

Virginia Department of
Health Professions
Board of Physical Therapy

Full Board Meeting

August 13, 2019

The Virginia Board of Physical Therapy convened for a full board meeting on Tuesday, August 13, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT

Arkena L. Dailey, PT, DPT, President*
Elizabeth Locke, PT, PhD, Vice-President*
Tracey Adler, PT, DPT, CMTPT*
Rebecca Duff, PTA, DHSc*
Allen R. Jones, Jr., PT, DPT
Mira H. Mariano, PT, PhD, OCS*
Susan Palmer, MLS

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Barbara Allison-Bryan, DHP Deputy Director
Erin Barrett, Assistant Attorney General, Board Counsel
David Brown, DC, DHP Director
Ashley Carter, Deputy for Analytics, Virginia Prescription Monitoring Program
Sarah Georgen, Licensing and Operations Manager
Lisa Hahn, Chief Operations Officer
Caroline Juran, Executive Director, Board of Pharmacy
Laura Mueller, Program Manager
Kelley Palmatier, Deputy Executive Director
Corie Tillman Wolf, Executive Director
Stephanie Willinger, Deputy Executive Director for Licensure, Board of Nursing
Elaine Yeatts, Senior Policy Analyst

OTHER GUESTS PRESENT

Trasean Boatwright, Board of Long-Term Care Administrators
Angela Pearson, Senior Discipline Operations Manager
Heather Wright, Board of Funeral Directors and Embalmers
Joey Roman, Governors Fellow
Annette Kelley, Deputy Executive Director, Board of Pharmacy
Richard Grossman, Virginia Physical Therapy Association
Janet Borges, L.Ac.
Desire Brown, PMP Account Administrative Assistant
Sarojini Rao, Department of Planning and Budget

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

CALL TO ORDER

Arkena L. Dailey, PT, DPT, Board President, called the meeting to order at 9:30 a.m. and asked the Board members and staff to introduce themselves.

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

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

Dr. Dailey provided reminders to the Board members and audience regarding microphones, sign in sheets, computer agenda materials, attendance for continuing education requirements and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINTUES

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Locke, the Board voted to accept the May 16, 2019 Full Board meeting minutes. The motion passed unanimously.

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Adler, the Board voted to accept the June 27, 2019 Public Hearing minutes. The motion passed unanimously.

ORDERING OF THE AGENDA

Upon a **MOTION** by Dr. Locke, and properly seconded by Ms. Palmer, the Board voted to accept the agenda as written. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

AGENCY REPORT

Dr. Brown reported on the DHP Telemedicine Workgroup held on August 5, 2019 and the DHP International Medical Graduates Workgroup held on August 6, 2019.

Dr. Brown provided an update on the agency website. He reported that website pages for the Board of Nursing, the DHP homepage and the DHP programs including Prescription Monitoring Program, Healthcare Workforce Data Center, and Health Practitioners Monitoring Program, had all been updated. He stated that each Board website would be updated soon.

Dr. Brown requested that the Board members hold October 7, 2019 on the calendar for Board member training. Ms. Hahn provided brief information regarding the details of the meeting. She stated that a Save-the-Date confirmation and agenda would be sent to Board members in the near future.

PRESENTATIONS

Presentation of Poster: “Another Prescription for Chronic Pain: Access to Licensed Physical Therapy Providers in Virginia’s Appalachian Region” – Ashley Carter, Deputy for Analytics, Virginia Prescription Monitoring Program

Dr. Dailey welcomed Ashley Carter of the Virginia Prescription Monitoring Program to provide a brief presentation related to a study she conducted and poster she developed with Dr. Yetty Shobo of the Healthcare Workforce Data Center that relates to access to physical therapy and opioid prescribing patterns in the Appalachian Region of Virginia.

Cannabidiol Oil and Vertical Pharmaceutical Processors – Caroline Juran, Executive Director, Board of Pharmacy

Dr. Dailey welcomed Caroline Juran, Executive Director for the Board of Pharmacy, to provide information regarding Cannabidiol Oil and Vertical Pharmaceutical Processors. Ms. Juran provided an overview of the current process for approving processors of CBD and THC-A oils derived from cannabis, and discussed the confusion regarding cannabis-based and hemp-based CBD products. Ms. Juran stated that the current language of the Code likely would not permit physical therapists to administer products containing CBD or THC-A oil to patients.

Criminal Background Check Process – Stephanie Willinger, Deputy Executive Director for Licensure, Board of Nursing

Dr. Dailey welcomed Stephanie Willinger, Deputy Executive Director for Licensure for the Board of Nursing, to provide a presentation on the criminal background check process, which will also be used going forward for Physical Therapists (PTs) and Physical Therapist Assistants (PTAs) beginning on January 1, 2020.

BREAK

The Board took a break at 10:56 a.m. and returned at 11:07 a.m.

STAFF REPORTS

Executive Director’s Report – Corie E. Tillman Wolf, JD, Executive Director

Ms. Tillman Wolf congratulated Dr. Dailey and Dr. Adler on their reappointment to the Board of Physical Therapy. Ms. Tillman Wolf welcomed Kelley Palmatier to DHP as the Deputy Executive Director.

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of March 31, 2019.

Cash Balance as of June 30, 2018

\$1,101,620

YTD FY19 Revenue	\$1,391,240
<u>Less YTD Direct & In-Direct Expenditures</u>	<u>\$595,153</u>
Cash Balance as of March 31, 2019	\$1,897,707

Ms. Tillman Wolf stated that the Board had received a recommendation from DHP’s Budget Director regarding the Board’s cash balance and a one-time reduction in renewal fees. This recommendation was made subject to change based upon any legislative or executive changes, or any unanticipated costs associated with the PT Licensure Compact. Ms. Tillman Wolf stated that the Board may further consider this recommendation in 2020 prior to the biennial renewal period at the end of 2020.

Ms. Tillman Wolf announced that Board staff was finalizing the continuing education audit and that the final data on the audit would be presented at the November Board meeting.

Ms. Tillman Wolf updated the Board on the Physical Therapy Compact status. Ms. Tillman Wolf provided the status of the PT Licensure Compact nationwide. She stated that Board staff is continuing to work on criminal background check (CBC) processes, uploads of data, and receiving training and guidance from the Compact Commission.

Ms. Tillman Wolf announced that The Federation of State Boards of Physical Therapy (FSBPT) Board of Directors has decided to discontinue the aPTitude, oPTion, and ProCert products related to continuing competence with a plan to refocus resources. She said that the FSBPT announced an end date of December 31, 2019. She stated that these changes would impact the Board’s regulations for the self-assessment tool and changes to the regulations would be needed.

Ms. Tillman Wolf reported on the FSBPT Leadership Issues Forum meeting held in Alexandria, Virginia on July 13-14, 2019.

Ms. Tillman Wolf discussed the proposed changes for Foreign Educated Physical Therapists (FEPT) through the FSBPT. She stated that the FSBPT recently decided through the Board of Directors to defer changes for FEPT’s to require Coursework Tool (CWT6) and to defer changes to the Test of English Fluency and Language (TOEFL) requirements to at least January 2022.

Ms. Tillman Wolf reminded Board members of upcoming FSBPT meeting dates to include the Annual Regulatory Training for Board members and staff in Alexandria, Virginia from August 16-18, 2019; and the FSBPT Annual Meeting and Delegate Assembly in Oklahoma City, OK from October 24-26, 2019.

Ms. Tillman Wolf presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

License	August 7, 2019	May 14, 2019	Change +/-
Physical Therapist	8,379	8,024	355
Physical Therapist Assistant	3,611	3,467	144

Total PT's and PTA's	11,990	11,491	499
Direct Access Certification	1,261	1,249	12

Ms. Tillman Wolf presented the PT Exam Statistics from July 24-25, 2019 which included the following:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	185	162	153	9	23	16	7
Non-CAPTE Applicants	2	0	0	0	2	0	2
Total	187	162	153	9	25	16	9

Ms. Tillman Wolf presented the PTA Exam Statistics from July 9, 2019 which included the following:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	118	91	88	3	27	21	6
Non-CAPTE Applicants	0	0	0	0	0	0	0
Total	118	91	88	3	27	21	6

Ms. Tillman Wolf provided the following statistics regarding the Virginia Performs – Customer Satisfaction Survey Results:

- Q1 2019 – 97.2%
- Q2 2019 – 94.3%
- Q3 2019 – N/A
- Q4 2019 – 100%

Ms. Tillman Wolf provided a comment from a new licensee for the Board's reference and thanked Board staff for their outstanding work.

Ms. Tillman Wolf announced that the customer satisfaction statistics from the FSBPT show that Virginia's statistics are above the national average at 91.4%.

The remaining Board meeting dates for 2019 are:

- November 12, 2019 – 9:30 a.m.

Ms. Tillman Wolf announced the proposed Board meeting dates for 2020:

- February 13, 2020 – 9:30 a.m.
- May 12, 2020 – 9:30 a.m.
- August 11, 2020 – 9:30 a.m.
- November 17, 2020 – 9:30 a.m.

Ms. Tillman Wolf provided reminders to the Board members to contact Board staff with any changes in contact information. Ms. Tillman Wolf reminded Board members to sign in to obtain continuing education credit for attendance of the Board meeting and thanked Board members for their hard work and dedication.

With no questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Kelley Palmatier, JD, Deputy Executive Director

As of August 2, 2019, Ms. Palmatier reported the following disciplinary statistics:

- 44 total cases
 - 1 in Administrative Proceedings Division
 - 1 in Formal Hearing
 - 5 in Informal Conferences
 - 13 in Investigation
 - 24 in Probable Cause

Ms. Palmatier reported the following Total Cases Received and Closed:

- Q3 2017 – 7/5
- Q4 2017 – 21/9
- Q1 2018 – 6/10
- Q2 2018 – 15/7
- Q3 2018 – 9/2
- Q4 2018 – 4/4
- Q1 2019 – 13/15
- Q2 2019 – 10/11
- Q3 2019 – 9/17

Ms. Palmatier reported the following Virginia Performs statistics for Q3 2019:

- Clearance Rate – 167% Received 9 patient cases and closed 15 cases
- Pending Caseload over 250 days at 26% is over the 20% goal. That represents 9 cases.
- There were 5 cases closed within 250 days.

Ms. Palmatier reported on all case information within the last six quarters as follows:

Percentage of all cases closed in one year:

	Q2 – 2018	Q3 – 2018	Q4 – 2018	Q1 – 2019	Q2 – 2019	Q3 – 2019
PT	100%	100%	25.0%	46.7%	45.5%	32.7%
Agency	86.7%	87.6%	80.6%	85.5%	84.0%	76.4%

Average days to close a case:

	Q2 – 2018	Q3 – 2018	Q4 – 2018	Q1 – 2019	Q2 – 2019	Q3 – 2019
PT	112	152.5	412.8	389.3	366.5	467
Agency	186.5	196.4	201.1	173.8	169.2	258

Ms. Palmatier reported the following case categories for cases in which disciplinary action was taken:

FY 2018:

- 1 records fraud
- 1 impairment
- 2 out of state Orders
- 3 CE audit cases
- 1 confidentiality
- 1 records (other)

FY 2019:

- 4 records fraud
- 1 impairment
- 1 criminal activity
- 4 continuing competency
- 1 confidentiality
- 3 standard of care
- 1 abuse/abandonment/neglect
- 2 inappropriate relationship
- 1 unlicensed activity

With no questions, Ms. Palmatier concluded her report.

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett updated the Board members on the status of *Myer v. Northam, et al.*

COMMITTEE AND BOARD MEMBER REPORTS

FSBPT Leadership Issues Forum – Arkena L. Dailey, PT, DPT

Dr. Dailey reported on the discontinuation of the FSBPT continuing competency programs. She stated that the FSBPT encourages states to continue to keep the Exam, Licensure and Disciplinary Database (ELDD) updated.

Dr. Dailey reported on the PT Compact and noted the benefits of a compact, such as continuation of care, portability for military spouses, improvement of access to physical therapy specialties, alternative methods of care (telehealth/digital health), international access to care, and new healthcare models.

Board of Health Professions Report – Allen R. Jones, PT, DPT

Dr. Jones reported that the Board of Health Professions (BHP) has established a task force to review the BHP mission statement.

Dr. Jones stated that the Board of Health Professions met on May 14, 2019 and that the meeting minutes from the meeting are included in the agenda packet.

LEGISLATION AND REGULATORY ACTIONS

Legislative Proposal – Reference to Compact Privilege in Disciplinary Provisions

Ms. Yeatts stated that DHP would submit a legislative proposal to the Secretary for the upcoming General Assembly to include reference to the compact privilege in the Board's disciplinary provisions to make it clear that the Board can impose sanctions on compact privileges.

Update on Status of Regulations

Ms. Yeatts stated that the public comment for the Notice of Intended Regulatory Action (NOIRA) of the periodic review had closed on June 12, 2019.

Ms. Yeatts stated that the public comment for the proposed regulations in relation to dry needling had closed on July 26, 2019.

Adoption of Emergency Regulations for Physical Therapy Licensure Compact (18VAC112-20-10 et seq.)

Ms. Yeatts provided an overview of the proposed changes to the regulations related to implementation of the PT Compact provisions and the three decision points for further discussion by the Board.

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Locke, the Board voted that compact privilege holders will not be required to notify the Board of their practice location. The motion passed unanimously.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Adler, the Board voted to establish a \$50.00 state fee for obtaining or renewing a compact privilege in Virginia. The motion passed unanimously.

Upon a **MOTION** by Dr. Locke, and properly seconded by Ms. Palmer, the Board voted to adopt the emergency regulations for the Physical Therapy Licensure Compact (18VAC112-20-10 et seq.) as presented

and amended by the board in its motions and to adopt a Notice of Intended Regulatory Action to replace the emergency regulations with permanent regulations. The motion passed unanimously. (Attachment A)

Ms. Yeatts requested to change the order of the remaining agenda items to allow for time constraints of those in the audience.

Adoption of Final Regulations for Dry Needling (18VAC112-20-10 et seq.)

Ms. Yeatts summarized the public comment provided as outlined in the agenda packet. An amendment to the proposed language was discussed related to courses certified by FSBPT, as FSBPT will no longer be certifying continuing education or training courses.

Upon a **MOTION** by Dr. Adler, and properly seconded by Dr. Locke, the Board voted to adopt the final regulations for Dry Needling (18VAC112-20-10 et seq.) as amended. The motion passed unanimously. (Attachment B)

Upon a **MOTION** by Dr. Mariano, and properly seconded by Ms. Palmer, the Board voted to support the response to public comment in concept related to dry needling as presented by Ms. Yeatts. The motion passed unanimously.

BREAK

The Board took a break at 12:30 p.m. and returned at 12:46 p.m. and held a working lunch.

Adoption of Proposed Regulations from Periodic Review (18VAC112-20-10 et seq.)

Ms. Yeatts provided an overview to Board members of the draft language for the proposed amendments to the Board's regulations that were previously discussed by the Board as part of the periodic review. Board members discussed clarifying language related to the FSBPT coursework tool for foreign educated physical therapists, to the hours for active practice, and to continuing education credit.

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Locke, the Board voted to adopt the proposed regulations from the Periodic Review (18VAC112-20-10 et seq.) as presented and amended. The motion passed unanimously. (Attachment C)

Adoption of Revisions to Guidance Document 112-1: By-Laws of the Board of Physical Therapy

Ms. Tillman Wolf provided an overview of the proposed amendments to the Board's Bylaws, which includes a reorganization and reformatting of some sections to clarify the document. The proposed amendments included two delegations related to implementation of the PT Compact that were previously approved by the Board at its May meeting.

Upon a **MOTION** by Dr. Duff, and properly seconded by Ms. Palmer, the Board voted to adopt the proposed draft as Guidance Document 112-1 as presented. The motion passed unanimously. (Attachment D)

Discussion and Possible Action on Guidance Document – Receipt of Verbal Order for Drugs by Physical Therapists

Ms. Tillman Wolf provided a brief overview of the draft Guidance Document and stated that the proposed language contains the revisions and reorganizations discussed by the Board at its May meeting.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Mariano, the Board voted to adopt the Guidance Document 112-3 as presented. The motion passed unanimously. (Attachment E)

ELECTIONS

Dr. Dailey stated that in accordance with the Bylaws, at the first regularly scheduled meeting of the organizational year, the board shall elect its officers.

She announced that one written nomination form for President was received. She requested that Dr. Jones facilitate the elections since she was included in the nominations.

Dr. Jones stated that one nomination from Dr. Dailey had been received for the office of President. Dr. Jones opened the floor for additional nominations for President of the Board of Physical Therapy. No additional nominations were made.

Dr. Jones called for a voice vote for the election of the one nominee, Dr. Dailey, for the position of President of the Board of Physical Therapy.

By unanimous vote, Dr. Dailey was elected as President of the Board of Physical Therapy.

Dr. Dailey announced that one written nomination form for Vice-President was received from Dr. Elizabeth Locke. Dr. Dailey opened the floor for additional nominations for Vice-President of the Board of Physical Therapy. No additional nominations were made.

Dr. Dailey called for a voice vote for the election of the one nominee, Dr. Locke, for the position of Vice-President of the Board of Physical Therapy.

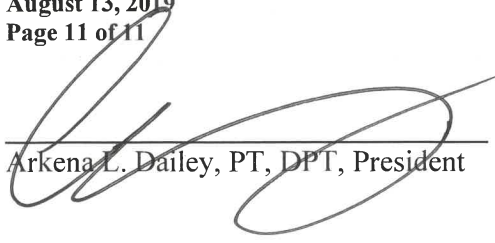
By unanimous vote, Dr. Locke was elected as Vice-President of the Board of Physical Therapy.

NEXT MEETING

The next meeting date is November 12, 2019.

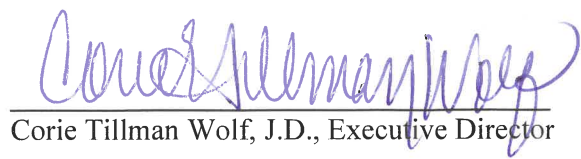
ADJOURNMENT

With all business concluded, the meeting adjourned at 1:38 p.m.



Arkena L. Dailey, PT, DPT, President

11/12/19
Date



Corie Tillman Wolf, J.D., Executive Director

November 12, 2019
Date

Project 6119 - none

BOARD OF PHYSICAL THERAPY

Physical Therapy Compact

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 and 54.1-3486 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"Assessment tool" means oPTion or any other self-directed assessment tool approved by FSBPT.

"CLEP" means the College Level Examination Program.

"Compact" means the Physical Therapy Licensure Compact.

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

"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.

"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.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-27. Fees.

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

B. Licensure by examination.

1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.
2. The fees for taking all required examinations shall be paid directly to the examination services.

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 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, and the fee for a duplicate wall certificate shall be \$15.

3. The fee for a returned check shall be \$35.

4. The fee for a letter of good standing/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 fee for obtaining or renewing a compact privilege to practice in Virginia shall be \$50.

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

Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;
2. The required application, fees and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia; and
3. Documentation of passage of the national examination as prescribed by the board.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
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 Healthcare Integrity and Protection Data Bank (HIPDB);
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, or 60 hours obtained within the past four years;
5. 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 at the time of initial licensure in that state; and
6. Documentation of active practice in physical therapy in another U.S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure.

A physical therapist who does not meet the active practice requirement shall:

- a. Successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or
- b. Document that he attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the 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 his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

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 Licensure Compact Commission in effect at the time of application to the Commission.

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 his 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 visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

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

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

A. A physical therapist and 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 160 hours of active practice in the preceding two years; and
2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

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

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be approved by the board and 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.

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 which, 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. 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. A licensee or holder of a compact privilege shall not use 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 Board of Physical Therapy Specialties.

E. A licensee or holder of a compact privilege of the board shall not advertise information that is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.

F. Documentation, scientific and otherwise, supporting claims made in an advertisement shall be maintained and available for the board's review for at least two years.

Project 4433 - Reproposed

BOARD OF PHYSICAL THERAPY

Practice of dry needling

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

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. 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 [~~certified by FSBPT or~~] approved or provided by a sponsor listed 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.

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

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

Project 5968 - NOIRA

BOARD OF PHYSICAL THERAPY

Periodic review

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 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 ~~460~~ 320 hours of professional practice as a physical therapist or physical therapist assistant within the ~~24-month~~ 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 ~~the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association~~ CAPTE.

~~"Assessment tool" means oPTION or any other self-directed assessment tool approved by FSBPT.~~

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

~~"CLEP" means the College Level Examination Program.~~

"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 healthcare 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.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-25. 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 mailed 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.

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, ~~based on the year of graduation~~ 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 his 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.

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 U.S. jurisdiction or Canadian province;
2. The required application, fees, and credentials to the board;
3. A current report from the ~~Healthcare Integrity and Protection Data Bank (HIPDB)~~ National Practitioner Data Bank (NPDB);
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 or Canada, or 60 hours obtained within the past four years;
5. 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

6. Documentation of active practice in physical therapy in another U.S. jurisdiction or Canada for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:

~~a. Successfully~~ successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; ~~or~~

~~b. Document that he attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the 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 his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements in 18VAC112-20-140, shall terminate ~~two~~ 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 ~~for~~ if more than one year has passed following the receipt of the first examination results. An unlicensed graduate who has passed the examination may be granted a new traineeship for the period between passage of the examination and granting of a license. An unlicensed graduate shall not be granted more than three traineeships within the one year following the receipt of the first examination results.

18VAC112-20-90. 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 his 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 ~~visits to~~ 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.

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 non-approved 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 non-approved physical therapist assistant program that has been granted the Candidate for Accreditation status from CAPTE.

18VAC112-20-120. Responsibilities to patients.

A. The initial patient ~~visit~~ 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 ~~visit~~ 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 visits made to the patient during a 30-day period, or once every 30 days from the last reevaluation, whichever occurs first.

3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last reevaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

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

A. A physical therapist and 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 ~~460~~ 320 hours of active practice in the preceding ~~two~~ 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.

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 one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state, or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course;
- g. The National Athletic Trainers' Association; or
- h. The Federation of State Boards of Physical Therapy;

i. The National Strength and Conditioning Association; or

j. Providers approved by other state licensing boards for physical therapy.

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

b. ~~Up to two of the Type 2 continuing education hours may be satisfied through delivery~~ 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. ~~Up to two of the Type 2 continuing education hours may be satisfied by attendance~~ 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.

d. 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.

~~5. A physical therapist who can document that he attained at least Level 2 on the FSBPT assessment tool may receive five hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he attained at least Level 3 or 4 on the FSBPT assessment tool may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. Continuing competency credit shall only be granted for the FSBPT assessment tool once every four years.~~

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 his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters, upon a written request from the licensee prior to the renewal date.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.
2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;
2. Providing proof of 320 active practice hours in ~~another~~ 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.

~~a. If the inactive physical therapist 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 or documenting that he has attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for reactivation of licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.~~

~~b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and~~

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27;
2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and
3. Have actively practiced physical therapy in ~~another~~ 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.

~~a. If a physical therapist 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 or documenting that he has attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.~~

~~b. If a physical therapist assistant 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.~~

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.

**VIRGINIA BOARD OF PHYSICAL THERAPY
BYLAWS**

ARTICLE I: GENERAL

- A. The organizational year for the Board of Physical Therapy shall be from July 1st through June 30th.
- B. Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

A. Election of Officers

- 1. The officers of the Board of Physical Therapy shall be a President and a Vice-President.
- 2. At the first regularly scheduled meeting of the organizational year, the board shall elect its officers.
- 3. The term of office shall be one year, an officer may be re-elected in that same position for a second consecutive term.
- 4. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.
- 5. A vacancy occurring in any office shall be filled during the next meeting of the Board.

B. Duties of Officers

- 1. The President presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees and committee chairpersons unless otherwise ordered *or delegated* by the Board.
- 2. The Vice-President shall act as President in the absence of the President.

3. In the absence of both the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: MEETINGS

- A. For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually.
- B. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business.
- C. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.
- D. The order of the business shall be as follows:
 1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
 2. Approval of minutes.
 3. The Executive Director and the President shall collaborate on the remainder of the agenda.

ARTICLE IV: COMMITTEES

There shall be the following committees:

A. Standing Committees:

1. **Special Conference Committee.** This committee shall consist of two board members who shall review information regarding alleged violations of the physical therapy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. **Credentials Committee.** The committee shall consist of two board members. The members of the committee will review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
3. **Legislative/Regulatory Committee.** The committee shall consist of at least three Board members. The Board delegates to the Legislative/Regulatory Committee the authority to recommend actions in response to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the review or development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor; and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication. Any proposed draft legislation shall be reviewed and approved by the full board prior to publication.
4. **Continuing Education Committee.** This committee shall consist of at least two board members who review requests from licensees who seek a waiver or extension of time in complying with their continuing competency requirements.

B. Ad Hoc Committees:

There may be Ad Hoc Committees, appointed by the Board as needed each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

ARTICLE V: GENERAL DELEGATION OF AUTHORITY

A. Delegation to Executive Director and/or Board staff

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.

2. The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action, and there is no basis upon which the Board could refuse to reinstate.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms, and documents used in the disciplinary process. New or revised application or renewal forms shall be presented to the Board at its next regularly scheduled meeting.
4. The Board delegates to the Executive Director the authority to approve applications with criminal convictions in accordance with Guidance Document 112-23.
5. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.
6. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary, and the authority to approve requests for disclosure of investigative information pursuant to Virginia Code § 54.1-2400.2 (D) and (F).
7. The Board delegates to the Executive Director the authority to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.
8. The Board delegates to the Executive Director the authority to close non-jurisdictional cases and fee dispute cases without review by a board member.
9. The Board delegates to the Executive Director the authority to offer a confidential consent agreement or a Consent Order for action consistent with any board-approved guidance document.
10. The Board delegates to the Executive Director the authority to represent and to make decisions on behalf of the Board as the designated state representative on the Physical Therapy Compact Commission.
11. The Board delegates to the Executive Director the authority to implement the policies and procedures of the Physical Therapy Licensure Compact as outlined in the current policies manual.

B. Delegation to Board President

The Board delegates to the President, the authority to represent the Board in instances where Board “consultation” or “review” may be requested where a vote of the Board is not required and a meeting is not feasible.

C. Delegation to Agency Subordinate

The Board delegates an informal fact-finding proceeding to any agency subordinate upon determination that probable cause exists that a licensee may be subject to a disciplinary action. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve: intentional or negligent conduct that causes or is likely to cause injury to a patient; mandatory suspension resulting from action by another jurisdiction or a felony conviction; impairment with an inability to practice with skill and safety; sexual misconduct; and unauthorized practice. 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 convened.

ARTICLE VI. AMENDMENTS

A board member or staff personnel may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any regularly scheduled meeting of the Board. Such proposed amendment shall be adopted upon favorable vote of at least two-thirds of the Board members present at said meeting.

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).