

APPROVED
BOARD OF PHYSICAL THERAPY
LEGISLATIVE/REGULATORY COMMITTEE
MEETING MINUTES

The Virginia Board of Physical Therapy Legislative/Regulatory Committee met on Friday, October 26, 2007 at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Conference Room #4, Richmond, Virginia. The following members were present:

Maureen Lyons, P.T.
Damien Howell, P.T.
Peggy H. Belmont, P.T.
Robert Izzo, P.T.
Lorraine C. Quinn, P.T.A.

The following Board members were present; however, not on the committee:

J. R. Locke
George Maihafer, P.T.

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
Elaine Yeatts, Senior Policy Analyst
Annie B. Artis, Licensure Operations Manager
Rashaun K. Minor, Discipline Operations Manager

Representative from the Office of the Attorney General was present for the meeting:

Amy Marschean, Assistant Attorney General

Guests Present:

John Miller, Virginia Physical Therapy Association
Richard K. Gossman, Virginia Physical Therapy Association

CALLED TO ORDER

Ms. Lyons, P.T., called the Legislative/Regulatory Committee meeting to order at 9:10 a.m.

ORDERING OF THE AGENDA

The agenda was ordered as written.

PUBLIC COMMENT PERIOD

Mr. Miller, Legislative Chair of the Virginia Physical Therapy Association (VPTA) expressed his appreciation for the Board's work in regard to the direct access regulations. He stated that VPTA voted to support the regulations as they stand, with the exception of the recertification process.

Mr. Miller also spoke on the behalf of Aegis Therapies. He stated that physical therapists have provided high quality care in long-term care settings to include sharp debridement with on-site direct supervision. Mr. Miller further stated that Aegis Therapies ensures that its therapists received extensive training in the area of sharp debridement and the wording currently in place is unnecessary and asked that the Board adjust the wording. Mr. Miller also presented two letters to the Board showing that two physical therapist assistants had been certified as wound care specialists. He further stated that American Physical Therapy Association (APTA) was in the process of developing a wound care certification program.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

Proposed Regulations/Periodic Review

Ms. Hahn informed the Board that she and Ms. Yeatts reviewed past minutes and discussions in regard to discharge summaries and evaluations; however, a guidance document has not been created at this time.

Ms. Yeatts gave an overview of the recommended proposed changes in the regulations.

18VAC112-20-50.(B.3.) and (C.1.) Education requirements: graduates of approved programs.

B. 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 ~~other~~ 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.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 of English proficiency. ~~Other evidence of English proficiency shall be given that either the applicant's physical~~

~~therapist assistant program was taught in English. or that the native tongue of the applicant's nationality is English.~~

Upon a motion by Ms. Belmont and seconded by Mr. Howell the Board voted to change the last sentence as amended in 18VAC112-20-50 B.3 and C.1.

The members voting 'yes' were Ms. Belmont, Mr. Howell, Mr. Izzo, Ms. Lyons, and Ms. Quinn. There were no negative votes. The motion passed unanimously.

18VAC112-20-65(4.) Requirements for licensure by endorsement.

4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, ~~not to exceed~~ or 60 hours obtained within the past four years; and

Upon a motion by Mr. Howell and seconded by Ms. Belmont the Board voted to delete "not to exceed" and add the word "or".

The members voting 'yes' were Ms. Belmont, Mr. Howell, Mr. Izzo, Ms. Lyons, and Ms. Quinn. There were no negative votes. The motion passed unanimously.

18VAC112-20-90.(3.) General responsibilities.

3. The documented discharge of the patient, including the response to therapeutic intervention at the time of discharge.

Upon a motion by Mr. Howell and seconded by Mr. Izzo the Board voted to further define episode of care under discharge under 18VAC112-20-10.

The members voting 'yes' were Ms. Belmont, Mr. Howell, Mr. Izzo, Ms. Lyons, and Ms. Quinn. There were no negative votes. The motion passed unanimously.

18VAC112-20-131.(4.) Continued competency requirements for renewal of an active license.

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.

Upon a motion by Mr. Izzo and seconded by Mr. Howell the Board voted to add number 4 to require that documentation of graduation from a transitional doctor of physical therapy program be provided as evidence of continuing competency after the degree was awarded.

The members voting 'yes' were Ms. Belmont, Mr. Howell, Mr. Izzo, Ms. Lyons, and Ms. Quinn. There were no negative votes. The motion passed unanimously.

18VAC112-20-170.(B.3.) Confidentiality and practitioner-patient communication.

B.3. Before any invasive procedure is performed, informed consent shall be obtained and documented from the patient in accordance with the policies of the health care entity.

Upon a motion by Ms. Belmont and seconded by Ms. Quinn the Board voted to accept the two sections that were added (18VAC112-20-160 and 18VAC112-20-170) and to insert the word “documented” to the first sentence in B.3.

The members voting ‘yes’ were Ms. Belmont, Mr. Howell, Mr. Izzo, Ms. Lyons, and Ms. Quinn. There were no negative votes. The motion passed unanimously.

BREAK

The Committee recessed at 10:25 a.m. and reconvened at 10:40 a.m.

18VAC112-20-200.(D.) Advertising ethics.

- D. A licensee shall not use of the term “board certified” or any similar words or phrase calculated to convey the same meaning in any advertising for his practice unless he holds certification in a clinical specialty issued by the ~~American Physical Therapy Association~~ American Board of Physical Therapy Specialties.

It was the consensus of the Board to make the changes as stated above.

Upon a motion by Mr. Howell and seconded by Ms. Quinn the Board voted to adopt the proposed regulations as amended.

The members voting ‘yes’ were Ms. Belmont, Mr. Howell, Mr. Izzo, Ms. Lyons, and Ms. Quinn. There were no negative votes. The motion passed unanimously.

Revise Guidance Document on Invasive Procedures Regarding Sharp Debridement and EMG

Ms. Yeatts gave a brief overview of the history of EMG and sharp debridement.

Electromyography (EMG)

It was the consensus of the Board to accept the guidance document as written for electromyography (EMG).

Electromyography (EMG) is an invasive procedure and, in accordance with §54.1-3482 of the Code of Virginia, requires physician referral and direction. A physician order for EMG should be in writing; if the initial referral is received orally, it must be followed up with a written referral. The procedure is an advanced skill and only within the scope of practice for those physical therapists who have had specific, specialized education and training.

Sharp Debridement

It was the consensus of the Board to amend the guidance document regarding sharp debridement.

Sharp debridement is an invasive procedure and, in accordance with §54.1-3482 of the

Code of Virginia, requires physician referral and direction. Sharp debridement requires ~~post-~~
~~professional-~~ specific skills and training in wound care and on-going evaluation by the physical
therapist. If, in the professional judgment of the physical therapist responsible for the patient, the
physical therapist assistant has the competency, ~~advanced~~ skills and specific training to perform
sharp debridement, it may be delegated to the assistant. ~~However, the physical therapist must
provide direct, on-site supervision and remains responsible for the patient's care.~~

ADJOURNMENT

With no further business to discuss, the Committee adjourned at 11:20 a.m.

Maureen Lyons, PT., Chair

Lisa R. Hahn, Executive Director

Date

Date