DRAFT UNAPPROVED

BOARD OF PHYSICAL THERAPY MINUTES OF INVESTIGATORS TRAINING

Friday, April 22, 2005Department of Health Professions6603 West Broad Street, 5th FloorRichmond, Virginia 23230Conference Room 4Floor	
CALL TO ORDER:	A meeting of the Virginia Board of Physical Therapy was called to order at 1:00 p.m.
PRESIDING:	W. Gayle Garnett, P.T., Chair
MEMBERS PRESENT:	Maureen Lyons, P.T. Lorraine Quinn, P.T.A. Lisa D. Shoaf, Ph.D., P.T J. R. Locke, Citizen Member Joe Gieck, P.T. Damien Howell, P.T.
STAFF PRESENT:	Elizabeth Young, Executive Director Annie B. Artis, Operations Manager Pam Horner, Administrative Assistant
COUNSEL PRESENT:	Jack Kotvas, Assistant Attorney General
OTHERS PRESENT:	Faye Lemon, R.N., Executive Director, Enforcement Division Gayle Miller, Adjudication Specialist Pam Twombly, R.N., Investigative Supervisor Ann Tiller, Compliance Manager Shannon Roberson, NHA, Case Intake Analyst Laura Baldwin, P.T., Investigator
GUEST PRESENT:	Heidi Zander, P.T.
QUORUM:	With seven members of the Board present, a quorum was established.
AGENDA:	Agenda was accepted.
INTRODUCTIONS:	Introductions were made of all of those who were in attendance to include board members, board counsel, board staff, administrative proceedings staff, enforcement staff and guests.

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GUIDE TO PHYSICAL THERAPY:	Ms. Young stated there is a manual entitled "Guide to Physical Therapy" that is available in paperback as well as on C.D., and that she would provide copies to Ms. Lemon and various members of the Enforcement staff.
ISSUES OF CONCERN:	Ms. Lemon gave a brief overview of the function of the enforcement division. She stated that the division receives cases involving all thirteen boards to include approximately 4,000 to 5,000 cases a year. Ms. Lemon stated that there are currently seventeen open physical therapy cases in the investigation stage. She stated that most of the cases involve scope of practice issues for this board. She further stated that most physical therapy cases are classified as Priority C. Ms. Lemon stated that she was fortunate to actually have an investigator who is a licensed physical therapist, Ms. Baldwin. She stated that the Department of Health Professions was one of the few agencies that receive anonymous calls through a 1-800 line.
	Mr. Roberson spoke briefly regarding the cases that he reviews. He stated that a majority of the complaints are received from patients involve perceived patient abuse by physical therapists and requesting that the patients perform beyond their capacity or ability. He stated that he has also had received a large number of inquiries about physical therapy for animals. Dr. Shoaf stated that the question of physical therapy for animals has been a hot topic for the Federation of State Boards of Physical Therapy over the last several years. She stated FSBPT has conversed with various veterinary associations; however, they have been unable to reach a consensus. Dr. Shoaf stated that veterinarians were not listed as a referral source in the regulations. She stated that this may evolve into a whole new profession, such as animal rehabilitation.

Ms. Garnett raised the question of "how are therapists presenting themselves?" Dr. Shoaf stated that therapists may not be communicating clearly with the patients. Mr. Gieck stated that it may be helpful for therapists to develop a form outlining specific actions by the patient and physical therapist during the physical therapy sessions, to determine whether there was a lack of communication; and whether the patient was pushed beyond their ability. Dr. Shoaf stated that perhaps if patients voiced their concerns more to the therapists, than to employers within the facilities, Virginia Board of Physical Therapy Legislative Regulatory Committee April 22, 2005

there would be fewer complaints.

Ms. Garnett stated that when cases are lodged against physical therapist assistants, she feels that the supervising physical therapist should also be investigated. She stated she also looks for a pattern. Ms. Baldwin stated that she takes a sample of problems that were documented in the case. Ms. Baldwin stated that when conducting an investigation the following specific information is needed: 1) She asks the source if they have addressed the complaint with the respondent. 2) She determines whether or not a line of communication has been established. 3) She researches to acquire background information; what is the global picture; is there a pattern of actions with prior patients? 4) Research data about the entire clinic. 5) Is there a pattern of practice of the individual? 6) The physical therapist assistant and the supervision of the physical therapist; is there aiding and abetting of unlicensed activity? 7) What kind of information was shared with the patient? 8) Death in the nursing home establishment; is there a pattern? 9) List of previous patients; is there a pattern? 10) Who did what and when? FUTURE ISSUE: 11) Who does what on site? Dr. Shoaf stated that an upcoming issue is the 75% Rule for Medicare patients in rehabilitation facilities. She stated that this may lead to a lack of quality care in nursing homes for patients who are there for 90-days of skilled care. Dr. SUPERVISION OF PTA Shoaf stated that this issue is being lobbied heavily by BY PT: nursing homes. There was a discussion of supervision of the physical therapist assistant by the physical therapist.

- 1) How is the patient re-evaluated?
- 2) What kind of routine communication has taken place between the physical therapist and the physical

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therapist assistant?

TERMINOLOGY:	 Pool therapy seemingly has become a dumping ground; there are a lot of problems with communication between the PT's and PTA's
	There was discussion regarding the need for a distinction in terminology of unlicensed personnel to the patients. When working with the patients, personnel should identify themselves as aides, physical therapist assistants or physical therapists.
ADJOURNMENT	With all business concluded the meeting adjourned at 2:30 p.m.

W. Gayle Garnett, P.T., Chair

Elizabeth Young, Executive Director

Date

Date