
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 Consideration of Amendments - Periodic Review of Regulations (Chapter 18VAC112-20)
 - Review of 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)
- Guidance Document Review
 - 112-2, Board guidance on the use of confidential consent agreements
 - 112-3, Board Guidance on Receipt of Verbal Orders for Medications by Physical Therapists
 - 112-13, Approval of a Traineeship
- Imaging Referrals by Physical Therapists - Letter from APTA-Virginia

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.

May 8, 2025

The Legislative/Regulatory Committee of the Virginia Board of Physical Therapy convened on Thursday, May 8, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT

Mira H. Mariano, PT, PhD, Board Member, Vice-President, Committee Chair
Megan Bureau, PT, DPT, Board Member
Susan Szasz Palmer, MLS, Board Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Erin Barrett, Director of Legislative and Regulatory Affairs
Sarah Georgen, Licensing and Operations Supervisor
Annette Kelley, MS, CSAC, Deputy Executive Director
Laura Mueller, Senior Licensing Specialist
Matt Novak, Policy and Economic Analyst
Arne Owens, Agency Director
Brent Saunders, Senior Assistant Attorney General, Board Counsel
Corie Tillman Wolf, Executive Director

OTHER GUESTS PRESENT:

Joseph Gianfortoni, MD
Paige Roberts
B. Dodson

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

CALL TO ORDER

Dr. Mariano called the meeting to order at 9:01 a.m. and asked the Board members and staff to introduce themselves.

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

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

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

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF THE AGENDA

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

Upon a **MOTION** by Dr. Bureau and properly seconded by Ms. Szasz Palmer, the Committee voted to accept the agenda as presented. The motion carried unanimously (3-0).

PUBLIC COMMENT

Dr. Joseph Gianfortoni, MD, provided public comment requesting the Board to convene a regulatory advisory panel to provide specialized technical assistance for the discussion of pelvic floor therapy and the definition of invasive procedures. Dr. Gianfortoni requested that the Board define requirements for scope of practice, standard of care, and credentialing of pelvic floor therapy; requested a definition of invasive procedure; and requested that the Board clarify the documentation requirements.

DISCUSSION AND COMMITTEE RECOMMENDATIONS

Review of Recommendations for Use of Digital Technology in the Practice of Physical Therapy and Revisions to Board Guidance on Telehealth, 112-21

Dr. Mariano requested that Ms. Tillman Wolf provide a recap of the Committee's last discussion regarding the use of digital technology in the practice of physical therapy and an update related to the Board's Guidance Document on Telehealth.

Ms. Tillman Wolf offered possible options for recommendations to the full Board related to maintaining the existing Board guidance on telehealth and developing a policy document specific to digital practice, which would allow more flexibility for future revision as needed.

The Committee discussed the recommendations and reviewed the staff draft of a policy document for the use of digital technology in the practice of physical therapy.

Ms. Szasz Palmer motioned to leave the existing Guidance Document as is with a recommendation to the full Board. Upon further discussion, Ms. Szasz Palmer withdrew her motion.

Upon a **MOTION** by Ms. Szasz Palmer and properly seconded by Dr. Bureau, the Committee voted to recommend to the full Board to adopt the digital practice policy document as amended. The motion carried unanimously (3-0).

Recommendations for Practice of Pelvic Floor Therapy and Definition of Invasive Procedure

Dr. Mariano requested that Ms. Tillman Wolf provide a recap of the Committee's last discussion regarding the practice of pelvic floor therapy and definition of invasive procedure.

Ms. Tillman Wolf provided information for the Committee's consideration related to previous discussions of the Committee and the areas where draft regulatory language was provided for the Committee's review.

The Committee discussed possible options for regulatory recommendations to the full Board, including areas where future guidance may be warranted.

Upon a **MOTION** by Dr. Bureau, and properly seconded by Ms. Szasz Palmer, the Committee voted to submit the recommendations of the Committee related to the consideration of amendments to the Board's Regulations (18VAC112-20-120 and 18VAC112-20-170) regarding informed consent, use of chaperones, and sensitive physical therapy treatment as discussed. The motion carried unanimously (3-0).

Clarifications or Revisions to Continuing Education Requirements (18VAC112-20-131)

Ms. Tillman Wolf provided a recap of the Committee's last discussion regarding continuing education requirements and the confusion created by the existing Type 2 category hours.

The Committee discussed possible recommendations to the full Board and the incorporation of possible amendments into the periodic review process.

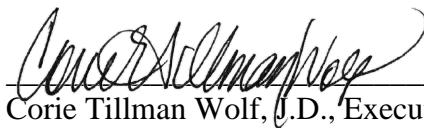
Upon a **MOTION** by Dr. Bureau and properly seconded by Ms. Szasz Palmer, the Committee voted to submit recommendations to the full Board regarding revisions to the continuing education requirements under 18VAC112-20-131 regarding the type and amount of hours for PTs and PTAs as discussed. The motion carried unanimously (3-0).

NEXT STEPS

Dr. Mariano stated that the recommendations of the Committee, as outlined in the motions, would be presented to the full Board for consideration at the next scheduled Board meeting on August 21, 2025, and that another Legislative/Regulatory Committee Meeting would be scheduled for a later date if necessary.

ADJOURNMENT

Dr. Mariano called for any objections to adjourn the meeting. Hearing no objections and with all business concluded, the meeting adjourned at 10:15 a.m.



Corie Tillman Wolf, J.D., Executive Director

November 15, 2025
Date

Discussion and Committee Recommendations

Regulations Governing
the Practice of
Physical Therapy
(18VAC112-20-10 et
seq.)

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

"Approved program" means an educational program accredited by 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 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 that may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 17, Issue 25, eff. September 12, 2001; Volume 19, Issue 1, eff. October 23, 2002; Volume 20, Issue 24, eff. September 8, 2004; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 30, Issue 10, eff. February 27, 2014; Volume 34, Issue 10, eff. February 7, 2018; Volume 37, Issue 14, eff. April 30, 2021; Volume 37, Issue 17, eff. May 12, 2021.

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 provided or when served to the licensee. Any change of name or change in the address of record or the public address, if different from the address of record, shall

be furnished to the board within 30 days of such change.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 25, Issue 17, eff. July 1, 2009; Volume 37, Issue 14, eff. April 30, 2021.

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

A. Decision to delegate. In accordance with subdivision 10 of § 54.1-2400 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 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; and
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 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.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 21, Issue 19, eff. June 29, 2005; amended, Virginia Register Volume 40, Issue 24, eff. September 26, 2024.

18VAC112-20-27. Fees.

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

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 30, Issue 10, eff. February 27, 2014; amended, Virginia Register Volume 32, Issue 3, eff. November 4, 2015; Volume 36, Issue 11, eff. March 5, 2020; Volume 37, Issue 03, eff. October 28, 2020; Volume 37, Issue 17, eff. May 12, 2021; Volume 41,

Issue 20, eff. June 18, 2025.

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.

Statutory Authority

§§ 54.1-2400 and 54.1-3475 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000.

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

Statutory Authority

§ 54.1-2400 and Chapter 34.1 (§ 54.1-3473 et seq.) of Title 54.1 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 25, Issue 26, eff. September 30, 2009.

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, and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;
2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and
3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

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

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.
2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying the applicant's graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:
 - a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or
 - b. An official certification in English from the school attesting to the applicant's attendance and graduation date.
3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board and based upon the FSBPT coursework tool for physical therapist assistants.

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

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.
2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories,

the District of Columbia, or Canada, equivalent to the requirements of this chapter.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 22, Issue 23, eff. August 23, 2006; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 37, Issue 14, eff. April 30, 2021.

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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 25, Issue 26, eff. September 30, 2009; Volume 30, Issue 10, eff. February 27, 2014; Volume 37, Issue 17, eff. May 12, 2021.

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 an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state or Canadian province at the time of initial licensure in that state or province; and
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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 22, Issue 23, eff. August 23, 2006; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 30, Issue 10, eff. February 27, 2014; Volume 34, Issue 10, eff. February 7, 2018; Volume 37, Issue 14, eff. April 30, 2021; Volume 37, Issue 17, eff. May 12, 2021; Volume 41, Issue 20, eff. June 18, 2025.

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.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 37, Issue 14, eff. April 30, 2021.

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 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. Any additional documentation as may be required by the board to determine eligibility of the applicant; and
3. The application fee as specified in 18VAC112-20-27.

Statutory Authority

§§54.1-2400 and 54.1-3482.1 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 18, eff. June 10, 2009; amended, Virginia Register Volume 32, Issue 3, eff. November 4, 2015; Volume 41, Issue 20, eff. June 18, 2025.

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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 37, Issue 17, eff. May 12, 2021.

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 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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 17, Issue 25, eff. September 12, 2001; Volume 20, Issue 24, eff. September 8, 2004; Volume 25, Issue 18, eff. June 10, 2009; Volume 25, Issue 26, eff. September 30, 2009; Volume 30, Issue 10, eff. February 27, 2014; Volume 37, Issue 14, eff. April 30, 2021; Volume 37, Issue 17, eff. May 12, 2021.

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.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 37, Issue 14, eff. April 30, 2021.

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.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 25, Issue 26, eff. September 30, 2009; Volume 30, Issue 10, eff. February 27, 2014; Volume 37, Issue 14, eff. April 30, 2021.

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 or other support personnel.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 37, Issue 2, eff. October 29, 2020; amended, Virginia Register Volume 40, Issue 4, eff. November 8, 2023; Volume 41, Issue 20, eff. June 18, 2025.

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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 19, Issue 1, eff. October 23, 2002; Volume 20, Issue 24, eff. September 8, 2004; Volume 22, Issue 13, eff. April 5, 2006; Volume 25, Issue 18, eff. June 10, 2009; Volume 32, Issue 3, eff. November 4, 2015; Volume 37, Issue 14, eff. April 30, 2021; Volume 37, Issue 17, eff. May 12, 2021.

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.
- 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.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 19, Issue 1, eff. October 23, 2002; amended, Virginia Register Volume 25, Issue 18, eff. June 10, 2009; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 29, Issue 25, eff. September 26, 2013; Volume 32, Issue 3, eff. November 4, 2015; Volume 33, Issue 15, eff. May 5, 2017; Volume 34, Issue 10, eff. February 7, 2018; Volume 34, Issue 9, eff. February 8, 2018; Volume 35, Issue 9, eff. February 10, 2019; Volume 37, Issue 14, eff. April 30, 2021; Volume 41, Issue 20, eff. June 18, 2025.

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.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 18, Issue 8, eff. January 30, 2002; Volume 19, Issue 1, eff. October 23, 2002; Volume 22, Issue 1, eff. October 19, 2005; Volume 25, Issue 26, eff. September 30, 2009; Volume 27, Issue 2, eff. October 27, 2010; Volume 29, Issue 21, eff. July 17, 2013; Volume 30, Issue 10, eff. February 27, 2014; Volume 34, Issue 10, eff. February 7, 2018; Volume 37, Issue 14, eff. April 30, 2021.

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 .

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 19, Issue 1, eff. October 23, 2002; Volume 25, Issue 26,

eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 30, Issue 10, eff. February 27, 2014; Volume 34, Issue 10, eff. February 7, 2018; Volume 37, Issue 14, eff. April 30, 2021.

18VAC112-20-140. Traineeship requirements.

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

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 19, Issue 1, eff. October 23, 2002; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 30, Issue 10, eff. February 27, 2014; Volume 37, Issue 14, eff. April 30, 2021; Volume 37, Issue 17, eff. May 12, 2021.

Part IV. 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.

Statutory Authority

§ 54.1-2400 and Chapter 34.1 (§ 54.1-3473 et seq.) of Title 54.1 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 26, eff. September 30, 2009.

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.

Statutory Authority

§ 54.1-2400 and Chapter 34.1 (§ 54.1-3473 et seq.) of Title 54.1 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 26, eff. September 30, 2009.

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 an 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.

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.

Statutory Authority

§ 54.1-2400 and Chapter 34.1 (§ 54.1-3473 et seq.) of Title 54.1 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 26, eff. September 30, 2009.

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 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.

Statutory Authority

§ 54.1-2400 and Chapter 34.1 (§ 54.1-3473 et seq.) of Title 54.1 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 26, eff. September 30, 2009.

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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 26, eff. September 30, 2009; amended, Virginia Register Volume 37, Issue 17, eff. May 12, 2021; Volume 41, Issue 20, eff. June 18, 2025.

Guidance Document Review

Board of Physical Therapy**CONFIDENTIAL CONSENT AGREEMENTS**

Virginia Code § 54.1-2400(14) authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement (“CCA”). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his/her practice in such a manner as to be a danger to the health and welfare of patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted at any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. A CCA may be considered by the board in future disciplinary proceedings. A practitioner may only enter into two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period following the entry of two CCAs unless the board finds that there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

Violations of regulation or statute that may qualify for resolution by a Confidential Consent Agreement include, but are not limited to:

- Inadvertent HIPAA/confidentiality violation
- Exceeding scope of referral (i.e. number of treatments)
- First violation regarding continued competency (see Guidance Document 112-22)
- First violation of advertising regulations

Board of Physical Therapy

Board Guidance on Receipt of Verbal Orders for Medications by Physical Therapists

Question:

May a physical therapist directly receive a verbal order from a physician for changes to medications that are not typically managed by a physical therapist, such as discontinuing an order for a diuretic medication or decreasing the dosage of a blood pressure medication, where the verbal order is documented in the patient's electronic medical record and transmitted to the physician for signature? The question presented distinguishes a situation in which a physical therapist documents a conversation with a physician, transcribes a written order that has been received into the patient's record, or reconciles or compares patient medications to those listed in the patient's record.

Answer:

Physical therapists should not receive verbal orders from prescribing practitioners for medications that are not otherwise authorized for possession or administration by physical therapists pursuant to Virginia Code § 54.1-3408(E), as described below.

Analysis:

The Board's Regulations do not address specifically the issue of receipt of and/or transcription of verbal orders for medications by physical therapists.

However, a separate body of law, the Virginia Drug Control Act, sets forth the provisions related to prescriptions and prescribers. Virginia Code § 54.1-3408(B) sets forth how prescribing practitioners may communicate prescriptions or orders and who may administer those prescriptions.

Physical therapists are not listed among the practitioners in Virginia Code § 54.1-3408(B) who generally administer drugs and devices and are not permitted by the Drug Control Act to administer or possess controlled substances, except in accordance with Virginia Code § 54.1-3408(E), which provides the following:

E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

Of further note, the Virginia Board of Nursing recently revised [Guidance Document 90-2](#) (Transmittal of Orders by Authorized Agents, effective April 3, 2019) and [Guidance Document 90-31](#) (Whether a Nurse May Administer a Medication That Has Been Transmitted Orally Or In Writing By a Pharmacist Acting as the Prescriber's Agent, effective April 3, 2019). While these documents are intended to provide guidance to licensed nurses regarding the transmittal of orders, they shed additional light on the interpretation of which practitioners may receive verbal orders from prescribers.

For example, Guidance Document 90-2 references Virginia Code § 54.1-3408.01(C) which sets forth the following with regard to oral prescriptions (emphasis added):

C. The oral prescription referred to in § [54.1-3408](#) shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.

While this Code section specifically references transmittal of an oral prescription to a pharmacy, the guidance from the Board of Nursing in Guidance Document 90-2 contemplates a broader application of the transmittal of prescriber's orders:

Prescriber's orders should be transmitted by them directly to a licensed nurse. However, when circumstances preclude direct transmittal, such orders may be transmitted through an authorized agent of the prescriber in accordance with § 54.1-3408.01(C) of the Code of Virginia to the licensed nurse.

A physical therapist is not an individual who holds a valid license allowing the administration or dispensing of drugs, except as provided by Virginia Code § 54.1-3408(E), and typically is not an employee under the immediate and personal supervision of a physician (See Virginia Code §§ 54.1-3473, 54.1-3408, 54.1-3408.01).

Finally, with regard to scope of practice, the Board's Regulations, specifically 18VAC112-20-180, provides the following:

[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; ...

The definition of the practice of "physical therapy" can be found 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.

Accordingly, physical therapists should not receive verbal orders from prescribing practitioners for medications that are not otherwise authorized for possession or administration by physical therapists pursuant to Virginia Code § 54.1-3408(E).

BOARD OF PHYSICAL THERAPY

Approval of a Traineeship

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

- A. *Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.*
- B. *The traineeship, which shall be in accordance with requirements of 18VAC112-20-140, shall terminate 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.*

The Board provides guidance for applicants in the following circumstances:

- An applicant who has graduated from an accredited physical therapy program and (1) has registered to sit for the national examination or (2) has taken and passed the national examination may be approved for a traineeship even if the degree is to be awarded at a later date. Evidence that the graduate has met all degree requirements would be required for approval.
- A traineeship may be approved for a foreign-trained graduate upon evidence that the graduate's degree is equivalent to a degree from an accredited physical therapy program and that the graduate is registered to sit for the national examination.

Imaging Referrals by
Physical Therapists –
Letter from
APTA-Virginia

January 13, 2026

To: Members of the Virginia Board of Physical Therapy

Regarding: Request for clarification on imaging referral by physical therapists

Dear Esteemed Board Members:

A workforce study projected that by 2030 Virginia will have a shortage of Primary Care Physicians of 1,622 and total Physician shortage of 3,911. Virginia currently ranks 8% worse for total Physician to patient ratio compared to the national average. Physician office caseloads indicate that back and spine pain and arthritis account for two of the top ten reasons for a primary care visit (Finley, 2018). Physical Therapists have established a primary healthcare role in expediting musculoskeletal care to ensure timely health equity, cost effective care, and public safety. With this additional responsibility, coupled with an implicit or explicit duty to refer to our medical colleagues, the topic of Physical Therapist Musculoskeletal radiological referral/ordering has emerged as a key issue.

In a nation beset by critical and acute healthcare workforce shortfalls, exploring the Physical Therapist's role in expediting musculoskeletal care to ensure health equity, cost effective care, and public safety is both timely and pertinent. Our national governing body, the American Physical Therapy Association (APTA), has produced multiple documents including the *Guide to Physical Therapist Practice*, the *Normative Model of Physical Therapist Professional Education*, and *APTA House of Delegates Policies* which contain specific language directing Physical Therapists to refer to another health care professional if required services for evaluation or treatment are beyond the scope of the Physical Therapist. Specifically, the *Code of Ethics*, Principle 3C states "Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or **refer to peers or other health care professionals when necessary.**" Likewise, the *Normative Model of Physical Therapist Professional Education* includes a specific requirement to "determine the need for **referral to other health care providers.**" The language used by our national governing body clearly delineates a duty to act, rather than an option to do so.

Given that:

1. The Federation of State Boards of Physical Therapy: The FSBPT's Model Practice Act for Physical Therapy, 7th edition, states that the practice of physical therapy means determining a diagnosis and plan of intervention and **referring** patients/clients "to other healthcare providers and facilities for services and testing to inform the physical therapist plan of care." The Model Practice Act defines testing as: "Testing" means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures."

2. The American Physical Therapy Association (APTA) recognizes imaging as being within the scope of practice of a licensed physical therapist. The APTA's official policy explain in its House of Delegates' position statement HOD P06-12-10-09 concerning "Diagnosis by Physical Therapists" which states: *"When indicated, physical therapists order appropriate tests, including but not limited to imaging and other studies, that are performed and interpreted by other health professions. Physical Therapists may also perform or interpret selected imaging or other studies."*

3. United States Department of Defense, US Public Health Service, and the Department of Veterans Affairs: Imaging referral by physical therapists is practiced in the federal systems' military branches. Most recently, in a 2022 publication and 2024 press release, the Department of Defense (DoD) recognized physical therapists as Neuromusculoskeletal Experts (NMSEs). Specifically, the DoD has shown that direct access to physical therapy in the primary care role is safe and effective and will improve patient outcomes, military readiness, preservation of the force, and reduce costs associated with imaging and more invasive procedures.

4. The Virginia Code requires a physical therapist to refer a patient to an appropriate provider when the patient's condition is outside the physical therapist's scope of practice. Does referral to a Radiologist when a condition is suspected that requires imaging fulfill such requirement?

§ 54.1-3482. Practice of Physical Therapy; certain experience and referrals required; physical therapist assistants.

E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to 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 when such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate practitioner.

5. Currently, the DOD Military branches, ten states and the District of Columbia expressly permit Physical Therapists to order imaging for patients. Of them, six are via explicit statutes, and six are via physical therapy licensure board rules, policies, or opinions. These include Colorado, Utah, Nevada, Wisconsin, North Dakota, Rhode Island, District

of Columbia, New Jersey, Maryland, Arizona, West Virginia, and Iowa (APTA 2023). Additionally, states such as Arizona, Montana, Tennessee, Nevada, and Louisiana are currently pursuing changes to allow for Physical Therapists to order imaging.

6. The Commission on Accreditation in Physical Therapy Education (CAPTE) has requirements that physical therapist entry-level education programs must include in their curricula regarding referral.

Element 7D16: Requires that the curriculum includes content to prepare the graduate to "determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional."

Element 7D24: Mandates that graduates be able to "select and perform appropriate tests and measures" to formulate a diagnosis and prognosis. Imaging is explicitly categorized as a "test and measure" in the *Guide to Physical Therapist Practice*.

Element 7D37: Requires students to be able to "assess the health care needs of individuals... and provide consultation" within their scope. This includes interpreting imaging reports to determine if physical therapy is safe or if a medical red flag exists.

Given that the Laws and Regulations Governing Physical Therapist and Physical Therapist Assistant Practice in Virginia do not explicitly address the issue of imaging referral/ordering by Physical Therapists— something that FSBPT, APTA, and the DoD all consider to be within the scope of physical therapy practice— and in consideration that a referral to a Radiologist for the performance of a radiological study or test is an effective order of that test, we would like the Board's response to the following questions:

1. When a Physical Therapist has reasonable cause to believe that symptoms or conditions are present requiring services beyond their practice scope, does the therapist have a duty to refer the patient, in the timeliest fashion, to an appropriate healthcare provider/ practitioner to assist in managing the case when warranted?
2. In reference to the first query and the Statute cited above, does the Board consider a board-certified radiologist to be an "appropriate practitioner"?
3. Do the Statutes in Virginia Governing the Practice of Physical Therapy explicitly prohibit Physical Therapists from referring patients directly to a radiologist for appropriate diagnostic imaging studies? AND is such a referral effectively considered an order for that imaging study?

Regarding the third question, we respectfully ask the Board to consider as part of its clarification that referral to a radiologist/ordering an imaging test at an outside imaging center that utilizes ionizing radiation does not constitute “use” of radiation by the physical therapist within his or her practice. Rather, we are seeking clarification that Physical Therapists are not prohibited from referring elsewhere for imaging, effectively issuing an order for that imaging test. Of note, as a precedent, Colorado’s Practice Act contains similar language, and its Licensing Board made a similar determination without requiring any changes to the Practice Act. We seek guidance from the board to aid us in achieving the most appropriate method to codify the ability of a Physical Therapist to explicitly refer a patient for imaging, be it via a regulatory or legislative process.

We appreciate the Board’s time and attention to this matter.

Sincerely and respectfully,

Emily Hawkins, PT, DPT, PhD
President, APTA Virginia

Tom Bohanon, PT, DPT
Legislative Chair, APTA Virginia

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Rules of the Tennessee Board of Physical Therapy. (July 2018, revised). Chapter 1150-01 General Rules Governing the Practice of Physical Therapy. [Rules of TN Bd of PT](#)

A Normative Model of Physical Therapist Professional Education: Version 2004, American Physical Therapy Association

[CAPTE 2024 Standards and Required Elements for Accreditation of Physical Therapist Education Programs.](#)