

BOARD OF PHYSICAL THERAPY

Physical Therapy Services in Home Health

The Board provides the following guidance regarding the provision of physical therapy services in the home health setting.

Unlicensed Aides in a Home Health Setting

Regarding use of unlicensed aides to provide therapy services in a home health setting, 18VAC112-20-100(A) and (B) describes supervisory responsibilities of physical therapists (“PTs”). The Board interprets that regulation to require a PT or physical therapist assistant (“PTA”) to be responsible for providing direct supervision to unlicensed support personnel who may perform routine assigned tasks that do not require discretion or the exercise of professional judgment, regardless of the setting.

18VAC112-20-10 defines “direct supervision” and states that a licensee is “physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.”

18VAC112-20-120(A), (B), and(C) govern responsibilities to patients, including a requirement for the initial patient visit to be made by the PT and requirements related to performing that visit, evaluating the patient, and the establishment of a plan of care.

Scope of Practice

Virginia Code § 54.1-3473, which defines the “practice of physical therapy,” applies to all practice settings and does not change or alter with different practice settings.

Invasive Procedures

Virginia Code § 54.1-3482(D) requires invasive procedures to be performed under the referral or direction of a physician, chiropractor, podiatrist, dental surgery, licensed nurse practitioner, or physician assistant.

A PT cannot perform procedures outside of that licensee’s scope of practice or for which the PT is trained or individually competent. A PT is also responsible for knowingly allowing anyone under that PT’s supervision to practice outside that person’s scope of practice, training, or responsibility. 18VAC112-20-180(A).

Physical performance of the prothrombin time and international normalized ratio (“INR”) tests in home health settings

The Board of Physical Therapy offers the following guidance in response to questions PTs or PTAs performing INRs in home health settings:

The performance of finger stick blood specimens is a medical act that may be delegated by a practitioner licensed by the Board of Medicine to “technical personnel” who have been “properly trained.” *See* Va. Code § 54.1-2901(A)(4). If a PT or PTA performs a finger stick INR, he or she is acting as “technical personnel” and not as a PT because the act is not within the scope of practice of physical therapy. The INR must be performed with a physician’s order and the PT or PTA must be properly trained and competent and must make it clear to the patient that the procedure is not physical therapy. When the PT or PTA performs a finger stick, he or she should communicate the results to a nurse so that the nurse can interpret and communicate the results to the physician to make medication modifications. Since the physical therapist is acting in the role of “technical personnel,” he or she cannot bill for his or her time as physical therapy.

The following are key guidance points:

- Performing an INR is not considered within the scope of physical therapy;
- A PT or PTA must be properly trained in the administration of INRs;
- INRs must be performed in accordance with a physician’s order; and
- A PT or PTA cannot bill as a physical therapist for performing INRs.