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**Call to Order - Sarah Schmidt, PTA, Committee Chair**

- Welcome and Introductions
- Emergency Egress Procedures - Corie E. Tillman Wolf

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**Approval of Agenda**

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**Public Comment**

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**Discussion**

- **Recommendations Regarding Questions from Licensees and Board Guidance**
  - School-based Physical Therapy and Services to Students with 504 Plans
  - Supervision of PT and PTA Students in Clinical Settings
  - Direct Access Patient Attestation Form
  - Performance of Certain Tasks or Treatments in Home Health Setting
- **Recommendations Regarding Revisions to or Readoption of Guidance Documents**
  - **Guidance Document 112-3**, Board Guidance for Conduct of an Informal Conference by an Agency Subordinate
  - **Guidance Document 112-4**, Board guidance on requirement for licensure for instructors in a physical therapy program, adopted July 11, 2003, readopted January 19, 2007
  - **Guidance Document 112-5**, Board guidance on acceptance of TOEFL iBT as equivalent to TOEFL and TSE examinations, adopted October 28, 2005, readopted January 19, 2007
  - **Guidance Document 112-6**, Board guidance on licensure of kinesiotherapists as physical therapists, adopted July 11, 2003, readopted January 19, 2007
  - **Guidance Document 112-7**, Board guidance on physical therapists and Individualized Educational Plans in public schools, November 15, 2002
  - **Guidance Document 112-8**, Board guidance on review of non-routine applications from non-approved schools, adopted March 7, 2003, readopted January 19, 2007
  - **Guidance Document 112-10**, Board guidance on credit for continuing education, revised November 16, 2012
  - **Guidance Document 112-11**, Board guidance on functional capacity evaluations, adopted August 20, 2004, readopted January 19, 2007
  - **Guidance Document 112-12**, Physical therapy services in home health, Decision of the Board on August 20, 2004, readopted January 19, 2007

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- **Guidance Document 112-14**, Electromyography (EMG) and Sharp Debridement in Practice of Physical Therapy, adopted October 26, 2007
  - **Guidance Document 112-15**, Supervision of unlicensed support personnel in any setting, adopted April 3, 2009
  - **Guidance Document 112-16**, Guidance on the Use of Your Professional Degree in Conjunction with Your Licensure Designation, revised August 26, 2010
  - **Guidance Document 112-18**, Disposition of Disciplinary Cases for Practicing on Expired Licenses, February 17, 2012
  - **Guidance Document 112-19**, Physical Therapists performance of the prothrombin time and international normalized ratio (INR) tests in home health settings, adopted February 17, 2012
  - **Guidance Document 112-20**, Guidance on Supervising Students in Non-Approved Programs, adopted November 16, 2012

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## Next Steps

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## Meeting Adjournment

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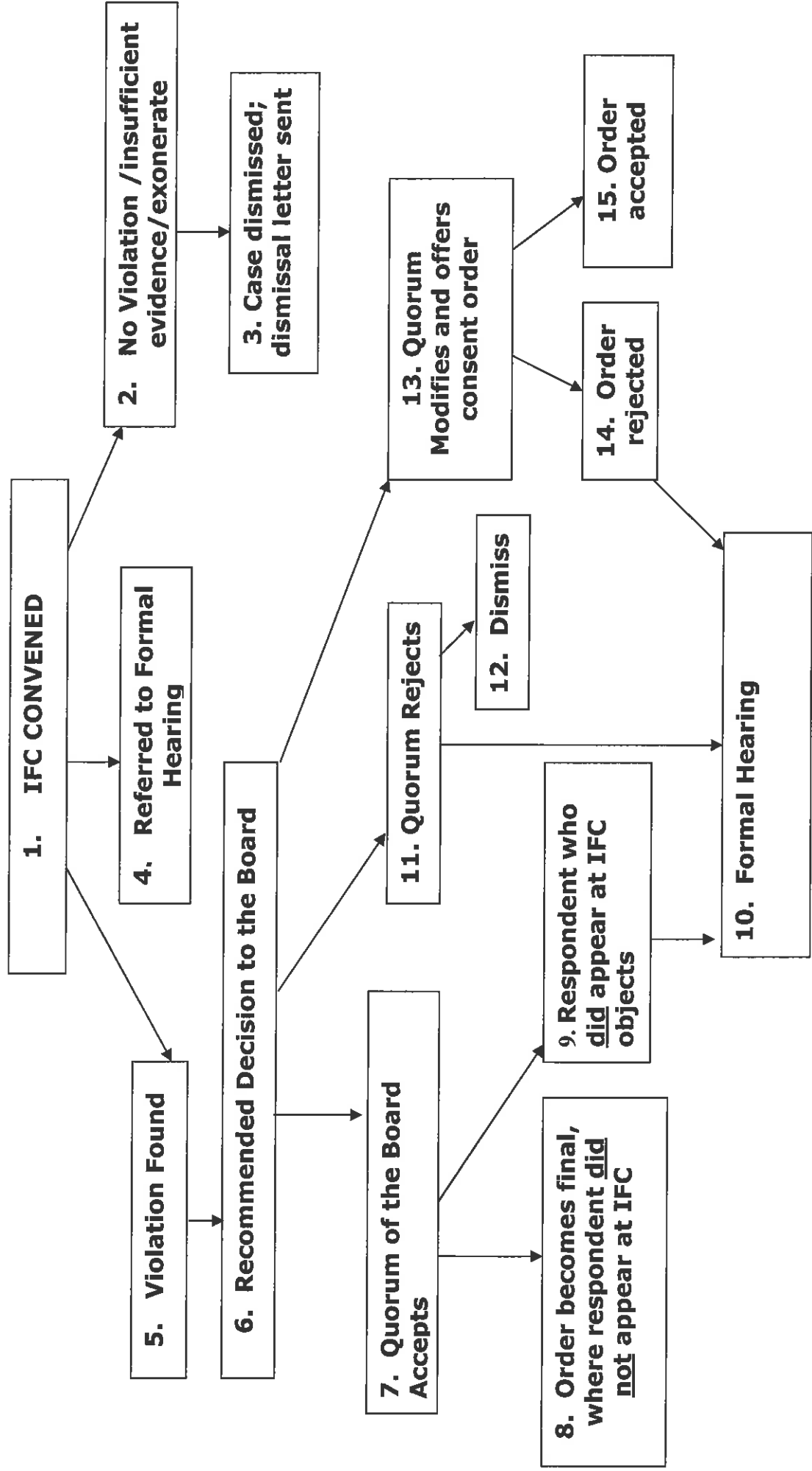
## Attached Materials

- Guidance Documents
  - Guidance Document 112-3
  - Guidance Document 112-4
  - Guidance Document 112-5
  - Guidance Document 112-6
  - Guidance Document 112-7
  - Guidance Document 112-8
  - Guidance Document 112-10
  - Guidance Document 112-11
  - Guidance Document 112-12
  - Guidance Document 112-14
  - Guidance Document 112-15
  - Guidance Document 112-16
  - Guidance Document 112-18
  - Guidance Document 112-19
  - Guidance Document 112-20
- Direct Access Patient Attestation Form

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

## **GUIDANCE DOCUMENTS**

## Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



## **Narrative explanation of Flow Chart on Delegation to an Agency Subordinate**

*This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.*

1. Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
2. The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
3. If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
4. The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
5. The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
6. With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board.
7. If a quorum of the board accepts the recommended decision and:
  8. If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
  - 9-10. If the respondent did appear at the IFC and objects to the order, he may request a

Guidance document: 112-3  
Board of Physical Therapy

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

**11.** A quorum of the board may reject the recommended decision of the subordinate, in which case:

The board may decide to refer the case for a formal hearing **(10)**; or the board may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board **(12)**.

**13.** A quorum of the board may modify the subordinate's recommended decision, and a consent order reflecting the modified decision is presented to the respondent:

If the respondent accepts the consent order, it is duly entered **(15)**; or if the respondent rejects the consent order **(14)**, the case proceeds to a formal hearing before the board **(10)**.

## **Requirement for License for Instructors in Physical Therapy Program**

**Decision of the Board at a Meeting**

**on**

**July 11, 2003**

The Board advised that an academic institution may use an instructor that does not hold a license as a physical therapist provided that the nature of the course instruction does not involve the practice of physical therapy as defined in § 54.1-3473 of the Code of Virginia.

## **Acceptance of TOEFL iBT as Equivalent**

**Decision of the Board at a Meeting**

**on**

**October 28, 2005**

The Board decided to deem the TOEFL iBT to be an equivalent examination to the TOEFL and TSE examinations for English proficiency for physical therapy applicants from schools that are non-approved.



## **Licensure of Kinesiotherapists**

**BOARD OF PHYSICAL THERAPY  
EXCERPTS OF MINUTES OF GENERAL BOARD MEETING  
on  
Friday, July 11, 2003**

### **Request for interpretation:**

The Board received an inquiry regarding the licensure of kinesiotherapists as physical therapists. The Board stated that kinesiotherapy requires a different curriculum and those graduates cannot be licensed as physical therapists.

**BOARD OF PHYSICAL THERAPY  
EXCERPTS OF MINUTES OF GENERAL BOARD MEETING**

**Friday, November 15, 2002**

**Request for Interpretation**

Physical Therapists in Public Schools Regarding the Direct Access.

Mr. Roberts, Assistant Attorney General, explained that the law does permit a physical therapist to conduct an evaluation on a student to be considered for an Individualized Educational Plan.

**Credential Committee to Review Non-routine Applications from Non-approval Schools**

**BOARD OF PHYSICAL THERAPY  
EXCERPTS OF MINUTES OF GENERAL BOARD MEETING  
on  
Friday, March 7, 2003**

**Applications from Applicants of Non-Approved Schools**

With a properly seconded motion by Mr. Styron, the Board directed staff to send all non-routine applications of applicants of non-approved physical therapy school to the Credentials Committee for review and recommendation.

## **Guidance on Credit for Continuing Education**

### **Board of Physical Therapy**

#### **Excerpts of Minutes of General Board Meetings**

##### **Requests for Interpretation on continuing education credits**

###### **July 12, 2002 Meeting**

The Board advised that it would consider one credit hour of a college course to be equivalent to 15 contact hours of continuing education.

###### **May 7, 2004 Meeting**

The Board voted that:

Research and preparation for the clinical supervision experience or teaching of workshops or courses in a classroom setting constitutes Type 2 activities.

Classroom teaching of physical therapy topics and clinical supervision constitutes Type 2 activities.

Providers approved by other state licensing boards may be considered Type 1 programs.

###### **November 16, 2012 Meeting**

The board advised that it would grant one (1) contact hour as Type 2 activities for every 40 hours of clinical instruction.

## **Functional Capacity Evaluations**

### **BOARD OF PHYSICAL THERAPY EXCERPTS OF MINUTES OF GENERAL BOARD MEETING**

**Friday, August 20, 2004**

#### **Functional capacity evaluations by Physical Therapist Assistant's (PTA's):**

In response to a question about whether PTA's can perform functional capacity evaluations, the Board cited its definition of evaluation as provided in 18 VAC 112-20-10 of its regulations, which states that evaluations are only performed by physical therapists.

## **Physical Therapy in Home Care**

### **BOARD OF PHYSICAL THERAPY**

**Decision of the Board on  
August 20, 2004**

#### **Physical Therapy services in home health:**

The Board reviewed a letter regarding use of aides to provide therapy services in a home health setting. The Board cited 18 VAC 112-20-100 (A&B) and emphasized the physical therapist's and physical therapist assistant's responsibilities in providing services. The regulation cites the requirement for direct supervision of support personnel by the licensed professionals. Also, the Board referred the inquirer to the definition of direct supervision in 18 VAC 112-20-10 and the responsibilities of patients in 18 VAC 112-20-120 of the regulations.

The Board also reviewed a letter asking whether the scope of practice of physical therapy changes in a home setting environment. The Board cited Code § 54.1-3473, defining the "practice of physical therapy;" the definition of practice does not change or alter with different practice settings.

## **Board of Physical Therapy**

### **Guidance on Electromyography (EMG) and Sharp Debridement in the Practice of Physical Therapy**

#### **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 specialized, post-professional preparation and training.

#### **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 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 post entry-level training to perform sharp debridement, it may be delegated to the assistant.

**Board of Physical Therapy**  
**Supervision of unlicensed support personnel in any setting**

If a Physical Therapist is asked to provide a plan of care and sign off on care provided to patients by unlicensed support personnel (regardless of the title of such personnel) in any setting, then the PT is fully responsible for the actions of the unlicensed support personnel performing PT tasks. The tasks assigned must be under the direct supervision of the PT/PTA, meaning he or she is physically present and immediately available. The tasks assigned must be non- discretionary and can not require the exercise of professional judgment. If the tasks assigned in the plan of care are to be carried out in such a manner or at a location in which direct supervision from the PT/PTA is not possible, then the PT who developed the plan of care and signed off on the plan of care may be in violation of the regulations governing the practice of physical therapy, specifically 18VAC112-20-10 and 18VAC112-20-100.



## **Board of Physical Therapy**

### **Guidance on the Use of Your Professional Degree in Conjunction with Your Licensure Designation**

If initials designating an educational degree are used in connection with your name, they should be written in addition to and following your licensure designation of PT or PTA.

Professional designations are set forth in § 54.1-3481 of the Code of Virginia, as follows:

*A. It shall be unlawful for any person who is not licensed under this chapter, or whose license has been suspended or revoked or who licensure has lapsed and has not been renewed, to use in conjunction with his name the letters or words "R.P.T.," "Registered Physical Therapist," "L.P.T.," "Licensed Physical Therapist," "P.T.," "Physical Therapist," "Physio-therapist," "P.T.T.," "Physical Therapy Technician," "P.T.A.," "Physical Therapist Assistant," "Licensed Physical Therapist Assistant," or to otherwise by letters, words, representations or insignias assert or imply that he is a licensed physical therapist. The title to designate a licensed physical therapist shall be "P.T." The title to designate a physical therapist assistant shall show such fact plainly on its face.*

**VIRGINIA BOARD OF PHYSICAL THERAPY**

**DISPOSITION OF DISCIPLINARY CASES FOR PRACTICING ON EXPIRED LICENSES**

The Board of Physical Therapy delegates to the Executive Director for the Board the authority to offer a prehearing consent order to resolve disciplinary cases in which a Physical Therapist or Physical Therapist Assistant has been found to be practicing with an expired license.

**Disciplinary Action for Practicing with an Expired License**

The Board adopts the following guidelines for resolution of cases of practicing with an expired license:

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to 6 months	Consent Order; Monetary Penalty of \$1000
First offense; 6 months to one year	Consent Order; Monetary Penalty of \$1500
First offense; over 1 year	Consent Order; Monetary Penalty of \$2500
Second offense	Consent Order; Monetary Penalty of \$2500

## VIRGINIA BOARD OF PHYSICAL THERAPY

### Physical Therapists 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 PT's or PTA's performing INR's in home health settings:

The performance of finger stick blood specimens is a medical act that may be delegated to "technician personnel" who have been "properly trained" (§ 54.1-2901 of the Code of Virginia). If a PT or PTA performs a finger stick INR, he or she is acting as "technician personnel" and not as a physical therapist 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 INR's is not considered within the scope of physical therapy
- A PT or PTA must be properly trained in the administration of INR's which must be performed in accordance with a physician's order
- A PT or PTA cannot charge as a physical therapist for performing INR's

**Board of Physical Therapy  
Guidance on Supervising Students in Non-Approved Programs**

**Physical therapy (PT) programs**

- A physical therapist may provide direct supervision to a student who is satisfying clinical educational requirements in a non-approved PT program that has been granted the Candidate for Accreditation status from the Commission on Accreditation in Physical Therapy Education (CAPTE).

**Physical therapist assistant (PTA) programs**

- A physical therapist or a physical therapist assistant may provide direct supervision to a student who is satisfying clinical education requirements in a non-approved PTA program that has been granted the Candidate for Accreditation status from CAPTE.

**DIRECT ACCESS PATIENT ATTESTATION FORM**

# PATIENT ATTESTATION FORM

## 1. Legal Full Name (Please Print or Type)

First	Middle	Last	Suffix or Maiden
Address	City	State	Zip Code
Contact Phone Number (    )	Alternate Phone Number (    )		
Email address:			

## 2. Patient Information

Patient's chief complaint (why patient is seeking physical therapy care)

**Please Check One Below:**

- a) I am not under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time.
  
- b) I am under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time. The Practitioner identified on this form will be provided a copy of the initial evaluation and a copy of patient history obtained by the physical therapist within 14 days. (Fill out section 3 below)

**3. Practitioner of Record.**

*If after receiving physical therapy care for 30 consecutive days for the condition for which I sought treatment does not improve, I intend to seek further treatment and evaluation from the practitioner listed below.*

*Additionally, I consent to the release of my personal health and treatment records to the listed practitioner.*

**Practitioner's Full Name & Address:**

**Practitioner's Contact Phone Number's:**

**Office (    )**

**Fax    (    )**

**Email:**

**Date**

**Signature of Patient**