Virginia Department of Health Professions
Board of Physical Therapy

Agenda
Legislative/Regulatory Committee Meeting

August 19, 2026
Board Room #3
1:00 p.m.

Call to Order – Megan Bureau, PT, DPT, Board President and Committee Chair

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

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.

Discussion and Committee Recommendations

- Review and Discussion of Final Recommendations – Periodic Review of Regulations (Chapter 18VAC112-20-10 et seq.)
    - Revised Staff Recommendations (18VAC112-20-10 et seq.)
    - Informed Consent, Use of Chaperones, and Sensitive Physical Therapy Treatment (18VAC112 20-120 and 18VAC112-20-170)
    - Continuing Education Requirements (18VAC112-20-131)
        - Specialty Recertifications for Physical Therapists
        - Advanced Proficiency Pathways Specialty Program for Physical Therapist Assistants
- Review and Consideration of Draft Guidance Document – Imaging Referrals by Physical Therapists

Next Steps

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.

Review and Discussion of Final Recommendations – Periodic Review of Regulations

(18VAC112-20-10 et seq.)

Revised Staff Recommendations
(18VAC112-20-10 et seq.)

CHAPTER 20

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

Part I. General Provisions.

18VAC112-20-10. Definitions.

In addition to the words and terms defined in §§ 54.1-3473 and 54.1-3486 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 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-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 CAPTE.

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

"Compact" means the Physical Therapy Licensure Compact (§ 54.1-3485 of the Code of Virginia).

"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.

"Physical Therapy Compact Commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

"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 ~~that~~ 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 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.~~

18VAC112-20-20. (Repealed.)

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 sent to the latest address of record on file with the board ~~provided or when served to the licensee~~ and shall not relieve the licensee of the obligation to comply. Renewal or continuing education audit notices may be mailed or sent electronically by the board.

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.

18VAC112-20-26. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve:

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

2. Mandatory suspension resulting from action by another jurisdiction or a felony conviction;

3. Impairment with an inability to practice with skill and safety;

4. Sexual misconduct;

5. Unauthorized practice.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. . The following fees shall apply for initial licensure by examination or by endorsement or direct access certification:

1. License to practice as a physical therapist	$140
2. License to practice as a physical therapist assistant	$100
3. Direct access certification	$75

C. The following fees shall apply for renewal of active or inactive licensure:

1. Active license to practice as a physical therapist	$135
2. Active license to practice as a physical therapist assistant	$70

3. Inactive license – physical therapist	$70
4. Inactive license – physical therapist assistant	$35
5. Late renewal of active license – physical therapist	$50
6. Late renewal of active license – physical therapist assistant	$25

D. The following fees shall apply for reinstatement of a license that has been expired for two or more years or of a license subjected to suspension or revocation:

1. Reinstatement of expired license- physical therapist	$180
2. Reinstatement of expired license - physical therapist assistant	$120
3. Reinstatement of suspended license	~~$500~~ 1,000
4. Reinstatement of revoked license	$1,000

E. Other fees:

1. Initial wall certificate	$25
2. Duplicate license	~~$5~~ 25
3. Duplicate wall certificate	~~$15~~ $25
4. Handling fee for a returned check or a dishonored credit card or debit card	$50
5. Letter of good standing or verification to another jurisdiction	~~$10~~ $25
6. State fee for obtaining or renewing a compact privilege to practice in Virginia	$50

~~Licensure by examination. The application fee shall be $140 for a physical therapist and $100 for a physical therapist assistant.~~

~~C. Licensure by endorsement. The fee for licensure by endorsement shall be $140 for a physical therapist and $100 for a physical therapist assistant.~~

F. The fees for active or inactive license renewal for physical therapists and physical therapist assistants shall be due by December 31 in each even-numbered year.

~~D. Licensure renewal and reinstatement.~~

~~1. The fee for active license renewal for a physical therapist shall be $135 and for a physical therapist assistant shall be $70 and shall be due by December 31 in each even-numbered year.~~

~~2. The fee for an inactive license renewal for a physical therapist shall be $70 and for a physical therapist assistant shall be $35 and shall be due by December 31 in each even-numbered year.~~

~~3. A fee of $50 for a physical therapist and $25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.~~

~~4. The fee for reinstatement of a license that has been expired for two or more years shall be $180 for a physical therapist and $120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.~~

~~E. Other fees.~~

~~1. The fee for an application for reinstatement of a license that has been revoked shall be $1,000; the fee for an application for reinstatement of a license that has been suspended shall be $500.~~

~~2. The fee for a duplicate license shall be $5.00, and the fee for a duplicate wall certificate shall be $15.~~

~~3. The handling fee for a returned check or a dishonored credit card or debit card shall be $50.~~

~~4. The fee for a letter of good standing or verification to another jurisdiction shall be $10.~~

~~5. The application fee for direct access certification shall be $75 for a physical therapist to obtain certification to provide services without a referral.~~

~~6. The state fee for obtaining or renewing a compact privilege to practice in Virginia shall be $50.~~

Part II. Licensure: General Requirements.

18VAC112-20-30. General requirements.

Licensure as a physical therapist or physical therapist assistant shall be by examination or by endorsement.

18VAC112-20-40. Education requirements: graduates of approved programs.

A. An applicant for licensure who is a graduate of an approved program shall submit documented evidence of his graduation from such a program with the required application and fee.

B. If an applicant is a graduate of an approved program located outside of the United States or Canada, he shall provide proof of proficiency in the English language by passing the TOEFL ~~and TSE or the TOEFL iBT, the Internet-based~~ tests of listening, reading, speaking and writing by ~~a~~ scores determined by the board or by passing an ~~equivalent~~ examination approved by the board. Passage of the TOEFL ~~iBT or TOEFL and TSE~~ or alternate examination approved by the board may be waived

upon evidence that the applicant's physical therapy program was taught in English or that the official or customary ~~native tongue~~ language of the applicant's nationality is English.

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, ~~as required to sit for FSBPT examination~~ in effect at the time of the applicant's graduation from the physical therapy program, 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 by scores determined by the board or an examination approved by the board, or by review of evidence that the applicant's physical therapy program was taught in English or that the ~~native tongue~~official or customary language 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. Passage of the TOEFL ~~iBT or TOEFL and TSE~~ or an alternate examination approved by the board may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the official or customary language ~~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 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 applicable 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.

18VAC112-20-60. Requirements for licensure by examination.

Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;

2. The required application, fees, and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia; and

3. Documentation of passage of the national examination as prescribed by the board.

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 United States jurisdiction or Canadian province;

2. The required application, fees, and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia;

3. A current report from the National Practitioner Data Bank (NPDB);

4. Documentation of passage of the national examination as prescribed by the board; and

5. Documentation of active practice in physical therapy in another United States jurisdiction or Canada for at least 320 hours within the four years immediately preceding application for licensure. A physical therapist who does not meet the active practice requirement shall successfully complete 320 hours in a traineeship in accordance with 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 application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

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 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 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.

18VAC112-20-80. (Repealed.)

18VAC112-20-81. Requirements for direct access certification.

A. An applicant for certification to provide services to patients without a referral as specified in § 54.1-3482.1 of the Code of Virginia shall hold an active, unrestricted license or active compact privilege as a physical therapist in Virginia and shall submit evidence satisfactory to the board that the applicant has one of the following qualifications:

1. Completion of a transitional program in physical therapy as recognized by the board; or

2. At least three years of postlicensure, active practice with evidence of 15 contact hours of continuing education in medical screening or differential diagnosis, including passage of a postcourse examination. The required continuing education shall be offered by a provider or sponsor approved by the board as provided in 18VAC112-20-131 and may be face-to-face or online education courses.

B. In addition to the evidence of qualification for certification required in subsection A of this section, an applicant seeking direct access certification shall submit to the board:

1. A completed application as provided by the board;

2. For a compact privilege holder, the physical practice location in Virginia or name of employer in Virginia for which direct access services will be provided;

3. Any additional documentation as may be required by the board to determine eligibility of the applicant; and

~~3~~4. The application fee as specified in 18VAC112-20-27.

C. Direct access certification is valid for practice in Virginia only. Upon the lapse or inactivation of a Virginia license or compact privilege, the direct access certification will be noted as expired as of the date of expiration or deactivation. A lapsed direct access certification may be reactivated at the time the Virginia license or compact privilege is renewed or reinstated.

18VAC112-20-82. Requirements for a compact privilege.

To obtain a compact privilege to practice physical therapy in Virginia, a physical therapist or physical therapist assistant licensed in a remote state shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of application to the commission.

Part III. Practice Requirements.

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 the patient's 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 or reevaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's 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.

F. A physical therapist or physical therapist assistant practicing in Virginia on a compact privilege shall comply with all applicable laws and regulations pertaining to physical therapy practice in Virginia.

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.

F. Students under the direct supervision of a physical therapist or physical therapist assistant shall be publicly identified as and wear identification designating them as a "student physical therapist" or "student physical therapist assistant." Students shall not be designated to the public as "SPT" or "SPTA," except that patient records may reference students by abbreviated form.

18VAC112-20-110. (Repealed.)

18VAC112-20-120. Responsibilities to patients.

A. The initial patient 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 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 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.

18VAC112-20-121. Practice of dry needling.

A. Dry needling is not an entry level skill but an advanced procedure that requires additional post-graduate training.

1. The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

2. The training shall consist of didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. The hands-on laboratory education shall be face-to-face.

3. The training shall be in a course approved or provided by a sponsor approved by the board as provided in subsection B of 18VAC112-20-131.

4. The practitioner shall not perform dry needling beyond the scope of the highest level of the practitioner's training.

B. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or the patient's representative. The informed consent shall include the risks and benefits of the technique. The informed consent form shall be maintained in the patient record.

C. Dry needling shall only be performed by a physical therapist trained pursuant to subsection A of this section and shall not be delegated to a physical therapist assistant, student, or other support personnel.

Part IV. Renewal or Relicensure Requirements.

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

A. A physical therapist 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 320 hours of active practice in the preceding 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.

F. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of the renewal.

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 an organization approved by the board.

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:

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

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.

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.

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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.

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 records on the completed Continued Competency Activity and Assessment 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. 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 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.

If the inactive 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. 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 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.

If a 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-.

C. Any person whose license has been suspended, revoked, or denied renewal by the board shall, in order to be eligible for reinstatement, (i) submit a reinstatement application to the board, (ii) pay the reinstatement fee specified in 18VAC112-20-27, and (iii) submit any other documentation or credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

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 direct 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 be publicly identified as and 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.

D. A traineeship shall not be approved for an applicant who has not completed a criminal background check for initial licensure pursuant to § 54.1-3484 of the Code of Virginia.

18VAC112-20-150. (Repealed.)

18VAC112-20-151. (Repealed.)

Part V. Standards of Practice.

18VAC112-20-160. Requirements for patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible and complete patient records.

D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. From (six months from the effective date of the regulation), post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC112-20-170. Confidentiality and practitioner-patient communication.

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. Before any invasive procedure is performed, informed consent shall be obtained from the patient and documented in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

C. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC112-20-180. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow persons under his supervision to jeopardize patient safety or provide patient care outside of such person's scope of practice or area of responsibility. Practitioners shall delegate patient care only to persons who are properly trained and supervised;

3. Engage in a~~n egregious~~ pattern of ~~disruptive~~ behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; ~~or~~

4. Exploit the practitioner/patient relationship for personal gain; or

5. Use or disseminate patient images outside of the practice setting or the patient's records, regardless of medium, format or purpose, without the patient's express written consent.

B. A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in § 37.2-100 of the Code of Virginia, or hospital as defined in § 32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b)~~,~~ or any regulations promulgated thereto.

C. A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

D. A practitioner shall report any disciplinary action taken by a physical therapy regulatory board in another jurisdiction within 30 days of final action.

18VAC112-20-190. Sexual contact.

A. For purposes of § 54.1-3483 (10) of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-3483 (10) of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee or a student shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC112-20-200. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted, or free, for professional services that does not include the cost of all related procedures, services, and products that, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.

C. No licensee or holder of a compact privilege of the board shall advertise information that is false, misleading, or deceptive. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. No licensee or holder of a compact privilege shall use the term "board certified" or any similar word or phrase calculated to convey the same meaning in any advertising for the practitioner's practice unless the practitioner holds certification in a clinical specialty issued by the American Board of Physical Therapy Specialties.

Informed Consent, Use of Chaperones, and Sensitive Physical Therapy Treatment

(18VAC112-20-120 and 18VAC112-20-170)

18VAC112-20-120. Responsibilities to patients.

A. The initial patient 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 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 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.

F. Prior to performing sensitive treatment interventions, a practitioner shall offer the patient the ability to have a chaperone present. The offer, declination, use, or non-use of a chaperone shall be documented in the patient's record.

1. A sensitive treatment intervention includes an examination, evaluation, palpation, placement of instruments in, or exposure of the genitalia, rectum, breasts, or other area identified by the patient.

2. A chaperone is defined as a person who:

   a. Is not a family member or representative of the patient or a family member of the practitioner; and

   b. Is appropriately trained and oriented to support and to be a witness for a patient and a practitioner during a sensitive treatment intervention.~~; and~~

   ~~c. Does not report directly to the practitioner who is performing the intervention.~~

3. If a chaperone requested by the patient is unavailable, the patient shall be afforded the opportunity to decline treatment.

18VAC112-20-170. Confidentiality and practitioner-patient communication.

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. ~~Before any invasive procedure is performed, informed consent shall be obtained from the patient and documented in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.~~

4. 3. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

C. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

D. Informed Consent

1) Before any procedure or treatment is performed or plan of care initiated, modified, or continued, informed consent shall be obtained from the patient and documented in the patient's record. Practitioners shall provide an explanation of the procedure, treatment, or plan of care, inform patients of the risks, benefits, and alternatives of the recommended

procedure or treatment, and provide patients with the opportunity to ask questions or to decline the proposed intervention.

2) In obtaining and documenting informed consent, the practitioner shall consider the following factors:
   a) The nature and area of the procedure or treatment to be performed;
   b) The treatment setting; and
   c) The content and frequency of the communication necessary to maximize patient understanding of the procedure or treatment recommended or performed.

3) In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented as provided in D(1) and D(2) of this subsection.

Continuing Education Requirements
(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~~ 20 contact hours of continuing education ~~learning activities~~ within the two years immediately preceding renewal. In ~~choosing~~ completing continuing education ~~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. The required continuing education contact hours for physical therapists and physical therapist assistants may be satisfied by:

1. Completion of courses, defined as 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 an organization approved by the board; or

2. Completion of continuing education activities as follows: ~~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 an organization approved by the board.~~

a. 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:~~

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

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~~contact hours of continuing education per renewal cycle~~.~~;

c. Attendance at a meeting of the board or disciplinary proceeding conducted by the board, where the licensee is not a party to the proceeding, for up to two ~~of the Type 2~~contact hours of continuing education per renewal cycle.;

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 classroom instruction of students in a physical therapy or physical therapist assistant program, which shall be~~shall be~~ considered the equivalent of one contact hour of ~~Type 2 activity~~continuing education, for up to a maximum of 10 contact hours of continuing education per renewal cycle.;

e. Completion of modules of the FSBPT Healthy Practice Resource Tool, which shall be considered at the equivalent of 0.5 contact hours per module, for up to a maximum of 5 contact hours of continuing education per every other renewal cycle;

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

g. Documentation of specialty certification or recertification through the PTA Advanced Proficiency Pathways program of the American Physical Therapy Association, which may be considered as as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs; and .

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

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. To document the required contact hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board or use a board-approved online continuing education service for tracking purposes. The licensee shall retain ~~records on the completed Continued Competency Activity and Assessment Form with all supporting~~ documentation of completion of continuing education requirements 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 or online continuing education service access 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.

Maintain Your Certification

The ABPTS model for certification focuses on continuing competence of the physical therapist specialist.

What Does This Mean to You as a Board-Certified Specialist?

You can look forward to real-time capture of professional development activities throughout your certification period. Our seamless online submission system helps you progress toward the MOSC milestones. The MOSC process reflects the dynamic health care environment which requires a commitment to lifelong learning and continuing clinical competence. Review history and purpose of MOSC.

Here are the key benefits:

- Requirements are tailored to fit your career path.
- Flexibility in how you gain MOSC credits.
- Online system easily tracks your progress.
- Pricing is in line with current recertification process.
- Fees are spread over four payments in your third, sixth, ninth, and tenth year of certification.
- Recertification exam adds greater credibility to your credential.

Already started the MOSC process?

If you're already in the process of your board-certification maintenance and know where you are in the process and what requirements you need to fulfill, here's easy access to the portal.

Otherwise, continuing reviewing important information below.

10 Year Certification

Your certification is good for 10 years regardless of your participation in the maintenance program.

In order to maintain your certification at the end of your 10-year certification, you have the following options:

- Participate in the MOSC process.
- Opt out of the MOSC process - and instead sit for the initial certification examination once again in the tenth year of your certification. This would require meeting initial certification eligibility requirements and paying associated initial certification application and exam fees.
- Apply for emeritus status - only if you will be retiring from direct patient/client care by the time of your certification expiration date (**note:** may submit an emeritus application no earlier than six months prior to your certification expiration date).

If you opt to go through the MOSC process, you must submit evidence of your continuing competence every three years. By June 30 of your certification's third, sixth, and ninth year, a specialist is required to submit the following:

- Evidence of current unrestricted licensure as a physical therapist in the United States or any of its possessions or territories.
- Evidence of 200 hours of direct patient care acquired in the specialty area.
- Evidence of participation in ongoing professional development or service within the specialty area.
- Evidence of practice performance through clinical care and reasoning through the submission of one case reflection portfolio.

Successful completion of an APTA-accredited residency or fellowship program, within the designated specialty practice area, meets all requirements for one three-year MOSC cycle if completed during that three-year period.

Once you have successfully completed all MOSC cycle requirements, you are eligible to sit for the **non-proctored** recertification examination in year 10.

Click on the four MOSC requirement blocks below for additional information and details.

MOSC Fees and Deadline

APTA Members

Three installments of $220 with each MOSC cycle submission, plus a $100 at-cost knowledge review registration fee in year 10 = **$760 total**

Nonmembers

Three installments of $400 with each MOSC cycle submission, plus a $200 knowledge review regisration fee in year 10 = **$1400 total**

Submission Deadlines:

MOSC Cycle Submissions - June 30
Knowledge Review Registration - Oct. 31

Where and When Do You Start?

Review timeline and fee structure for information on how this pertains to already certified specialists in the process of preparing for maintenance.

Take a few moments to review this MOSC presentation that provides an overview of the program, general tips for submitting your MOSC cycle plan, and details implications for not meeting MOSC requirements.

Requirement 1: Licensure, Patient Care Hours, & Sports Specialty Requirements

Requirement 3: Case Reflection Submission

Requirement 4: Year 10 Non-Proctored Knowledge Review

Emeritus Status

Current board-certified specialists who have retired from direct patient and client care (as defined by ABPTS) may apply to be granted the "emeritus" designation.

Access Details

MOSC Cycle and Certification Extension

Guidelines and Request Process

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MOSC Requirement 1: Professional Standing and Direct Patient Care Hours

This page covers MOSC Requirement 1: Professional Standing and Direct Patient Care Hours.

For All Specialists

In years three, six, and nine, you must submit evidence of current unrestricted licensure as a physical therapist in the United States or any of its possessions or territories.

Also in those years, you must submit evidence of 200 hours of direct patient care acquired in the specialty area within the last three years. Direct patient care hours accrued in year 10 may be applied to the year three requirement for the next MOSC cycle.

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Access Information on Activities That Constitute Direct Patient Care

Access the Online Portal

Requirement 1: Licensure, Patient Care Hours, & Sports Specialty Requirements

Requirement 2: Engagement in Professional Development Activities

Requirement 3: Case Reflection Submission

Requirement 4: Year 10 Non-Proctored Knowledge Review

Requirement 2: Engagement in Professional Development Activities

The ABPTS Maintenance of Specialist Certification (MOSC) is a model for certification that focuses on continuing competence of the physical therapist specialist. This page covers MOSC Requirement 2: Commitment to Lifelong Learning Through Professional Development.

You are obligated to participate in ongoing professional development within your designated specialty area that leads to a level of practice consistent with acceptable standards. You may choose to pursue professional development that leads to a level of practice beyond prevailing standards.

A web-based system to track continuing competence in a specialty area provides an individual tracking mechanism for you to record professional development activities throughout your 10-year certification.

You must show evidence of professional development activities (equivalent to 10 MOSC credits) within two of the three designated activity categories in years three, six, and nine. By year nine, you must have accrued a minimum of 30 MOSC credits and demonstrated professional development in each of the three designated activity categories. These activities include professional services, continuing education coursework, publications, presentations, clinical supervision and consultation, research, clinical instruction, and teaching.

Professional activities completed in year 10 may be applied to the next three year MOSC cycle to fulfill requirements.

See below for additional details and examples of how you can earn MOSC credits:

Minimum Eligibility Requirements of MOSC

Category 1

Accrual of 200 Direct Patient Care Hours

1 MOSC credit (maximum of 5 MOSC credits in each three-year cycle).
Note: Accrual is beyond the minimum required hours of 200 every three years.

Accrual of 200 Clinical Supervision, Mentoring, and Consultation Hours

1 MOSC credit (maximum of 5 MOSC credits in each three-year cycle).

- Clinical supervision (entry-level physical therapist students and physical therapist assistant students).
- Mentoring
    - Residents (accredited residency programs).
    - Peer professionals (formal job role/responsibility).

Professional Services

Each worth 1 MOSC credit (maximum of 5 credits cumulative across subcategories in each three-year cycle).

- Subject matter expert.
- Committee/board participation (including ABPTS, specialty panels, and other specialty-related appointments).
- Task force or work group (ABPTS, APTA section or component-sponsored; or other professional organization).
- Item writing (1 MOSC credit for every 5 items accepted by specialty panel for board exam for ABPTS specialty certification).
- Committee content expert, such as a CCE, appointed ABPTS position. Must serve a full term, unless term could not be completed due to professional advancement in another ABPTS position).
- Administrative activities.
- Starting a residency or fellowship program.
- Community service in clinical specialty area.
- Other.

Category 2

Completion of a CE Course

1 MOSC credit for every 10 contact hours (specialty-related CEU).

ABPTS Approved CEUs

You may view courses in the APTA Learning Center that have been approved by ABPTS Specialty Panels for MOSC credit in your specialty. To find relevant courses, filter by practice area under the "Search by Category" dropdown and select your specialty from the list. This is intended to be a resource for specialists

in search of courses to satisfy their Category 2 requirement, but continuing education is not limited to what you may find in the Learning Center. Coursework may come from a wide variety of providers, so long as it falls within the specialty area.

Completion of an Accredited Residency, or Fellowship

Successful completion of an ABPTRFE-accredited residency or fellowship program in a designated specialty practice area meets all requirements for one three-year MOSC cycle.

Completion of College or University Course

5 MOSC credits.

Teaching a College or University Course

- Serving as primary instructor/coordinator – 5 MOSC credits.
- Serving as assistant for the course – 2 MOSC credits.

Note: You may count each course only once in each three-year cycle.

Teaching a CE Course

2 MOSC credits for every hour of teaching (maximum of 5 MOSC credits in each three-year cycle).
Note: You may count each course only once in each three-year cycle.

Category 3

Professional Presentations

MOSC credits vary by presentation (maximum of 5 credits cumulative across subcategories in each three-year cycle).

- Peer-reviewed presentations (each worth 2 MOSC credits):
  - Platform or poster presentation.
  - Invited speaker.
- Non-peer-reviewed presentations (each worth 1 MOSC credit):
  - In-service presentations.
  - Presentation to professional groups.
  - Presentation to client-based groups.
  - Presentation to community groups.
  - Panelist at forum.
  - Participation in a journal club.
  - Other.

Professional Writing *(Authorship/Editorship)*

(maximum of 5 credits cumulative across subcategories in each three-year cycle).

- Peer-reviewed writing (each worth 3 MOSC credits):
  - Book chapter, peer-reviewed journal article.
  - Grant proposal, primary investigator or co-investigator.
  - Book chapter, peer-reviewed journal article.
  - Case study or case report.

- Home study module.
- Editor
- Other.

- Non-peer-reviewed writing (each worth 1 MOSC credit):
  - Non-peer reviewed publication.
  - Reviews or commentaries.
  - Manuscript reviewer.
  - Hooked on evidence.
  - Professional meeting abstract reviewer.
  - Other.

Research Activities

Each worth 1 MOSC credit (maximum of 5 credits cumulative across subcategories in each three-year cycle).

- Contributions to Physical Therapy Outcomes database.
- Contributions to physical therapy research project.
- Participation in an ABPTS or ABPTRFE revalidation study in the specialty area.
- Research summit participation.
- Other.

Access the Online Portal

Requirement 1: Licensure, Patient Care Hours, & Sports Specialty Requirements

Requirement 3: Case Reflection Submission

Requirement 4: Year 10 Non-Proctored Knowledge Review

MOSC Cycle and Certification Extension

Guidelines and Request Process

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Alexandria, VA 22305-3085

Do you need help?

Requirement 3: Case Reflection Submission

The ABPTS Maintenance of Specialist Certification (MOSC) is a model for certification that focuses on continuing competence of the physical therapist specialist. This page covers MOSC Requirement 3: Practice Performance Through Examples of Clinical Care and Reasoning.

The purpose of this requirement is to document continuing competency in patient and client management in the specialty area.

Specialists will use the online portal to complete one case reflection as part of their year six certification submission cycle. This case reflection submission will be used to demonstrate the use of clinical care and reasoning. The case submission must have reflective components, a completed International Classification of Functioning, Disability and Health chart (for all specialty areas except for clinical electrophysiologic physical therapy, which requires an unedited patient report), and must cite references supporting the specialist's clinical reasoning.

This case reflection submission will not be scored, but they will be screened for completion of required information and reflection.

Requirement 3 Resources

The three resources below will help you prepare for Requirement 3: an ICF chart template, a sample ICF chart using the template, and a template and instructions for submitting a case reflection.

All resources are adapted from "A Tool for Clinical Reasoning and Reflection Using the ICF Framework and Patient Management Model" by Atkinson and Cave and published in PTJ: Physical Therapy & Rehabilitation Journal, March 2011.

- ICF Chart Template (.doc)
- Sample ICF Chart (.pdf)
- Case Reflection Submission Template (.doc)

Access the Online Portal

Requirement 1: Licensure, Patient Care Hours, & Sports Specialty Requirements

Requirement 2: Engagement in Professional Development Activities

Requirement 3: Case Reflection Submission

Requirement 4: Year 10 Non-Proctored Knowledge Review

MOSC Cycle and Certification Extension

Guidelines and Request Process

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APTA Learning Center
APTA Store
ChoosePT.com
ValueofPT.com
Guide to Physical Therapist Practice

Requirement 4: Year 10 Non-Proctored Knowledge Review

The ABPTS Maintenance of Specialist Certification (MOSC) is a model for certification that focuses on continuing competence of the physical therapist specialist.

This page covers MOSC Requirement 4: Year 10 Non-Proctored Knowledge Review.

Knowledge Review

MOSC Knowledge Review Overview Presentation

During year 10 of the certification cycle, you must to take a knowledge review, comprising 100 multiple choice items. The review is specialty-specific, assesses your cognitive expertise in the specialty area, and reflects contemporary specialist practice.

The goal of the review, and maintenance program generally, is to facilitate continued competence, and designed to educate and enrich the clinician's expertise in the specialty practice area.

Each specialty recertification review blueprint will be consistent to include the following 3 general categories:

- Knowledge Areas
- Professional Roles, Responsibilities and Values
- Patient/Client Management

Prerequisite

You must successfully complete Requirements 1-3 before taking the knowledge review. If you fail to receive a passing score after the first attempt, you are permitted to sit for the review one additional time. You will maintain your certification during this one-year grace period.

What You Need To Know About the Review

- Registration fee: $100/members; $200/non-members
- The knowledge review is non-proctored.
- Specialists are permitted to use **external resources and reference materials**. Click on your specialty below for the MOSC knowledge review content outline and list of suggested references from each ABPTS specialty panel:
    - Cardiovascular and Pulmonary
    - Clinical Electrophysiology
    - Geriatrics
    - Neurology
    - Orthopaedics
    - Pediatrics
    - Sports
    - Women's Health
- The review is comprised of 100 multiple choice items. Specialists are provided questions in four blocks with 25 questions per session block. There will be no video items included.
- Specialists will be given up to 12 minutes to complete each item on the review.
- Specialists are given up to eight months to complete the review, and may move through the review at their own pace. However, once a question has been answered a specialist may not return to that question.
- Specialists will be granted the opportunity to request that provisions be made to account for "life-events" that might impede their ability to complete any portion of the knowledge review cycle in the 10th or 11th years.

Knowledge Review Reattempt

ABPTS policy allows specialists who are unsuccessful on their initial knowledge review attempt one additional opportunity to demonstrate current knowledge and skills.

- **Timing:** The retake occurs during the next annual knowledge review cycle (registration opens July 1; knowledge review begins November 1).
- **Process:** Specialists must complete the standard registration process to participate.
- **Registration Fee:** $75 retest knowledge review registration fee.
- **Credential Status:** Specialists retain their board certification during this additional year (an 11th year) while preparing for and completing the retake.

Failure to achieve a passing result on the second attempt will result in not meeting the requirements for MOSC.

PSI Browser Requirements for the MOSC Knowledge Review

Please click here to be redirected to the PSI website providing more detailed information regarding the browser requirements to take the MOSC knowledge review.

Access the Online Portal

Requirement 1: Licensure, Patient Care Hours, & Sports Specialty Requirements

Requirement 2: Engagement in Professional Development Activities

Requirement 3: Case Reflection Submission

PTA Advanced Proficiency Pathways

Take your career to the next level with APTA's PTA Advanced Proficiency Pathways, the premier program for APTA members to increase their knowledge and skill in up to eight areas of physical therapy. Join more than 400 APTA member PTAs who have transformed their careers.

Learn More Apply Now

This assessment-based certificate program allows PTAs to be recognized for their advanced proficiency, in one or more of the currently available eight specialized pathways.

APTA members can choose from eight specialization areas:

- Acute Care.
- Cardiovascular and Pulmonary.
- Geriatrics.
- Neurology.
- Oncology.
- Orthopedics.
- Pediatrics.
- Wound Management.

Once achieved, the Advanced Proficiency Pathways program recognition is good for 10 years.

- View list of current recipients of the PTA Advanced Proficiency Pathways program (by specialty)

- View list of current recipients of the PTA Advanced Proficiency Pathways program (by state)

Why choose the APTA PTA Advanced Proficiency Pathways program?

- **Specialized training:** Gain advanced, hands-on knowledge and skills tailored to your chosen field.
- **Expert mentorship:** Learn from experienced mentors who will guide you every step of the way.
- **Professional recognition:** Stand out in your profession through this advanced program recognition that's valid for 10 years.

Submit My Application

Program Enrollment Requirements

Prerequisites

Prior to enrollment, you must be an APTA member in good standing, have a current unrestricted PTA license, and complete the following courses* in the APTA Learning Center:

- Leading the Team: A Practical Guide to Working with PTAs
- Professionalism and Ethics in Physical Therapy: Fundamental Series

*These prerequisite courses are free for APTA members.

APTA Members Get More

To participate in the program, you must be an APTA member at the time of enrollment. With APTA, you have a unique opportunity to take your PTA expertise to the next level.

Join APTA Today

Program Fees

- Enrollment fee: $150.
- Final program portfolio review fee: $150.
- Costs of continuing education (varies per participant).

Application Process

Ready to be a leader in your specialty? Submit your application before the next deadline to take the first step toward a transformative career.

Review the Steps and Deadlines

Questions about APTA's PTA Advanced Proficiency Pathways program? Please email APTA PTA APP.

"Knowledge is the most important priority. We must keep current with evidence-based r otherwise we can fall into a rut, doing the same thing all the time — not learning — and burned out."

DEBRA LYNN LUDWICZAK-HENRY, GERIATRICS

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PTA APP Application Process and Requirements

View program enrollment requirements including prerequisites, enrollment schedule, post-enrollment program requirements, and more below.

Program Enrollment Requirements

Prerequisites

Prior to enrollment, you must complete the following courses in the APTA Learning Center:

- Optimizing the PT-PTA Team: Roles, Communication, and Collaboration
- Professionalism and Ethics in Physical Therapy: Fundamental Series

Supervising Physical Therapist Selection

The supervising physical therapist must be an individual who agrees to assist the applicant through the PTA Advanced Proficiency Pathways program. They may be asked to provide clinical mentoring, selected clinical experiences, relief time for clinical mentoring, and professional and/or personal support to the applicant, all as permitted by facility and regulatory guidelines. They also agree to demonstrate professional behaviors and provide opportunities as they arise for the applicant to develop skills in advocacy, leadership, and mentoring. They agree to promote enhanced PT-PTA collaboration, including communication and documentation. They also are asked to sign off on the applicant's submitted total work hours in the content area of the Advanced Proficiency Pathway at the conclusion of the program.

Mentor Selection

Participants are responsible for recruiting their clinical mentor, who provides instruction and feedback until the PTA is able to perform interventions or behaviors independently, as indicated in provided assessment tool post-enrollment.

The clinical mentor is a PT who has demonstrated competency in the content area and has accepted responsibility for teaching and guiding the PTA through the clinical education component of the curriculum.

The clinical mentor and supervising physical therapist can be the same person, providing that the supervising physical therapist has the required skills to serve as a clinical mentor.

Enrollment Schedule

Enrollment applications are accepted on a rolling basis and subject to the following submission and review schedule.

Enrollment Submission Deadlines:

- **August 31:** Enrollment reviews conducted September 1-15.
- **November 30:** Enrollment reviews conducted December 1-15.
- **February 28:** Enrollment reviews conducted March 1-15.
- **May 31:** Enrollment reviews conducted June 1-15.

Access the Online Portal

Steps to your online enrollment will include:

- Submission and verification of your current contact information and PTA licensure.
- Name and contact information of a self-designated supervising physical therapist (see supervising physical therapist selection below), who will receive an email request to complete a recommendation and partnering agreement.
- Name and contact information of a self-designated clinical mentor (see mentor selection guidelines listed below), who will receive an email request to complete a recommendation and partnering agreement.
- Completion of the two prerequisite courses listed above, which the online enrollment system will automatically verify.
- Submission of a $150 enrollment application fee. (Please note that an additional $150 portfolio review fee is due upon completion of program requirements and submission of final program portfolio.)

Enrollment applications will not be processed until all information has been submitted. Allow four to six weeks for review of enrollment applications.

Post-Enrollment Program Requirements

Once enrolled in the program, candidates have up to five years to complete the following program requirements using the online submission portal:

- Submission of evidence of completion of 70 contact hours of continuing education **coursework (online or in person)** within the designated specialty pathway. Course details and proof of completion required. Candidates may submit courses completed up to five years prior to or after enrollment.

- Completion of mentored clinical experiences (see mentor requirements above) with knowledge and skills assessments, conducted with previously designated clinical mentor. Final completed assessment document uploaded by clinical mentor.
- Documentation of 2,000 clinical hours of work experience in the selected content area. Following submission, verification request emailed to designated supervising physical therapist. Candidates may submit hours completed up to five years prior to or after enrollment.

Questions?

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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

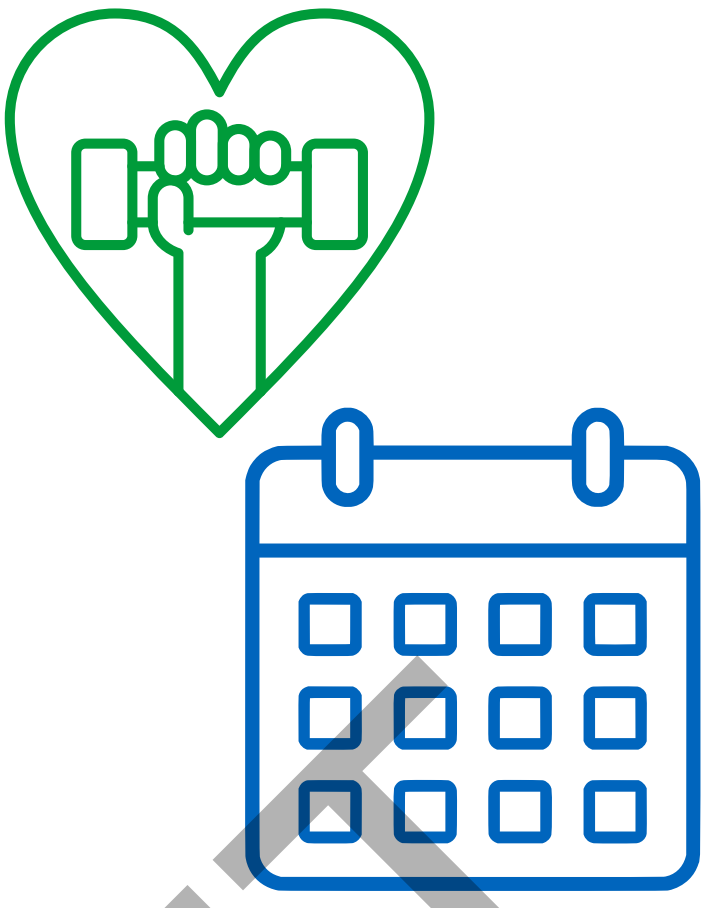
- PTs need 20 hours
- PTAs need 15 hours

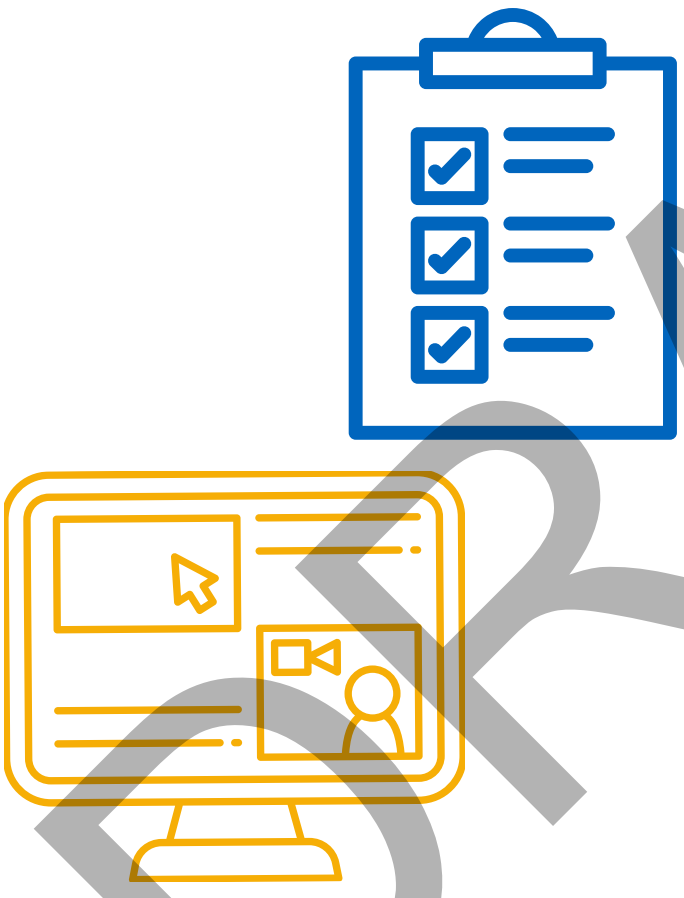
Accepted Type 1 Activities:

- 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.

Review and Consideration of Draft Guidance Document – Imaging Referrals by Physical Therapists

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.