public protection, national best practices, and consistent enforcement standards. Discussions emphasized aligning FSBPT initiatives with emerging regulatory needs at both the state and national levels. The committee also conducted a detailed review of FSBPT and American Physical Therapy Association (APTA) ethics resources with a focus on transparency, accessibility, and strengthening the Code of Conduct and Standards of Ethical Practice.

Dr. Palle reported that major areas of discussion included streamlining licensure processes to improve interstate portability, reinforcing public protection and privacy requirements, and ensuring education, implementation, and enforceability of ethical standards. The committee reviewed ethical considerations related to professional conduct, including boundaries, workplace practices, and legal requirements. Additional topics included score transfer procedures and internships for foreign-trained graduates. The group also discussed the importance of both proactive and reactive legislative strategies and the need to align FSBPT efforts with state regulations nationwide.

Report from FSBPT Regulatory Training

Dr. Wiley reported on the April FSBPT Regulatory Training, noting that it provided a comprehensive overview of regulatory board members' responsibilities, current regulatory trends, and opportunities to exchange ideas with other jurisdictions. She stated that the training reinforced the Board's authority and public protection mission, highlighting Virginia's strong performance. She added that Virginia received a positive performance evaluation and suggested increasing outreach to licensees and educational programs, including potential presentations at APTA events.

Dr. Guarino added that the conference featured a video segment with Ms. Tillman Wolf and highlighted key resources, including the Model Practice Act, materials on sexual misconduct, and the Exam Licensing and Disciplinary Database (ELDD). She emphasized the value of Virginia's participation in ELDD and noted discussions on continuing competence, varying CE requirements nationwide, practitioner wellbeing, and the

development and oversight of the national licensing exam. She also referenced brief conversations on artificial intelligence and the need for guidance as its use expands in the profession.

The Board discussed website resources, including potential additions of FSBPT materials. Ms. Tillman Wolf noted that a website update is planned for 2026 and that staff will evaluate opportunities to expand public resources. She also confirmed her ability to help facilitate educational outreach for APTA as needed.

LEGISLATIVE AND REGULATORY REPORT

Legislative Report – Matt Novak, Agency Regulatory Coordinator

Mr. Novak provided a report on bills of interest from the 2026 General Assembly session.

Mr. Novak answered the Board's questions regarding the report.

With no further questions, Mr. Novak concluded this report.

Report on Status of Regulatory Actions – Matt Novak, Agency Regulatory Coordinator

Mr. Novak provided an update on the status of pending regulatory actions.

With no questions, Mr. Novak concluded this report.

BOARD MEMBER DEVELOPMENT

Understanding the Discipline Process – Agency Roles and Responsibilities ***– Annette Kelley, MS, CSAC, Deputy Executive Director***

Ms. Kelley presented an overview of the discipline process and the roles and responsibilities of the Enforcement Division, Board Members, and the Administrative Proceedings Division (APD). She outlined how Enforcement receives, reviews, and prioritizes complaints, emphasizing the importance of objective investigations and timely case processing.

Ms. Kelley discussed Board Members' responsibilities in probable cause review, including evaluating investigative reports, assessing evidence, applying relevant laws and regulations, and determining appropriate case dispositions.

Ms. Kelley also outlined expectations for Board conduct during informal conferences and formal hearings, including maintaining impartiality, avoiding conflicts of interest, and ensuring adherence to statutory standards of evidence.

Finally, Ms. Kelley reviewed APD's role in preparing disciplinary documents, presenting cases, drafting orders, and supporting the Board throughout informal and formal proceedings. She summarized the potential outcomes of both informal conferences and formal hearings.

ELECTIONS

Dr. Bureau stated that, in accordance with the Bylaws, the board shall elect a President and Vice-President from its members during the last meeting of the organizational year.

Dr. Bureau provided remarks regarding the process for making floor nominations.

Dr. Bureau announced that she and Dr. Palle submitted nomination forms to be considered for President of the Board.

Dr. Bureau opened the floor for additional nominations for President of the Board of Physical Therapy.

There were no other nominations, and the nominations were closed.

Dr. Bureau called for a voice vote on the nominations.

Upon a majority **VOTE** of four (4) votes for Dr. Bureau and one (1) vote for Dr. Palle (Palle), Dr. Bureau was re-elected as President of the Board of Physical Therapy, effective July 1, 2026.

Dr. Bureau announced that Dr. Palle submitted a nomination form to be considered for Vice-President of the Board.

Dr. Bureau opened the floor for additional nominations for Vice-President of the Board of Physical Therapy.

There were no other nominations, and the nominations were closed.

Upon a **MOTION** by Dr. Wiley, properly seconded by Dr. Guarino, the Board voted to re-elect Dr. Palle as Vice-President of the Board of Physical Therapy. The motion passed unanimously (5-0).

BOARD MEMBER RECOGNITION

Dr. Bureau recognized and honored the late Dr. Rebecca Duff, PTA, DHSc, the Board's Physical Therapist Assistant member, whose tenure was nearing completion at the time of her passing. Dr. Duff was appointed to the Board by Governor Northam in 2018 and reappointed to a second term by Governor Youngkin in 2022. Over the past eight years, she served in numerous business and committee meetings and was a highly valued voice on the Board. Dr. Bureau noted that Dr. Duff was an exceptional representative of physical therapist assistants across the Commonwealth and made meaningful contributions to the profession. The Board expressed its sincere gratitude for her dedicated service and acknowledged the significant impact she made during her tenure. The Board extended heartfelt condolences to her family, colleagues, and the broader PT community.

NEXT MEETING

The next meeting date is scheduled for August 20, 2026.

ADJOURNMENT

Dr. Bureau called for any objections to adjourn the meeting. Hearing no objections and with all business concluded, the meeting adjourned at 12:30 p.m.

_____
Corie E. Tillman Wolf, JD, Executive Director

_____
Date

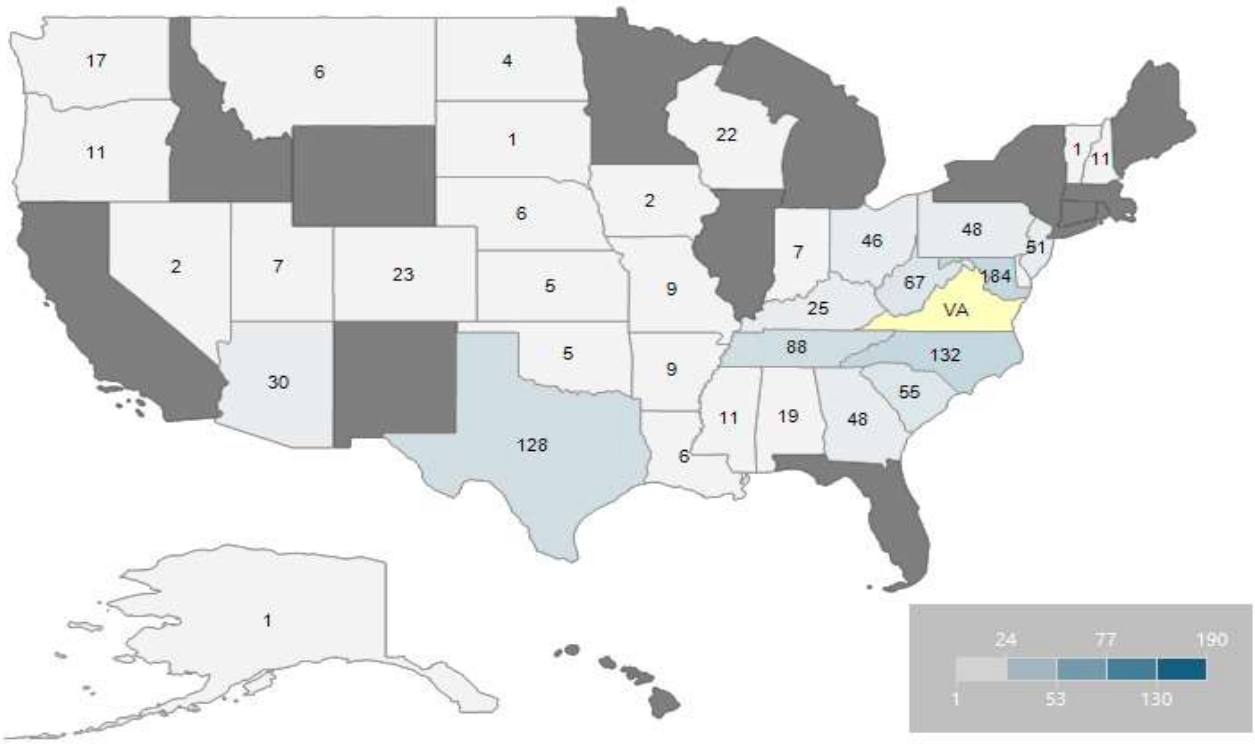
Staff Reports

Executive Director's Report and Physical Therapy Compact Update

PT Compact VIRGINIA Status Report

July 1, 2026

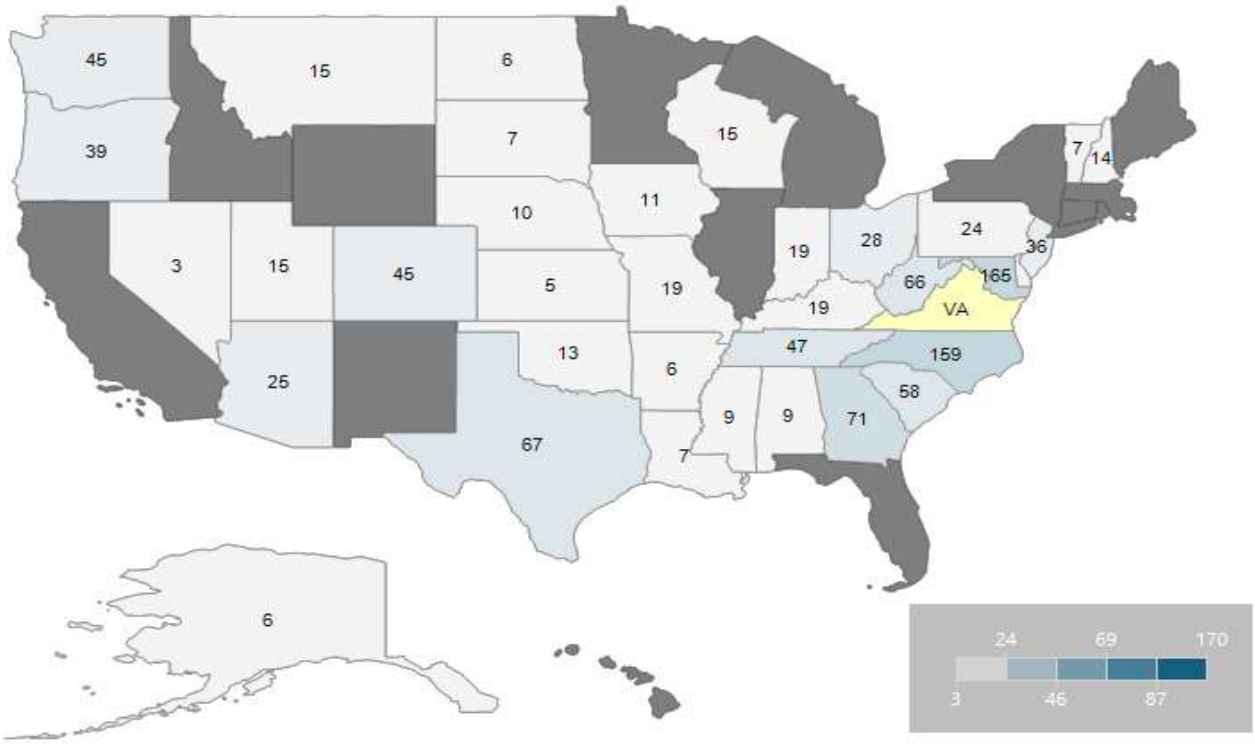
Where do individuals live that have a Compact Privilege for VIRGINIA? (Coming From)



Home State	Privilege State	Privilege PTs	Privilege PTAs	Privilege Totals
MD	VA	167 (18.23%)	17 (7.62%)	184 (16.15%)
NC	VA	103 (11.24%)	29 (13.00%)	132 (11.59%)
TX	VA	102 (11.14%)	26 (11.66%)	128 (11.24%)
TN	VA	72 (7.86%)	16 (7.17%)	88 (7.73%)
WV	VA	32 (3.49%)	35 (15.70%)	67 (5.88%)
SC	VA	43 (4.69%)	12 (5.38%)	55 (4.83%)
NJ	VA	48 (5.24%)	3 (1.35%)	51 (4.48%)
PA	VA	38 (4.15%)	10 (4.48%)	48 (4.21%)
GA	VA	43 (4.69%)	5 (2.24%)	48 (4.21%)
OH	VA	35 (3.82%)	11 (4.93%)	46 (4.04%)
DC	VA	38 (4.15%)	3 (1.35%)	41 (3.60%)
AZ	VA	23 (2.51%)	7 (3.14%)	30 (2.63%)
KY	VA	11 (1.20%)	14 (6.28%)	25 (2.19%)
CO	VA	23 (2.51%)	0 (0.00%)	23 (2.02%)
WI	VA	18 (1.97%)	4 (1.79%)	22 (1.93%)
AL	VA	16 (1.75%)	3 (1.35%)	19 (1.67%)
WA	VA	12 (1.31%)	5 (2.24%)	17 (1.49%)
DE	VA	10 (1.09%)	1 (0.45%)	11 (0.97%)
MS	VA	6 (0.66%)	5 (2.24%)	11 (0.97%)
NH	VA	9 (0.98%)	2 (0.90%)	11 (0.97%)
OR	VA	10 (1.09%)	1 (0.45%)	11 (0.97%)
MO	VA	7 (0.76%)	2 (0.90%)	9 (0.79%)
AR	VA	7 (0.76%)	2 (0.90%)	9 (0.79%)
IN	VA	3 (0.33%)	4 (1.79%)	7 (0.61%)
UT	VA	7 (0.76%)	0 (0.00%)	7 (0.61%)

NE	VA	5 (0.55%)	1 (0.45%)	6 (0.53%)
LA	VA	6 (0.66%)	0 (0.00%)	6 (0.53%)
MT	VA	5 (0.55%)	1 (0.45%)	6 (0.53%)
KS	VA	3 (0.33%)	2 (0.90%)	5 (0.44%)
OK	VA	4 (0.44%)	1 (0.45%)	5 (0.44%)
ND	VA	4 (0.44%)	0 (0.00%)	4 (0.35%)
NV	VA	2 (0.22%)	0 (0.00%)	2 (0.18%)
IA	VA	1 (0.11%)	1 (0.45%)	2 (0.18%)
AK	VA	1 (0.11%)	0 (0.00%)	1 (0.09%)
VT	VA	1 (0.11%)	0 (0.00%)	1 (0.09%)
SD	VA	1 (0.11%)	0 (0.00%)	1 (0.09%)
Totals		**916**	**223**	**1139**

Where do VIRGINIA Licensees purchase Compact Privileges for? (Going To)



Home State	Privilege State	Privilege PTs	Privilege PTAs	Privilege Totals
VA	MD	143 (14.06%)	22 (11.06%)	165 (13.57%)
VA	NC	122 (12.00%)	37 (18.59%)	159 (13.08%)
VA	DC	101 (9.93%)	3 (1.51%)	104 (8.55%)
VA	GA	59 (5.80%)	12 (6.03%)	71 (5.84%)
VA	TX	56 (5.51%)	11 (5.53%)	67 (5.51%)
VA	WV	54 (5.31%)	12 (6.03%)	66 (5.43%)
VA	SC	43 (4.23%)	15 (7.54%)	58 (4.77%)
VA	TN	33 (3.24%)	14 (7.04%)	47 (3.87%)
VA	CO	37 (3.64%)	8 (4.02%)	45 (3.70%)
VA	WA	38 (3.74%)	7 (3.52%)	45 (3.70%)
VA	OR	31 (3.05%)	8 (4.02%)	39 (3.21%)
VA	NJ	29 (2.85%)	7 (3.52%)	36 (2.96%)
VA	OH	23 (2.26%)	5 (2.51%)	28 (2.30%)
VA	AZ	23 (2.26%)	2 (1.01%)	25 (2.06%)
VA	PA	18 (1.77%)	6 (3.02%)	24 (1.97%)
VA	DE	19 (1.87%)	3 (1.51%)	22 (1.81%)

VA	IN	18 (1.77%)	1 (0.50%)	19 (1.56%)
VA	MO	16 (1.57%)	3 (1.51%)	19 (1.56%)
VA	KY	14 (1.38%)	5 (2.51%)	19 (1.56%)
VA	MT	12 (1.18%)	3 (1.51%)	15 (1.23%)
VA	WI	13 (1.28%)	2 (1.01%)	15 (1.23%)
VA	UT	15 (1.47%)	0 (0.00%)	15 (1.23%)
VA	NH	12 (1.18%)	2 (1.01%)	14 (1.15%)
VA	OK	12 (1.18%)	1 (0.50%)	13 (1.07%)
VA	IA	9 (0.88%)	2 (1.01%)	11 (0.90%)
VA	NE	10 (0.98%)	0 (0.00%)	10 (0.82%)
VA	MS	8 (0.79%)	1 (0.50%)	9 (0.74%)
VA	AL	8 (0.79%)	1 (0.50%)	9 (0.74%)
VA	LA	6 (0.59%)	1 (0.50%)	7 (0.58%)
VA	SD	7 (0.69%)	0 (0.00%)	7 (0.58%)
VA	VT	6 (0.59%)	1 (0.50%)	7 (0.58%)
VA	ND	5 (0.49%)	1 (0.50%)	6 (0.49%)
VA	AR	5 (0.49%)	1 (0.50%)	6 (0.49%)
VA	AK	6 (0.59%)	0 (0.00%)	6 (0.49%)
VA	KS	3 (0.29%)	2 (1.01%)	5 (0.41%)
VA	NV	3 (0.29%)	0 (0.00%)	3 (0.25%)
Total		**1017**	**199**	**1216**

VIRGINIA Revenue Generated Through Compact Privilege Purchases Thru July 1, 2026

Purchase Year	Purchaser Count *	Privilege Count	Refund Count	Net Revenue
2020	163	186	0	$8,928.00
2021	268	284	0	$13,632.00
2022	430	465	0	$22,320.00
2023	558	605	1	$28,992.00
2024	700	772	2	$36,960.00
2025	750	822	0	$39,456.00
2026	567	580	0	$27,840.00

* Some individuals purchase their first Compact Privilege (CP) for a state and then renew the CP as they renew their home state license during the same year.

Free Resources

Acronyms A-Z

Continuing Competence

Credentialing Organizations for Non-US Candidates

Ethics Articles

Faculty Newsletter

Foreign Educated PTs and PT Assistants

FSBPT Forum

Forum 2026

Unlocking the Power of Workforce Data: Why Regulatory Boards Must Lead the Way

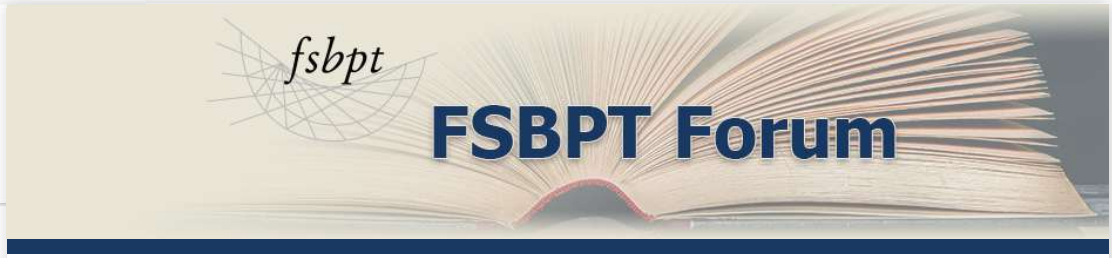
Does Fixed-Date Testing Disadvantage NPTE Candidates?

Military Licensing Relief Act: Where Are We Now?

Expanding NPTE References: Balancing Validity, Accessibility, and Equity

Next-Gen Credentialing AI, Human Oversight, and Content Creation

A Data Scientist Walks into a PT Clinic...



A Data Scientist Walks into a PT Clinic...

What one patient's story reveals about AI, trust, and the future of regulation. This article is based on a presentation at the 2025 Annual Education Meeting by Nancy Kirsch, Alan Lee, Charlotte Martin, and Meg O'Connor.

Meg did not walk into her physical therapy clinic expecting to later teach regulators, boards, and practitioners a lesson about artificial intelligence. She walked in as a patient. Over five years—and more than 250 visits—she built a deeply trusting relationship with her physical therapist.

She trusted him with her care, her body, and something perhaps even more sensitive: her story. In the private setting of a treatment room, Meg shared the full context of her life—stressors, diagnoses, challenges, humor, and fears. It was the kind of therapeutic alliance physical therapists know well, where conversation is not incidental to care but part of it.

What she did not know was that she was not alone with her therapist. One day, mid-conversation, Meg noticed something unusual on her therapist's screen. When she asked, the answer came quickly: the clinic had begun using an AI-powered scribe—software that leverages Artificial Intelligence to make sense of recorded conversations. The software records conversations, transcribes them, and generates documentation using Large Language Models to create meaningful notes and summaries.

Her therapist explained it was designed to save time, reduce documentation burden, and improve care. There was just one problem—he hadn't told her ahead of time. In fact, he had been recording their sessions for three months without her knowledge.

What followed was not simply discomfort—it was a profound rupture in trust. Was it legal? In her state, yes—it was a one-party consent state, meaning recording could occur without her permission. But was it ethical?

Meg's concerns extended beyond the act of recording itself. As a data scientist, she understood that the issue was not just that she was being recorded, but what happened to that recording

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afterward.

- Where was her data going?
- Who could access it?
- How long would it be stored?
- Was it part of her medical record?

Her therapist could not answer those questions in the moment. When the technology vendor eventually supplied answers, they were alarming.

The company stored full transcripts and audio recordings for up to ten years. The data was not de-identified. It could be accessed for legal discovery. Human reviewers could evaluate the data. The stakes shifted instantly. For Meg, this transformed a documentation tool into something far more consequential.

What she had thought were ephemeral conversations—shared in a trusted clinical setting—had become permanent, searchable artifacts.

The impact of the discovery went beyond data privacy and into a loss of autonomy. Because she did not know she was being recorded, she could not choose what to share, how to share it, or whether to share it at all. Her ability to make informed decisions about her own participation in care had been removed.

Physical therapy relies heavily on conversation—on rapport, trust, and the willingness of patients to speak openly about their lives. When that trust is broken, the consequences are not abstract. The technology intended to improve practice efficiency had instead undermined one of the practitioner's core strengths.

A Regulatory Gap Comes into Focus

Meg's story exposes a critical truth: in many ways, AI is advancing faster than regulation, guidance, and professional understanding.
Several gaps became evident:

- **Informed consent was unclear or undefined** in the regulatory framework.
- **Practitioners lacked guidance** on how to evaluate AI vendors and their data practices.
- **Patients had little visibility or power** over how their data was collected and used.
- **Regulators themselves acknowledged knowledge gaps**, particularly around HIPAA implications and emerging technologies.

Perhaps most importantly, the situation revealed a mismatch between expectations and reality. Patients assume that their privacy is protected in a clinical setting. Practitioners assume that tools marketed as "HIPAA compliant" are safe. Regulators assume that existing standards will apply.
But AI introduces new complexities—particularly when data is transmitted, stored externally, or used to train systems. Regulations and protections are scrambling to keep up with the rapid pace of technological advancement, leaving many gaps.

From Reactive to Proactive: A New Role for Boards

Rather than pursuing immediate disciplinary action, Meg raised a concern that reached far beyond her own experience. She was not trying to punish practitioners. She wanted

practitioners and patients alike to understand what these new tools can do, what risks they may carry, and what safeguards need to be in place before AI becomes a routine part of care.

Regulators play an important role here. Rather than waiting for complaints and responding after harm occurs, boards have an opportunity—and arguably a responsibility—to act proactively. Boards should consider how they can best educate practitioners to enhance public protection.

- Help practitioners understand risks before they adopt new technologies.
- Help practitioners understand their professional responsibility in the patient-provider relationship when they engage in the delivery of new techniques or use new technology.
- Provide practical guidance on safe implementation.
- Support informed decision-making at the point of care.

In Meg's state, the Louisiana Physical Therapy Board carefully considered Meg's concerns and created the following resources for practitioners:

- A detailed newsletter outlining AI risks and considerations
- A checklist of questions practitioners should ask vendors
- Educational materials that could be easily accessed and applied
- Templates to support informed conversations with patients

These efforts demonstrate that boards can play a critical role—not just as enforcers, but as educators and partners.

Practical Lessons for Boards

Meg's story offers several clear, actionable lessons for boards considering their approach to AI.

Prioritize Informed Consent

Boards should clarify expectations around informed consent—not only for recording, but for any technology that captures or transmits patient data. At a minimum, practitioners should take the following actions:

- Disclose the use of AI tools.
- Explain what data is being collected.
- Provide ongoing informed consent.
- Describe where data is stored and for how long.
- Allow patients the opportunity to opt in or out.

Informed consent is not just a legal concept—it is foundational to patient autonomy and trust.

Provide Vendor Evaluation Guidance

Many practitioners, particularly in smaller clinics, are not equipped to evaluate complex technology agreements. Boards can help by offering the following resources:

- Checklists for evaluating AI vendors
- Guidance on reviewing Business Associate Agreements (BAAs)
- Key questions about data storage, retention, and access

Meg's case highlights how critical these details are—and how easily they can be overlooked.

Address the Realities of Practice

AI adoption is often driven by real pressures—time constraints, reimbursement challenges, and administrative burden. AI-powered documentation tools can address real challenges:

- Reducing administrative burden
- Improving workflow efficiency
- Decreasing clinician burnout
- Allowing more time for patient care

These are meaningful benefits, especially for smaller practices and clinicians facing increasing pressures. It can help practitioners avoid tedious work and spend more time focused on patients. Boards should acknowledge this reality. Guidance should not simply warn of risks, or worse, ban such technology. Instead, it should also provide practical pathways for safe use, recognizing that these tools are increasingly part of everyday practice.

Engage Patients as Stakeholders

Meg's role in shaping the regulatory response demonstrates the value of patient input. Boards should also consider educating patients and the public.

- Develop consumer-facing resources.
- Create question lists patients can use.
- Promote awareness campaigns about AI in healthcare.

Patients are not passive participants—they are partners in protecting their own data.

Move Beyond Enforcement

Perhaps most importantly, boards should resist the instinct to focus solely on discipline. Education and guidance can prevent violations before they occur. If boards only act after harm, they miss the opportunity to shape safer practice. A proactive approach builds trust—not just with licensees, but with the public.

The Path Forward

Meg had the knowledge, persistence, and platform to raise concerns and seek answers. However, many patients do not. They will not know what questions to ask. They will not understand the risks. They may never realize what has happened to their data.

That is why this moment matters.

Artificial intelligence is not a distant future challenge—it is already in clinics today. And as adoption accelerates, so too does the need for thoughtful, proactive oversight. Boards are uniquely positioned to guide practitioners—clearly, practically, and proactively—so that the benefits of AI can be realized without sacrificing the trust that defines the patient-provider relationship.

Resources from the Louisiana Physical Therapy Board

- AI in Physical Therapy: Ethical Use, Legal Risks, and Patient Trust
  - Article
  - Video
- AI Integration Checklist

Additional Resources

- American Physical Therapy Association Resources on AI
- American Physical Therapy Association Code of Ethics
- American Medical Association 2026 Physician Survey on Augmented Intelligence

Nancy Kirsch

Nancy R. Kirsch, PT, DPT, PhD, FAPTA received her PT degree from Temple University, her Masters in Health Education from Montclair University, Certificate in Health Administration from Seton Hall University, her PhD concentration in ethics from Rutgers University (formerly UMDNJ), and a Doctor of Physical Therapy from MGH Institute of Health Professions. She practiced in a variety of settings including in-patient rehabilitation, acute care, long term care, and home care. She owned a private practice for twenty years and currently practices in a school based setting. In addition, she is the Director of the Doctor of Physical Therapy Program at Rutgers, The State University of New Jersey. Nancy has been a member of the New Jersey Board of Physical Therapy Examiners since 1990 and was chairperson of the board for twelve years. She served as an evaluator for FCCPT. Nancy has been involved with the Federation of State Boards of Physical Therapy in the following capacities: she served two terms on the Finance committee and also served on several task forces, in addition to the Board of Directors. Nancy has been active in the American Physical Therapy Association since she was a student. She served the New Jersey Chapter as Secretary and President, and as a delegate and chief delegate to the House of Delegates. She served the national association as a member of the ethics document revision task force. She also served a five year term on the APTA Ethics and Judicial Committee and the APTA Reference Committee. She received the Lucy Blair Service Award and was elected a Catherine Worthingham Fellow from National APTA and received an Outstanding Service Award and the President's Award from the FSBPT.

Alan Lee

Alan Lee is a professor at Mount Saint Mary's University in Los Angeles. Alan maintains a clinical practice at Scripps Mercy Hospital, a level I trauma center, in San Diego, with board certifications in geriatrics and wound management. Alan graduated from Duke University, completed his transitional DPT from Creighton University, and his PhD from Nova Southeastern University. Alan serves as the Director of Innovation for the APTA Academy of Leadership and Innovation. Alan was a Co-Chair of the APTA Telehealth Clinical Practice Guideline Development International Group and worked with FSBPT and INPTRA on the telerehabilitation white paper.

Charlotte Martin

Charlotte Martin has served as the Executive Director of the Louisiana Physical Therapy Board since 2014. She has served as Chair of the FSBPT Close Relations Task Force, Council of Board Administrators (CBA), Board Assessment Task Force, and Foreign Educated Standards Committee. Charlotte currently serves as an

Executive Board Member and Treasurer of the Physical Therapy Licensure Compact Commission. She is a National Certified Investigator and Inspector through the Council on Licensure, Enforcement & Regulation (CLEAR). Charlotte received a baccalaureate degree from the Louisiana State University (LSU) College of Humanities & Social Sciences in 2004 and a master's degree in public administration from the LSU E.J. Ourso College of Business in 2008.

Meg O'Connor

Meg O'Connor is a data analyst and researcher pursuing her PhD in Applied Science and Engineering at the University of New Orleans, where she applies data science to study the hydrology of the receding Mississippi River delta. Originally from Connecticut, she studied at Williams College before moving to Louisiana a decade ago to focus on the river and delta. During her time in Louisiana, she has also been a long-time physical therapy patient. She brings both a scientist's perspective on evolving technology in healthcare and a patient's experience navigating rehabilitation, and is grateful to share her insights with this community.

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Legislative and Regulatory Reports

Board of Physical Therapy
Current Regulatory Actions
As of July 21, 2026

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Submission from agency	Time in current location	Notes
18VAC112-20	NOIRA	Periodic review and implementation of resulting amendments to 18VAC112-20	12/1/2025	221 days	Conducting periodic review of regulations and implementing identified changes in this action

At DPB

None.

At OAG

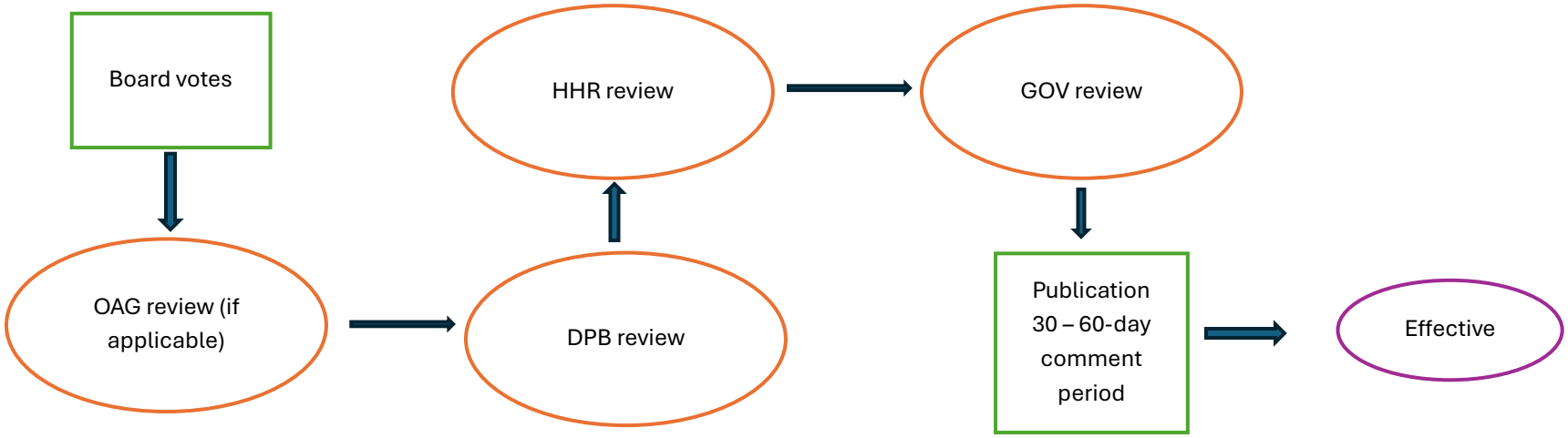
None.

Recently effective or awaiting publication

None.

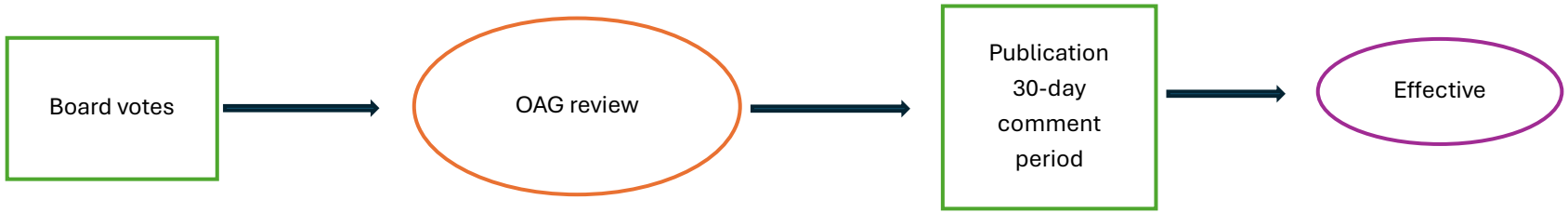
Regulatory Process

Standard rulemaking and fast-track



*Standard rulemaking includes three steps: notice of intended regulatory action ("NOIRA"), proposed stage, and final stage. Fast-track rulemaking includes one step.

Exempt regulations



Adopted: _____
Effective: _____

Virginia Board of Physical Therapy

Guidance on Diagnostic Imaging Referrals by Physical Therapists

The Virginia Board of Physical Therapy (Board) recently received a request for further guidance regarding the ability of a Virginia licensed physical therapist to refer patients for diagnostic imaging studies.

Based upon a review of the relevant provisions of the *Virginia Code* and the Board's Regulations Governing the Practice of Physical Therapy, the Board opines that there are no provisions that would prohibit a Virginia licensed physical therapist from referring a patient to an appropriate practitioner for diagnostic imaging studies. The Board's analysis of the relevant provisions related to scope of practice and referrals is set forth below.

Scope of Practice

The current scope of practice for physical therapy appears in Virginia Code § 54.1-3473:

> "Practice of physical therapy" means that branch of the healing arts that is concerned with, upon medical referral and direction, the evaluation, testing, treatment, reeducation and rehabilitation by physical, mechanical or electronic measures and procedures of individuals who, because of trauma, disease or birth defect, present physical and emotional disorders. The practice of physical therapy also includes the administration, interpretation, documentation, and evaluation of tests and measurements of bodily functions and structures within the scope of practice of the physical therapist. However, the practice of physical therapy does not include the medical diagnosis of disease or injury, the use of Roentgen rays and radium for diagnostic or therapeutic purposes or the use of electricity for shock therapy and surgical purposes including cauterization.

A physical therapist's scope of practice explicitly excludes the *use* of "Roentgen rays" or x-rays for diagnostic or therapeutic purposes. Further excluded is the *use* of "radium" for diagnostic or therapeutic purposes, which can be interpreted to encompass CT and PET scans and nuclear medicine imaging. The Board notes that the reference to "use" contemplates the actual use of the equipment by a practitioner for diagnostic or therapeutic purposes, rather than referral of a patient for imaging studies based upon these specified modalities. Further, the scope definition is silent on the *use* of other imaging modalities that apply magnetic fields, radio waves, or sound waves instead of radiation such as MRI and ultrasound.

Regardless of modality, the scope of practice does not permit a physical therapist to medically diagnose disease or injury.

Duty to Refer

At the time of evaluation or treatment, where a patient's medical condition is determined to be beyond the physical therapist's scope of practice, the physical therapist is required to

immediately refer such patient to an appropriate practitioner who is either a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed advanced practice registered nurse practicing in accordance with the provisions of § 54.1-2957. See Va. Code § 54.1-3482 (E). Where a physical therapist determines that further medical diagnosis of disease or injury through imaging studies is warranted, the physical therapist may refer a patient to a radiologist, as a licensed doctor of medicine or osteopathy, as an appropriate practitioner.

The Board notes that the above analysis relates to the Board's jurisdiction over the practice of physical therapy. The Board does not and cannot opine regarding the applicability of laws or regulations that relate to the practice of medicine or radiology or to the receipt of referrals for diagnostic imaging.

New Business

Virginia Department of
Health Professions
Board of Physical Therapy

Virginia Board of Physical Therapy
CE REQUIREMENTS FOR RENEWAL

Renewal Date: December 31, 2026

Hours completed from January 1, 2025 – December 31, 2026

Type 1: Structured Courses

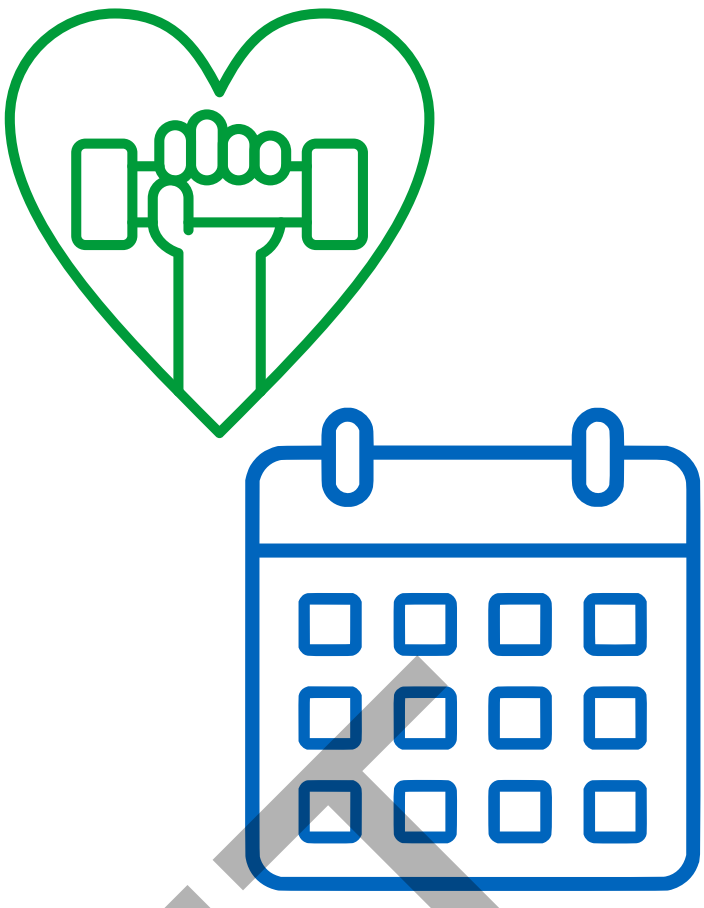
- PTs need 20 hours
- PTAs need 15 hours

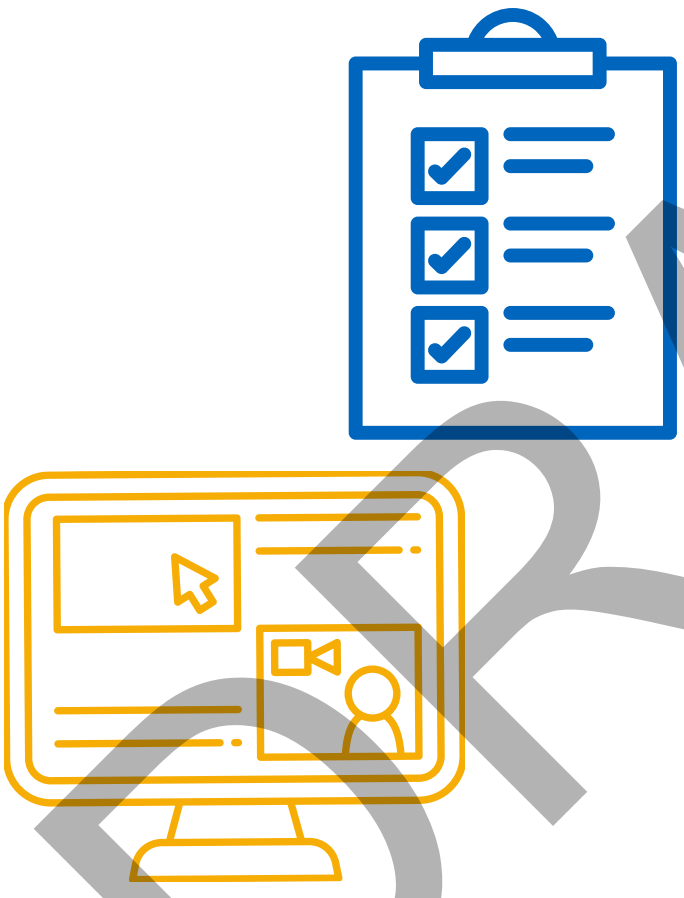
Accepted Type 1 Activities:

- Organized Program of Study
- Classroom Experience
- Similar Educational Experience directly related to clinical practice of physical therapy

One credit hour of a college course is equivalent to 15 contact hours of Type 1

CE hours must be provided by an approved Continuing Education Provider - click here for more information





Type 2: Informal / In-Practice Activities

- PTs may count up to 10 hours
- PTAs may count up to 15 hours

Accepted Type 2 Activities:

- Consultation with colleagues
- Independent Study
- Research or writing related to practice
- Services through local health department or free clinic
- Attendance at a Board Meeting or Disciplinary proceeding
- Classroom instruction of workshops/courses
- Clinical Supervision of students, including preparation for supervision (40 hours of clinical supervision = 1 Type 2 hour)

All CE Requirements

- Documentation of a specialty **certification or recertification by ABPTS of the APTA** may be provided for completion of all CE requirements during the renewal in which the initial or recertification occurs
- Documentation of the **graduation from a transitional DPT program** may be provided for the completion of all CE requirements during the renewal in which the degree was awarded

Click here to access all CE Requirements

Propelus
ce broker

CE Broker: Easy Tracking

- Track and Report CE hours
- Most CE Providers auto-report completion
- Streamline renewal compliance

Click here to access CE Broker

Miscellaneous Information

- First-time renewals after initial Virginia licensure by exam are exempt from all CE requirements
- Keep CE documentation for 4 years after renewal

Click here to access the Board's form for tracking continuing education.