



Call to Order – Allen R. Jones, Jr., PT, DPT, Board President

- Welcome and Introductions
- Mission of the Board

Approval of Minutes (p. 5-43)

- Board Meeting – August 11, 2020
- Public Hearing – October 20, 2020
- Legislative/Regulatory Committee Meeting – November 9, 2020
- For informational purposes – Informal Conferences August 11 and October 20, 2020

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

*****For more information and instructions related to public comment, please refer to page 3 of the Agenda*****

Agency Report – David E. Brown, DC, Director, and Barbara Allison-Bryan, MD, Deputy Director

Presentation (p. 45-47)

- Health Practitioners' Monitoring Program – **Barbara Allison Bryan, MD, DHP Deputy Director**

Staff Reports

- Executive Director's Report – **Corie E. Tillman Wolf, JD, Executive Director** (p. 49-56)
- Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Manager**

Board Counsel Report - Erin Barrett, Assistant Attorney General

Committee and Board Member Reports

- Board President Report – **Allen R. Jones, Jr., PT, DPT**
- Legislative/Regulatory Committee Meeting Report – **Arkena L. Dailey, PT, DPT**

Committee and Board Member Reports, Continued

- FSBPT Annual Meeting Report – **Arkena L. Dailey, PT, DPT, and Elizabeth Locke, PT, PhD**
- Board of Health Professions Report – **Allen R. Jones, Jr., PT, DPT** (p. 58-63)

Legislation and Regulatory Report – Elaine Yeatts, Senior Policy Analyst

- Legislative/Regulatory Updates (p. 65)

Board Discussion and Actions – Elaine Yeatts/Corie E. Tillman Wolf, JD

- Adoption of Final Regulations for Implementation of Physical Therapy Compact – To Replace Emergency Regulations Currently in Effect (p. 67-78)
- Consideration of Action – Recommendations from Legislative/Regulatory Committee
 - Guidance Document 112-21, Guidance on Telehealth (p. 79-82)
 - Guidance Document 112-14, Electromyography (EMG) and Sharp Debridement in Practice of Physical Therapy (p. 83)
- Consideration of Revisions to Guidance Document 112-1, Bylaws of the Board of Physical Therapy (p. 84-88)

New Business

Next Meeting – February 16, 2021

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707 (F).

Virginia Board of Physical Therapy
Instructions for Accessing November 17, 2020 Virtual Quarterly Board
Meeting and Providing Public Comment

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be received by email to Corie.Wolf@dhp.virginia.gov no later than 12:00 noon on November 16, 2020. The written comments will be made available to the Board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to Corie.Wolf@dhp.virginia.gov no later than 12:00 noon on November 16, 2020 indicating that they wish to offer oral comment. Comment may be offered by these individuals when their name is announced by the Board President. Comments will be restricted to 2 minutes each; the maximum allotted time for public comment will be 30 minutes.
- Public participation connections will be muted following the public comment period.
- Should the Board enter into a closed session, public participants will be blocked from seeing and hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the discussions will be restored.
- Please call from a location without background noise.
- Dial (804) 367-4674 to report an interruption during the broadcast.
- FOIA Council Electronic Meetings Public Comment form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

JOIN BY AUDIO ONLY

+1-517-466-2023 US Toll
+1-866-692-4530 US Toll Free
Access code: 171 814 8728

JOIN THE INTERACTIVE MEETING:

Click or copy the link below:

<https://covaconf.webex.com/covaconf/j.php?MTID=m89dab204aa9ca62fca6a8a7892f7900a>

Approval of Minutes

August 11, 2020

The Virginia Board of Physical Therapy convened virtually via WebEx for a full board meeting on Tuesday, August 11, 2020, with staff coordination on-site at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 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

BOARD MEMBERS ABSENT

None

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Erin Barrett, Assistant Attorney General, Board Counsel
David Brown, DC, DHP Director
Sarah Georgen, Licensing and Operations Manager
Laura Mueller, Program Manager
Kelley Palmatier, Deputy Executive Director
Corie Tillman Wolf, Executive Director
Matt Treacy, Media Productions Specialist

OTHER GUESTS PRESENT

Richard Grossman, Virginia Physical Therapy Association
Josh Bailey, American Physical Therapy Association, Virginia

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

CALL TO ORDER

Dr. Dailey called the meeting to order at 9:30 a.m.

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of the Freedom of Information Act including Virginia Code § 2.2-3708.2, the Board convened a virtual meeting to consider such regulatory and business matters

as was presented on the agenda necessary for the board to discharge its lawful purposes, duties, and responsibilities.

Dr. Dailey provided the Board members, staff, and the public with contact information should the electronic meeting be interrupted.

Dr. Dailey provided reminders to the Board and public regarding WebEx functions. She completed a roll call of the Board members and staff.

With all seven board 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.

APPROVAL OF MINTUES

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Jones, the Board voted to accept the February 13, 2020 to August 7, 2020 minutes in block, including minutes from the Board meeting on February 13, 2020, Public Hearing on February 13, 2020, Telephonic Conference on June 2, 2020, Formal Hearing on July 16, 2020, and WebEx Training Session on August 7, 2020. The motion passed unanimously (7-0).

ORDERING OF THE AGENDA

Ms. Tillman Wolf requested a change to the agenda noting that Dr. Allison Bryan and Ms. Yeatts would not be in attendance at the meeting. Ms. Tillman Wolf stated that she would provide the Legislative/Regulatory report in Ms. Yeatts' absence. Additionally, she stated that Dr. Dailey would provide the Board of Health Professions report, if necessary, during the meeting.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Adler, the Board voted to accept the agenda as amended. The motion passed unanimously (7-0).

PUBLIC COMMENT

The Board did not receive any written public comment or request to provide verbal public comment.

AGENCY REPORT

Dr. Brown provided an update to DHP functions during the COVID-19 pandemic and stated that DHP had closed the building to the public and invested in telework options by purchasing laptop computers for employees. Dr. Brown reminded the Board of the restrictions on State travel for Board members and employees.

Dr. Brown reported on other actions taken in light of COVID, including waiver of certain regulations by DHP boards, as well as measures taken at DHP to resume disciplinary hearings and board meetings.

Dr. Brown reported that the Virginia Department of Health (VDH) is developing a state telehealth plan for additional flexibility required for reimbursement and the expanded use of telemedicine.

Dr. Brown provided an update on state-level workgroup activities related to adult and medical use of marijuana. He stated that the Joint Legislative Audit and Review Committee (JLARC) also has been tasked with the review of adult and medical use of marijuana.

Dr. Brown reported that the Board of Health Professions has been charged with a review of diagnostic medical sonographers and naturopathic doctors and will provide recommendations to the General Assembly.

Dr. Adler requested information on teleworking and stated that she has reported an increase in patient care related to work related pain due to teleworking. Dr. Brown stated that accommodations are provided as necessary.

With no further questions, Dr. Brown concluded his report.

STAFF REPORTS

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

Announcements

Ms. Tillman Wolf announced the passing of Jeffrey Vinzant, Administrator of the Alabama Board of Physical Therapy. She extended sympathy to the Alabama Board, as well as his friends and family.

COVID Response

Ms. Tillman Wolf provided an overview of actions taken in response to and consequences of the COVID-19 pandemic, including the continuance of hearings and meetings, the continuance of Board operations, and the cancellation and rescheduling of the April administration of the National Physical Therapy Examination (NPTE). She reported confusion and frustration from exam candidates related to communication surrounding the NPTE and the exam vendor, Prometric. Ms. Tillman Wolf reported that most of the issues that were reported were corrected for the July exam.

Ms. Tillman Wolf reported that the Board provided web and e-mail communication to physical therapy schools, licensees, and the public related to COVID-related issues, including updates on telehealth, the NPTE, and available CDC/VDH information.

Ms. Tillman Wolf reported that the COVID pandemic also highlighted some areas for follow up and Board action, including review of continuing education requirements and questions received regarding an exemption or extension for the 2020 renewal. Additional review of the bylaws, as well as certain guidance documents and regulations may be necessary.

Expenditure and Revenue Summary as of June 30, 2020

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of June 30, 2020.

Cash Balance as of June 30, 2019	\$1,897,707
YTD FY20 Revenue	\$ 189,031
Prior Period Revenue Adjustment	\$ 25
<u>Less FY20 Direct & In-Direct Expenditures</u>	<u>\$ 590,159</u>
Cash Balance as of June 30, 2020	\$1,496,604

PT Compact Status – Virginia

Ms. Tillman Wolf stated that as of August 4, 2020, 117 compact privileges had been issued (103 Physical Therapists and 14 Physical Therapy Assistants) in Virginia. Ms. Tillman Wolf said that 74 Virginia home state licensees had obtained 93 Compact Privileges for other Compact states (54 Physical Therapists and 20 Physical Therapy Assistants) as of August 5, 2020. Ms. Tillman Wolf provided an overview of the Compact Privileges issued by month in 2020.

Ms. Tillman Wolf reported on the National PT Compact Enactment and Privileges. She reported that 1,015 Compact Privileges were issued in 2019, and over 1,200 Compact Privileges have been issued through June 2020.

PT Compact – Updates

Ms. Tillman Wolf provided an update on the PT Compact. She reported the following:

- A recent issue involving whether a compact privilege is viewed as the equivalent of a license by the Centers for Medicare and Medicaid Services (CMS) has been resolved.
- Virginia Senate Bill 422 was passed in order to clarify the Board’s disciplinary authority over Compact Privileges.
- Ms. Tillman Wolf was appointed to the Compact Commission Rules and Bylaws Committee and also serves on the PT Compact System User Task Force.
- The Compact Commission virtual meeting is scheduled for October 25, 2020.
- Overall implementation of the Compact in Virginia has been successful.

FSBPT Updates

Ms. Tillman Wolf provided updates related to the scheduling of virtual FSBPT meetings and trainings: the Leadership Issues Forum (LIF) meeting virtually took place on July 22, 2020; the virtual FSBPT Delegate Assembly will take place on October 24, 2020. She announced that additional Web Education Sessions provided by the FSBPT will take place throughout 2020.

Ms. Tillman Wolf stated that the FSBPT Membership Dues were reduced by 50% for 2021 and 2022.

Ms. Tillman Wolf reported that Dr. Dailey was appointed to the Ethics and Legislation Committee and the Boundary Violations Task Force, and that Dr. Dailey co-authored a published article on the website for the

FSBPT, “Leveraging Operational Metrics to Help Justify State Board Regulatory Decisions: A Comparison of Two Jurisdictions.”

Board Meeting Dates

Ms. Tillman Wolf announced the last 2020 Board meeting date and the tentative upcoming 2021 Board meeting dates.

2020 Board Meeting Dates

- November 17, 2020

Tentative 2021 Board Meeting Dates

- February 16, 2021
- May 25, 2021
- August 10, 2021
- November 9, 2021

Notes and Reminders

Ms. Tillman Wolf reminded the Board that out-of-state business travel for the Board is currently prohibited. She provided reminders about contact information and continuing education. She thanked the Board members for their continued hard work, dedication, and patience during the pandemic.

Dr. Dailey provided accolades to staff and board members on the successful implementation and transition of the Compact Privileges.

Dr. Dailey requested clarification on the Board’s budget regarding a fee related to a bad check. Ms. Tillman Wolf explained that a bad check fee may also apply to a bad electronic payment of application fees.

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

Discipline Report – Kelley Palmatier, JD, Deputy Executive Director

As of August 4, 2020, Ms. Palmatier reported the following disciplinary statistics:

- 33 total cases
 - 0 in Administrative Proceedings Division
 - 0 in Formal Hearing
 - 6 in Informal Conferences
 - 3 in Investigation
 - 24 in Probable Cause

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

- Q3 2018 – 9/2
- Q4 2018 – 4/4
- Q1 2019 – 13/15
- Q2 2019 – 10/11
- Q3 2019 – 9/17
- Q4 2019 – 7/12

- Q1 2020 – 26/13
- Q2 2020 – 4/12
- Q3 2020 – 13/18

Ms. Palmatier reported the following Virginia Performs statistics for Q3 2020:

- Clearance Rate – 136% Received 11 patient cases and closed 15 cases
- Pending Caseload over 415 days at 3%. That represents 1 case.
- There were 12 cases closed within 415 days.

Ms. Palmatier reported on the percentage of all cases closed in one year and on average days to close a case for the last six quarters.

With no questions, Ms. Palmatier concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Manager

Ms. Georgen presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

License	August 4, 2020	February 10, 2020	Change +/-
Physical Therapist	9,167	8,765	402
Physical Therapist Assistant	3,791	3,708	83
Total PT's and PTA's	12,958	12,473	485
Direct Access Certification	1,302	1,270	32

Ms. Georgen presented the PT and PTA exam statistics from the May/June administrations of the exams.

Recent Accreditation Actions – CAPTE

Ms. Georgen reported on the recent accreditation actions of the Commission on Accreditation in Physical Therapy Education (CAPTE).

Application Updates

Ms. Georgen announced updates to the licensure applications including an update to the military questions in response to the House Bill 967, change of facsimile number, and a change to include a personal and public email address.

2020 Biennial Licensure Renewals

Ms. Georgen reported that the upcoming renewal notices will be sent to licensees in October 2020. She reported that the 2020 renewal will be the last paper license received. She also reported that the Board will need to consider an exemption or extension for continuing education later in the agenda.

Licensure Statistics – Customer Satisfaction

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

- Q1 2020 – 100% (11/11 responses)
- Q2 2020 – 97.7% (43/44 responses)
- Q3 2020 – 97.4% (38/39 responses)
- Q4 2020 – 89.6% (48/53 responses)

Ms. Georgen stated that the drop in Quarter 4 was due to the COVID-19 pandemic and testing restrictions during that time. Ms. Georgen thanked Ms. Mueller for her continued hard work with the Board.

Ms. Georgen reported on the customer satisfaction through the FSBPT from January 1 to June 30, 2020 and stated that Virginia’s customer satisfaction was 85.2% compared to the overall national satisfaction of 84.4%.

Ms. Georgen noted that the overall survey results for the NPTE administration related candidates’ concerns regarding communication from the exam vendor, Prometric, about site closures and rescheduling difficulties.

Dr. Dailey noted that there was a distinction between the months prior to the pandemic and the decline does not reflect on the work of the board staff.

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett did not have a report to provide.

COMMITTEE AND BOARD MEMBER REPORTS

Board President Report – Arkena L. Dailey, PT, DPT

Dr. Dailey reported that served as delegate for Virginia and that she participated in the virtual Leadership Issues Forum held on July 22, 2020. She provided to the Board Forum highlights, as well as helpful takeaways from the meeting.

Dr. Dailey discussed the FSBPT article, “FSBPT Forum, Leveraging Operational Metrics to Help Justify State Board Regulatory Decisions: A Comparison of Two Jurisdictions” and how Virginia’s successful processes and strengths were emphasized in the article.

Dr. Dailey announced that she serves on the Ethics and Legislation Committee and was appointed to the Boundaries Violations Task Force. Dr. Dailey provided the Boundaries Violations Task force update during the Leadership LIF Forum.

Dr. Dailey also encouraged board members to take advantage of the upcoming FSBPT webinar series and noted the next topic is Exam Craziiness and it is scheduled for today, August 11, 2020 at 3:00 pm.

Dr. Dailey also participated in the Candidates Forum which profiled running officers for FSBPT delegates and the nominating committee.

With no questions, Dr. Dailey concluded her report.

Dr. Adler loss communication with the meeting at 10:36 a.m. and resumed communication at 10:41 a.m.

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

Dr. Jones thanked Dr. Dailey for her leadership to the Board.

Dr. Jones stated that the Board of Health Professions met on June 25, 2020 and that the meeting minutes from the meeting are included in the agenda packet.

BREAK

The Board took a break at 10:41 a.m. and returned at 10:52 a.m.

LEGISLATION AND REGULATORY ACTIONS

Policy Updates – Electronic Meeting Policy (Emergency and Statutory)

Ms. Tillman Wolf provided an overview of the Electronic Meeting Policy (Emergency and Statutory).

Legislation/Regulatory Updates

Ms. Tillman Wolf provided an update regarding the current status of pending Board regulations, including the Periodic Review of the Practice Regulations (18VAC112-20-10 et seq.), proposed regulations related to the PT Compact, and final regulations for the practice of dry needling.

Ms. Tillman Wolf reviewed Senate Bill 422 related to the clarification of the meaning of “license” as used by the Board of Physical Therapy to include a Compact privilege.

Ms. Tillman Wolf reviewed Senate Bill 981 related to the expediting the issuance of credentials to spouses of military service members who are (i) ordered to federal active duty or (ii) veterans who have left active duty service within one year of the submission of an application if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia.

Adoption of Final Regulations from Periodic Review – Regulations Governing the Practice of Physical Therapy (18VAC112-20-10 et seq.)

Ms. Tillman Wolf provided an overview of the changes associated with the periodic review conducted by the Board of the Regulations Governing the Practice of Physical Therapy (18VAC112-20-10 et seq.) and discussed the one public comment received from the Virginia Physical Therapy Association.

Upon a **MOTION** by Ms. Palmer, and properly seconded by Dr. Locke, the Board voted to adopt the final regulations from the Periodic Review for the Regulations Governing the Practice of Physical Therapy under 18 VAC 112-20-10 et seq. as presented. The motion passed unanimously (7-0). (Attachment A)

BOARD DISCUSSIONS AND ACTIONS

Consideration of Revisions to Guidance Document 112-13, Approval of a Traineeship

The Board discussed proposed revisions to Guidance Document 112-13, Approval of Traineeship.

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Locke, the Board voted to adopt the revisions to Guidance Document 112-13, Approval of a Traineeship as presented. The motion passed unanimously (7-0). (Attachment B)

Consideration of Revisions to Guidance Document 112-21, Guidance on Telehealth

The Board discussed possible revisions to Guidance Document 112-21, Guidance on Telehealth, in light of issues that have been identified during the COVID pandemic.

Upon a **MOTION** by Ms. Palmer, and properly seconded by Ms. Adler, the Board voted to forward further consideration of revisions of Guidance Document 112-21, Guidance on Telehealth, to the Legislative/Regulatory Committee for further review. The motion passed unanimously (7-0).

Consideration of Fee Reduction for 2020 Renewals

The Board discussed the projected cash balances of the Board for Fiscal Years 2020-2024 and the fee reduction options presented to the Board.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Adler, the Board voted to approve a 50% one-time renewal fee reduction for the 2020 renewal period. The motion passed unanimously.

Consideration of Continuing Education Exemption/Extension for 2020 Renewals

The Board discussed the continued competency requirements for renewal of an active license.

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Locke, the Board voted to approve an exemption for all continuing education hours required for the 2020 renewal period. The motion passed unanimously (7-0).

Questions from Licensees – Scope of Practice

Ms. Tillman Wolf asked the Board members to consider deferring further discussion on scope of practice issues at this time and to consider referral to the Legislative/Regulatory Committee.

Upon a **MOTION** by Ms. Palmer, and properly seconded by Dr. Duff, the Board voted to refer the questions to the Legislative/Regulatory Committee for consideration. The motion passed unanimously (7-0).

Dr. Jones temporarily left the call.

Consideration of Alternate Approval Pathway

Ms. Tillman Wolf provided an overview of the Alternate Approval Pathway for consideration by the Board.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Duff, the Board voted to approve the Alternate Approval Pathway through FSBPT for Physical Therapy and Physical Therapy Assistants. The motion passed 6-0 (Dr. Jones absent).

OLD BUSINESS

Imaging Referrals by Physical Therapists – Arkena L. Dailey, PT, DPT

Upon a **MOTION** by Dr. Adler, and properly seconded by Dr. Mariano, the Board voted to table the discussion of Imaging Referrals until a later date. The motion passed with five votes in favor (Dr. Locke, Dr. Adler, Dr. Duff, Dr. Mariano, and Ms. Palmer) and one vote against (Dr. Dailey); (Dr. Jones absent).

NEW BUSINESS

Board Assessment Tool (BAR) from FSBPT – Corie Tillman Wolf, JD

Ms. Tillman Wolf provided information to the Board regarding the Board Assessment Tool (BAR) from the FSBPT.

Reordering of Agenda requested by Board Chair, Dr. Dailey.

Upon a **MOTION** by Dr. Duff, and properly seconded by Dr. Mariano, the Board voted to reorder the agenda with Board Announcements following the Election of Officers. The motion passed unanimously (6-0) (Dr. Jones absent).

Election of Officers – Arkena L. Dailey, PT, DPT

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, and one written nomination form for Vice-President was received. The written nomination forms were distributed to the Board members prior to the meeting.

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

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

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Mariano, the Board voted to elect Dr. Jones for the position of President of the Board of Physical Therapy.

By unanimous vote of 6-0, Dr. Jones was elected as President of the Board of Physical Therapy. (Dr. Jones absent).

Dr. Dailey stated that one nomination from Dr. Mariano had been received for the office of Vice-President.

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 motion for the election of the one nominee, Dr. Mariano, for the position of Vice-President of the Board of Physical Therapy.

Upon a **MOTION** by Ms. Palmer, and properly seconded by Dr. Adler, the Board voted to elect Dr. Mariano for the position of Vice-President of the Board of Physical Therapy.

By unanimous vote of 6-0, (Dr. Jones absent). Dr. Mariano was elected as Vice President of the Board of Physical Therapy.

Board Announcements – Arkena L. Dailey, PT, DPT

Dr. Dailey thanked the Board for the opportunity to serve as both Vice-President and President of the Board the past four years. Dr. Dailey offered comments regarding the goals of the Board and stated that she looks forward to continuing as a Board member and serving in her current leadership roles with FSBPT representing the Virginia Physical Therapy Board.

Dr. Dailey welcomed announcements from Dr. Locke.

Dr. Locke thanked the Board for the opportunity to serve as Vice-President of the Board. She thanked the Board for the opportunity to serve as a delegate, and to serve on Committees with the FSBPT during her time with the Board. Dr. Locke announced her resignation from the Board of Physical Therapy. Dr. Locke thanked the Board staff for their contributions and support to the Board.

Dr. Dailey and Dr. Mariano expressed their best wishes and appreciation for Dr. Locke’s service to the Board.

Dr. Jones returned to the call at 12:59 p.m. Dr. Jones thanked Board members for electing him as President of the Board.

NEXT MEETING

The next meeting date is November 17, 2020.

CONTINUING EDUCATION CREDIT:

Dr. Dailey provided the steps necessary to be awarded continuing education for the attendance at the meeting pursuant to 18 VAC 112-20-131. She announced that continuing education would be awarded to those participants who provided their first name, last name, license number, and the meeting code by email to ptboard@dhp.virginia.gov by August 18, 2020.

ADJOURNMENT

With all business concluded, the meeting adjourned at 1:05 p.m.

Arkena L. Dailey, PT, DPT, President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

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 aPTion 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.

BOARD OF PHYSICAL THERAPY

Approval of a Traineeship

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

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

B. The traineeship, which shall be in accordance with requirements of 18VAC112-20-140, shall terminate two 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. A new traineeship shall not be approved for more than one year following the receipt of the first examination results.

The Board provides guidance for applicants in the following circumstances:

- An applicant who has graduated from an accredited physical therapy program and has registered to sit for the national examination may be approved for a traineeship even if the degree is to be awarded at a later date. Evidence of graduation would be required for approval.
- An unlicensed graduate who has taken and passed the national examination may be granted an additional traineeship after the termination required in subsection B until licensure is granted or for one year, whichever comes first.
- An unlicensed graduate who is awaiting official degree conferral and who has taken and passed the national examination may be granted a traineeship until licensure is granted or for one year, whichever comes first. Evidence that the graduate has met all degree requirements would be required for approval.
- An unlicensed graduate who has taken and failed the national examination may be granted an additional traineeship after the termination required in subsection B, provided he has registered to retake the examination. The new traineeship may only be approved until he has passed the examination and been granted a license or for one year from the receipt of the first examination results, whichever comes first.
- Another new traineeship shall not be granted to an unlicensed graduate after termination of the one additional traineeship.
- A traineeship may be approved for a foreign-trained graduate upon evidence that his degree is equivalent to an accredited physical therapy program and that he is registered to sit for the national examination.

October 20, 2020

The Virginia Board of Physical Therapy convened virtually via WebEx for a public hearing on Tuesday, October 20, 2020.

BOARD MEMBERS PRESENT:

Allen R. Jones, Jr., PT, DPT, Board President

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Corie Tillman Wolf, Executive Director
Sarah Georgen, Licensing and Operations Manager
Laura Mueller, PT Program Manager

OTHER GUESTS PRESENT

None

CALL TO ORDER

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of the Freedom of Information Act including Virginia Code § 2.2-3708.2, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda necessary for the board to discharge its lawful purposes, duties, and responsibilities.

Allen R. Jones, Jr., PT, DPT, Board President, called the public hearing to order at 9:15 a.m.

CALL FOR PUBLIC COMMENT

Dr. Jones called for comment on the proposed regulations to replace emergency regulations for the implementation of the Physical Therapy Compact (18VAC112-20-10 et seq.).

PUBLIC COMMENT

One (1) written comment was received in favor of the proposed regulations from Joshua Bailey, PT, DPT, for APTA–Virginia.

Dr. Jones reminded everyone that electronic comment could be posted on the Virginia Regulatory Town Hall until October 30, 2020.

ADJOURNMENT

With all business concluded, the public hearing adjourned at 9:19 a.m.

Allen R. Jones, Jr., PT, DPT
Board President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

August 11, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 3:05 p.m.

MEMBERS PRESENT:

Arkena L. Dailey, PT, DPT, Chair
Tracey Adler, PT, DPT, CMTPT

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
Claire Foley, Adjudication Specialist

MATTER:

Johna Herbert Davis, PT
License #2305-003657
Case #192400

DISCUSSION:

Johna Herbert Davis did not appear before the Committee in accordance with the Board's Notice of Informal Conference dated May 13, 2020. Mr. Davis was not represented by counsel. The Board received the certified receipt on June 29, 2020 indicating the notice was received.

Accordingly, the Committee Chair concluded that adequate notice was provided to Mr. Davis and the informal conference proceeded in his absence.

The Committee fully discussed the allegations as referenced in the May 13, 2020, Notice of Informal Conference.

CLOSED SESSION:

Upon a motion by Dr. Adler and duly seconded by Dr. Dailey, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a

decision in the matter of Johna Herbert Davis, PT. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Adler and duly seconded by Dr. Dailey, the Committee voted and ordered a Consent Order be offered suspending the license indefinitely, not less than 2 years. The motion carried.

ADJOURNMENT:

The Committee adjourned at 3:41 p.m.

Arkena L. Dailey, PT, DPT, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

October 20, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 9:32 a.m.

MEMBERS PRESENT:

Mira Mariano PT, PhD, Chair
Rebecca Duff, PTA, DHSc

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager
Claire Foley, Adjudication Specialist

MATTER:

Arlene M. Ingal, P.T.
License #2305-202165
Case #195300

DISCUSSION:

Arlene M. Ingal appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated July 22, 2020 and she was not represented by counsel.

The Committee fully discussed the allegations as referenced in the July 22, 2020 Notice of Informal Conference.

CLOSED SESSION:

Upon a motion by Dr. Duff and duly seconded by Dr. Mariano, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Arlene M. Ingal, P.T. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Duff and duly seconded by Dr. Mariano, the Committee voted and ordered a reprimand, monetary penalty and continuing education. The motion carried.

ADJOURNMENT:

The Committee adjourned at 10:31 a.m.

Mira Mariano, PT, PhD, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

October 20, 2020

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 10:38 a.m.

MEMBERS PRESENT:

Mira Mariano, PT, PhD, Chair
Rebecca Duff, PTA, DHSc

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager
Claire Foley, Adjudication Specialist

MATTER:

Julie Dyan Fulp, P.T.A.
License #2306-000876
Case #203314

DISCUSSION:

Julie Dyan Fulp did not appear before the Committee in accordance with the Board's Notice of Informal Conference dated August 14, 2020 and she was not represented by counsel.

The Committee Chair concluded that adequate notice was provided to Ms. Fulp and the informal conference proceeded in her absence.

The Committee fully discussed the allegations as referenced in the August 14, 2020, Notice of Informal Conference.

CLOSED SESSION:

Upon a motion by Dr. Duff and duly seconded by Dr. Mariano, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Julie Dyan Fulp, P.T.A. Additionally, she moved that Ms. Palmatier and Ms.

Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Duff and duly seconded by Dr. Mariano, the Committee voted and ordered to offer a consent order for a stayed suspension pending entry into HPMP. The motion carried.

ADJOURNMENT:

The Committee adjourned at 11:05 a.m.

Mira Mariano, PT, PhD, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Presentation

Health Practitioners' Monitoring Program

[Reporting Forms \(/PractitionerResources/HealthPractitionersMonitoringProgram/ReportingForms/\)](#)

[DHP Home \(/\)](#) > [Practitioner Resources \(/PractitionerResources/\)](#) > [Health Practitioners Monitoring Program Brochures \(/PractitionerResources/HealthPractitionersMonitoringProgram/Brochures/\)](#)

[About HPMP](#) ▾

COVID-19 Information

In response to COVID-19 social distancing precautions, DHP's public reception area is closed to walk-in services.
[Read More \(/PractitionerResources/HealthPractitionersMonitoringProgram/AboutHPMP/AnnualReport/\)](#)

Health Practitioners' Monitoring Program

The Virginia Health Practitioners' Monitoring Program (HPMP) is an alternative to disciplinary action for qualified healthcare practitioners with a substance use diagnosis, a mental health or physical diagnosis, that may alter their ability to practice their profession safely. HPMP refers healthcare professionals for appropriate treatment and provides ongoing monitoring of treatment progress.



The goal for each participant is to assist and support the recovery process, including achieving and maintaining optimal physical, mental, and emotional health. The HPMP team has the expertise to help practitioners skillfully navigate their return to safe and productive clinical practice.

The Department of Health Professions (DHP) contracts with Virginia Commonwealth University Health System, Department of Psychiatry to provide services including:

- Intake to determine program eligibility.
- Referrals to providers for clinical assessment and treatment.
- Monitoring of treatment progress and clinical practice.
- Alcohol and drug toxicology screens when indicated.

Participation in the program is voluntary. Disciplinary action may be avoided and, in the absence of criminal behavioral or Board action, public records may not be generated. For those participants with Board involvement, our team provides support including participant preparation for hearings and providing the Board with documentation or testimony of monitoring compliance.

HPMP services are available to anyone who holds a current, active license, certification or registration by a health regulatory board in Virginia or a multi-state licensure privilege OR is an applicant for initial or reinstatement of licensure, certification, or registration for up to one year from the date of receipt of their application.

Our experienced team is available to confidentially answer your questions and receive referrals, including self-referrals.

Contact Us

Call: 1-866-206-4747

Email: vahpmp@vcuhealth.org (<mailto:vahpmp@vcuhealth.org>)

Fax: 804-828-5386

VCU HPMP Leadership Team

Joel Steinberg, M.D.
Medical Director

Amy Stewart, LCSW
Administrative Director



Providing a Safe Return to Practice



The **Virginia Health Practitioners' Monitoring Program (HPMP)** is here to assist qualified healthcare practitioners with a substance use diagnosis, a mental health or physical diagnosis, that may alter their ability to practice their profession safely. HPMP provides an alternative to disciplinary action by providing comprehensive and effective monitoring services toward the goal of each participant's return to safe, productive practice. The goal is to assist and support each participant in the recovery process, including achieving and maintaining optimal physical, mental, and emotional health.

The Department of Health Professions (DHP) contracts with the Department of Psychiatry at the Virginia Commonwealth University Health System to provide confidential services for health practitioners enrolled in the HPMP, including:

- **Intake** to determine program eligibility
- **Referrals** to providers for clinical assessment and treatment
- **Monitoring** of treatment progress and clinical practice
- **Toxicology screening** for alcohol and/or drugs when indicated

Eligibility for Services

In order to be eligible for participation in the program, you must hold a current, active Virginia license, certification or registration issued by one of the regulatory boards of the Department of Health Professions. You may also be eligible for up to one year if you are:

- Applying for licensure, certification or registration for the first time
- Applying for a reinstatement of your license, certification or registration

The **HPMP Orientation Handbook** provides further details about the HPMP program and monitoring process. The handbook is available online at www.dhp.virginia.gov/hpmp.

Contact us:

701 E. Franklin St.
Suite 1407
Richmond, VA 23219

Call: 1 (866) 206-4747

Email: vahpmp@vcuhealth.org

Learn more:

www.dhp.virginia.gov/hpmp

Hours of operation:

Mon-Fri 8:30 a.m. to 5:00 p.m. except holidays

FREQUENTLY ASKED QUESTIONS

What is the HPMP program?

The HPMP is designed to monitor healthcare professionals who are diagnosed with a substance use disorder or mental health or physical condition that may be impairing. Participation in the program provides individualized referrals to assist a practitioner with their progress toward recovery, health and safe return to practice.

How do I get started?

Our experienced team is available to confidentially answer your questions and receive referrals, including self-referrals. Contact the Virginia HPMP toll-free at **1 (866) 206-4747** or email **vahpmp@vcuhealth.org**.

The HPMP website lists helpful resources and includes important information about the program. Please visit **www.dhp.virginia.gov/hpmp**.

Will this result in disciplinary action?

In many cases, voluntary participation may avoid disciplinary action and, in the absence of criminal behavior or Board action, public records may not be generated.

What can I expect?

Interested practitioners must contact the intake representative at Virginia HPMP and must sign a participation contract before entering the HPMP. If represented by an attorney, participants will be asked to sign a release of information form allowing the attorney access to their program information.

What is the cost?

Enrollment in the monitoring program is free. However, any costs associated with treatment and/or screenings are the responsibility of the participant.

Staff Reports
Executive Director's
Report

Virginia Department of Health Professions
Cash Balance
As of September 30, 2020

	116- Physical Therapy
Board Cash Balance as June 30, 2020	\$ 1,496,604
YTD FY21 Revenue	42,196
Less: YTD FY21 Direct and Allocated Expenditures	171,539
Board Cash Balance as September 30, 2020	\$ 1,367,261

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	34,441.00	159,125.00	124,684.00	21.64%
4002406	License & Renewal Fee	4,890.00	1,246,535.00	1,241,645.00	0.39%
4002407	Dup. License Certificate Fee	175.00	550.00	375.00	31.82%
4002409	Board Endorsement - Out	1,990.00	9,600.00	7,610.00	20.73%
4002421	Monetary Penalty & Late Fees	700.00	5,235.00	4,535.00	13.37%
4002432	Misc. Fee (Bad Check Fee)	-	35.00	35.00	0.00%
	Total Fee Revenue	<u>42,196.00</u>	<u>1,421,080.00</u>	<u>1,378,884.00</u>	<u>2.97%</u>
	Total Revenue	42,196.00	1,421,080.00	1,378,884.00	2.97%
5011110	Employer Retirement Contrib.	4,320.13	15,890.17	11,570.04	27.19%
5011120	Fed Old-Age Ins- Sal St Emp	2,193.87	9,561.77	7,367.90	22.94%
5011140	Group Insurance	405.95	1,472.53	1,066.58	27.57%
5011150	Medical/Hospitalization Ins.	11,082.54	39,234.00	28,151.46	28.25%
5011160	Retiree Medical/Hospitalizatn	342.45	1,230.77	888.32	27.82%
5011170	Long term Disability Ins	185.86	670.33	484.47	27.73%
	Total Employee Benefits	<u>18,530.80</u>	<u>68,059.58</u>	<u>49,528.78</u>	<u>27.23%</u>
5011200	Salaries				
5011230	Salaries, Classified	30,388.82	109,890.50	79,501.68	27.65%
	Total Salaries	<u>30,388.82</u>	<u>109,890.50</u>	<u>79,501.68</u>	<u>27.65%</u>
5011300	Special Payments				
5011310	Bonuses and Incentives	850.00	-	(850.00)	0.00%
5011340	Specified Per Diem Payment	500.00	-	(500.00)	0.00%
5011380	Deferred Compnstn Match Pmts	49.00	960.00	911.00	5.10%
	Total Special Payments	<u>1,399.00</u>	<u>960.00</u>	<u>(439.00)</u>	<u>145.73%</u>
5011400	Wages				
5011410	Wages, General	-	15,100.00	15,100.00	0.00%
	Total Wages	<u>-</u>	<u>15,100.00</u>	<u>15,100.00</u>	<u>0.00%</u>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	33.32	-	(33.32)	0.00%
	Total Terminatn Personal Svce Costs	<u>33.32</u>	<u>-</u>	<u>(33.32)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	<u>50,351.94</u>	<u>194,010.08</u>	<u>143,658.14</u>	<u>25.95%</u>
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	50.00	50.00	0.00%
5012120	Outbound Freight Services	79.72	-	(79.72)	0.00%
5012140	Postal Services	2,772.12	5,750.00	2,977.88	48.21%
5012150	Printing Services	-	600.00	600.00	0.00%
5012160	Telecommunications Svcs (VITA)	67.07	1,000.00	932.93	6.71%
5012190	Inbound Freight Services	0.50	-	(0.50)	0.00%
	Total Communication Services	<u>2,919.41</u>	<u>7,400.00</u>	<u>4,480.59</u>	<u>39.45%</u>
5012200	Employee Development Services				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account		Amount			Under/(Over)	% of Budget
Number	Account Description	Amount	Budget	Budget		
5012210	Organization Memberships	-	2,500.00	2,500.00		0.00%
5012240	Employee Training/Workshop/Conf	-	400.00	400.00		0.00%
5012250	Employee Tuition Reimbursement	-	3,875.00	3,875.00		0.00%
	Total Employee Development Services	-	6,775.00	6,775.00		0.00%
5012300	Health Services					
5012360	X-ray and Laboratory Services	-	300.00	300.00		0.00%
	Total Health Services	-	300.00	300.00		0.00%
5012400	Mgmnt and Informational Svcs	-				
5012420	Fiscal Services	40.63	18,000.00	17,959.37		0.23%
5012440	Management Services	280.78	4,000.00	3,719.22		7.02%
5012470	Legal Services	862.50	300.00	(562.50)		287.50%
	Total Mgmnt and Informational Svcs	1,183.91	22,300.00	21,116.09		5.31%
5012500	Repair and Maintenance Svcs					
5012510	Custodial Services	51.46	-	(51.46)		0.00%
5012520	Electrical Repair & Maint Srvc	-	25.00	25.00		0.00%
5012530	Equipment Repair & Maint Srvc	1.92	600.00	598.08		0.32%
	Total Repair and Maintenance Svcs	53.38	625.00	571.62		8.54%
5012600	Support Services					
5012630	Clerical Services	-	19.00	19.00		0.00%
5012640	Food & Dietary Services	398.18	750.00	351.82		53.09%
5012660	Manual Labor Services	67.39	700.00	632.61		9.63%
5012670	Production Services	477.32	2,245.00	1,767.68		21.26%
5012680	Skilled Services	2,389.96	13,000.00	10,610.04		18.38%
	Total Support Services	3,332.85	16,714.00	13,381.15		19.94%
5012800	Transportation Services					
5012820	Travel, Personal Vehicle	840.07	3,500.00	2,659.93		24.00%
5012840	Travel, State Vehicles	-	500.00	500.00		0.00%
5012850	Travel, Subsistence & Lodging	73.63	1,500.00	1,426.37		4.91%
5012880	Trvl, Meal Reimb- Not Rprtbl	126.75	300.00	173.25		42.25%
	Total Transportation Services	1,040.45	5,800.00	4,759.55		17.94%
	Total Contractual Svcs	8,530.00	59,914.00	51,384.00		14.24%
5013000	Supplies And Materials					
5013100	Administrative Supplies					
5013110	Apparel Supplies	7.17	-	(7.17)		0.00%
5013120	Office Supplies	265.98	1,000.00	734.02		26.60%
	Total Administrative Supplies	273.15	1,000.00	726.85		27.32%
5013300	Manufctrng and Merch Supplies					
5013350	Packaging & Shipping Supplies	-	50.00	50.00		0.00%
	Total Manufctrng and Merch Supplies	-	50.00	50.00		0.00%
5013500	Repair and Maint. Supplies					
5013510	Building Repair & Maint Materl	4.03	-	(4.03)		0.00%
5013520	Custodial Repair & Maint Matr	0.56	-	(0.56)		0.00%
5013530	Electrcal Repair & Maint Matr	-	15.00	15.00		0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
	Total Repair and Maint. Supplies	4.59	15.00	10.41	30.60%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	200.00	200.00	0.00%
	Total Residential Supplies	-	200.00	200.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	277.74	1,275.00	997.26	21.78%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	29.00	29.00	0.00%
	Total Insurance-Fixed Assets	-	29.00	29.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	2.44	-	(2.44)	0.00%
5015390	Building Rentals - Non State	1,698.61	6,286.00	4,587.39	27.02%
	Total Operating Lease Payments	1,701.05	6,286.00	4,584.95	27.06%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	107.00	107.00	0.00%
5015540	Surety Bonds	-	7.00	7.00	0.00%
	Total Insurance-Operations	-	114.00	114.00	0.00%
	Total Continuous Charges	1,701.05	6,429.00	4,727.95	26.46%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	51.52	-	(51.52)	0.00%
	Total Computer Hrdware & Sftware	51.52	-	(51.52)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	60.00	60.00	0.00%
	Total Educational & Cultural Equip	-	60.00	60.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	35.00	35.00	0.00%
	Total Office Equipment	-	35.00	35.00	0.00%
	Total Equipment	51.52	95.00	43.48	54.23%
	Total Expenditures	60,912.25	261,723.08	200,810.83	23.27%
	Allocated Expenditures				
20600	Funeral/LTCA/PT	31,585.55	113,395.83	81,810.28	27.85%
30100	Data Center	13,493.87	72,513.30	59,019.42	18.61%
30200	Human Resources	170.22	11,444.82	11,274.60	1.49%
30300	Finance	18,617.79	72,046.39	53,428.60	25.84%
30400	Director's Office	6,587.53	25,886.88	19,299.34	25.45%
30500	Enforcement	15,956.14	75,212.23	59,256.09	21.21%
30600	Administrative Proceedings	12,004.00	29,714.09	17,710.10	40.40%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
30700	Impaired Practitioners	833.46	1,565.75	732.29	53.23%
30800	Attorney General	2,329.22	3,807.38	1,478.17	61.18%
30900	Board of Health Professions	5,846.71	19,485.57	13,638.86	30.01%
31100	Maintenance and Repairs	185.88	1,161.18	975.30	16.01%
31300	Emp. Recognition Program	3.33	769.14	765.80	0.43%
31400	Conference Center	68.32	168.24	99.92	40.61%
31500	Pgm Devlpmnt & Implmentn	2,944.46	11,606.22	8,661.76	25.37%
Total Allocated Expenditures		<u>110,626.48</u>	<u>438,777.02</u>	<u>328,150.54</u>	<u>25.21%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ (129,342.73)</u>	<u>\$ 720,579.90</u>	<u>\$ 849,922.63</u>	<u>17.95%</u>

Physical Therapy Monthly Snapshot for July 2020

Physical Therapy has closed more cases in July than received. Physical Therapy has closed 3 patient care cases and 3 non-patient care cases for a total of 6 cases.

Cases Closed	
Patient Care	3
Non-Patient Care	3
Total	6

The board has received 2 patient care cases and 0 non-patient care cases for a total of 2 cases.

Cases Received	
Patient Care	2
Non-Patient Care	0
Total	2

As of July 30, 2020 there are 32 patient care cases open and 3 non-patient care cases open for a total of 35 cases.

Cases Open	
Patient Care	32
Non-Patient Care	3
Total	35

There are 14,337 Physical Therapy licensees as of August 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Direct Access Certification	1,303
Physical Therapist	9,226
Physical Therapist Assistant	3,808
Total for Physical Therapy	14,337

There were 104 licenses issued for Physical Therapy for the month of July. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Direct Access Certification	4
Physical Therapist	60
Physical Therapist Assistant	40
Total for Physical Therapy	104



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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October 5, 2020

On March 12, 2020, Governor Ralph Northam declared a state of emergency due to novel coronavirus (COVID-19). In the amended declaration, [Executive Order 51](#), the Governor directed state agencies to continue to render appropriate assistance to prepare for and mitigate the effects of the coronavirus (COVID-19) outbreak. In doing so, he ordered authorization for the heads of executive branch agencies, on behalf of their regulatory boards as appropriate, and with the concurrence of their Cabinet Secretary, to waive any state requirement or regulation.

Pursuant to the authority granted to the agency head by Executive Order 51 (2020), I hereby conditionally suspend the below regulation for **Physical Therapist** and **Physical Therapist Assistant** renewal applicants who submit requests to the Board for suspension of the active practice requirements that demonstrate good cause for such suspension **on or before** the renewal deadline of December 31, 2020.

18VAC112-20-130. Biennial Renewal of License.

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.

This suspension does not waive statutory requirements or limitations. This suspension shall take effect on October 5, 2020, and shall remain in full force and in effect until December 31, 2020, or unless sooner amended, or rescinded by further executive order.

David E. Brown, D.C.
Director

Board of Physical Therapy
News and Updates – Virginia Board of Physical Therapy

Regulations – Practice of Dry Needling (Effective October 29, 2020)

On October 29, 2020, final regulations for the practice of dry needling became effective for the Virginia Board of Physical Therapy. The new regulations can be found at [18VAC112-20-121](#) of the Regulations Governing the Practice of Physical Therapy (also accessible [here on the Board's website](#)).

Upcoming License Renewals – Deadline December 31, 2020

IMPORTANT NOTE: Licensees will receive Renewal Notices by e-mail in mid-November

Continuing Education and Upcoming Renewals

As licensees prepare for the renewal process, there are a number of important changes for the 2020 renewal cycle. [Read more about Continuing Education requirements, Last Paper License and renewal notices.](#)

Renewal Fees

During the renewal process, licensees will also see a change to their renewal fees. Effective October 28, 2020, the Board granted a one-time reduction in the renewal fees charged to active and inactive licensees for renewal. For the 2020 renewal cycle only, the following fees will apply:

License Type	Renewal Fee by Regulation	2020 Reduced Renewal Fee
Physical Therapist – Active	\$135	\$70
Physical Therapist – Inactive	\$70	\$35
Physical Therapist Assistant – Active	\$70	\$35
Physical Therapist Assistant - Inactive	\$35	\$18

Temporary suspension for Physical Therapy active practice hours

Due the COVID pandemic, a temporary suspension has been issued related to the hours of active practice required to renew a PT or PTA license where a licensee requests a suspension of the requirement for good cause shown. To access the language of the temporary suspension, [please click here](#). (October 5, 2020).

Any inquiries or requests for the above suspension should be directed to the Board at ptboard@dhp.virginia.gov.

Committee and Board Member Reports

DRAFT

9960 Mayland Dr, Henrico, VA 23233

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the provisions of Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as presented on the agenda necessary for the board to discharge its lawful purposes, duties and responsibilities

[An audio file of this meeting may be found here.](#)

In Attendance

Virtual- Sahil Chaudhary, Citizen Member
Virtual- Helene Clayton-Jeter, OD, Board of Optometry
Virtual- Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Virtual- Louise Hershkowitz, CRNA, MSHA, Board of Nursing
In-Person- Allen Jones, Jr., DPT, PT, Board of Physical Therapy, Board Chair
Virtual- Derrick Kendall, NHA, Board of Long-Term Care Administrators
Virtual- Ryan Logan, RPh, Board of Pharmacy
Virtual- Kevin O'Connor, MD, Board of Medicine
Virtual- Martha Rackets, PhD, Citizen Member
Virtual- John Salay, MSW, LCSW, Board of Social Work
Virtual- Herb Stewart, PhD, Board of Psychology
In-Person- James Wells, RPh, Citizen Member

Absent

Sheila E. Battle, MHS, Citizen Member
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Steve Karras, DVM, Board of Veterinary Medicine
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language
Maribel Ramos, Citizen Member
Vacant-Board of Dentistry

DHP Staff

Virtual- Barbara Allison-Bryan, MD, Deputy Director DHP
Virtual- David Brown, DC, Director DHP
In-Person- Elizabeth A. Carter, PhD, Executive Director BHP
Virtual- Jay Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing
In-Person- Laura Jackson, MSHSA, Operations Manager BHP
Virtual- Yetty Shobo, PhD, Deputy Executive Director BHP

**DHP Staff
Cont'd.**

- Virtual- Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Physical Therapy
- Virtual- Elaine Yeatts, Senior Policy Analyst DHP

OAG

- Virtual- Charis Mitchell, Assistant Attorney General

**Virtual
Attendees**

- Ashley Wright
- Baron Glassgow
- Ben Traynham
- C. Barrineau
- James Pickral
- Jo Twombly
- Lauren Schmitt
- Marie Rodriguez
- Mark
- Melika Zand
- Sarah Giardenelli
- Sheila
- Traci Hobson
- Unidentified Call-in User 11
- Unidentified Call-in User 12
- Unidentified Call-in User 13
- Unidentified Call-in User 7
- Unidentified Call-in User 8

Call to Order

- Dr. Jones, Jr., Board Chair
- Time: 11:04 a.m.
- Quorum: Established

Agenda

The agenda was approved by acclamation as presented.

Public Comment

No public comment was received by the Board office prior to the August 19, 2020 5:00 p.m. deadline.

**Approval of
Minutes**

On properly seconded motion by Dr. Clayton-Jeter, the minutes from the June 25, 2020 meeting were approved as presented.

Director's Report

Dr. Brown stated that the Department has held several virtual meetings since the onset of COVID-19 and the closing of the Perimeter Center Building to the public. DHP is following government mandated protocols to keep individuals safe and leveraging teleworking to the extent possible. The Enforcement and APD divisions and the Boards are keeping abreast of the incoming cases and disciplinary hearings.

Legislative and Regulatory Report

Ms. Yeatts provided an overview of current legislative and regulatory actions. She also noted that the change made to the Boards Bylaws (Guidance document 75-4) are effective today.

Board Chair Report

Dr. Jones, Jr., thanked Dr. Stewart for filling in as Chair for the June 25, 2020 meeting. He thanked staff for all their efforts in keeping the boards up and running during this pandemic. He noted that the Fall election of officers will usher in the new position of 2nd Chair.

Board Study Into the Need to Regulate Diagnostic Medical Sonographer

Mr. Wells provided an overview of the Diagnostic Medical Sonographer study findings. He advised that after reviewing the study materials that the Regulatory Research Committee deemed that Criterion One: Risk for Harm to the Consumer was not met. There was insufficient evidence of harm attributable to the practice of diagnostic medical sonography by individuals credentialed to justify their regulation by the state. However, the Regulatory Research Committee did have concern about the use of 3-D ultrasound medical devices by unlicensed people taking "Keepsake" fetal sonograms. This matter is being referred to the full Board for further discussion.

Motion: Dr. Doyle moved and Dr. O'Connor seconded acceptance of the Regulatory Research Committee's findings.

Discussion and Amended Motion: Upon discussion, an amendment was made to the original motion to table the discussion of the fetal imaging concerns to the November 10, 2020 agenda. The motion was properly seconded, all members voted in favor, none opposed.

**Board Study
into the Need to
Regulate
Naturopathic
Doctors**

Mr. Wells provided an overview of the Naturopathic Doctor study findings. He stated that the Committee found sufficient evidence of all six criterion and recommended, under criterion seven, licensure of the profession. The Committee requested that the scope of practice include physical exams, ordering lab tests and interpretation of lab tests, ordering x-rays or other videography but with the interpretation by another qualified practitioner. Further, there should be no prescriptive authority for legend drugs. The profession should be regulated under the Board of Medicine. Also, lay practitioners who are not licensed under this chapter should not be precluded from (i) providing natural health consulting on Ayurvedic medicine, traditional naturopathic therapies, herbalism, nutritional advice, or homeopathy, or (ii) from selling vitamins and herbs, provided the person or lay practitioner does not use any title prohibited under § 54.1-2956.14.

A motion to approve the Committees recommendations was made by Mr. Salay and properly seconded.

After discussion and review of the Criteria, the Board voted on the Committee's recommendations. Five members (Dr. Doyle, Ms. Hershkowitz, Mr. Salay, Dr. Rackets, and Mr. Wells) were in favor of licensure, six members (Dr. O'Connor, Dr. Clayton-Jeter, Mr. Logan, Dr. Jones, Jr., Dr. Stewart, Mr. Chaudhary) opposed licensure. The motion failed.

**Executive
Director's
Report**

Due to time constraints, Dr. Carter requested that the Executive Director's Report be carried over to the November 10, 2020 meeting.

**Healthcare
Workforce Data
Center**

Due to time constraints, Dr. Carter requested that the Healthcare Workforce Data Center report also be carried over to the November 10, 2020 meeting.

**Individual
Board Reports**

Board of Medicine - Dr. O'Connor stated that the Board cancelled all June meetings and had just recently begun board hearings. He provided that disciplinary hearings are stacking up so the October meeting (hopefully to be held in person) will have a full schedule to include informal conferences. Dr. O'Connor commended Board staff for keeping up with credentialing of the boards professions.

Board of Nursing - Ms. Hershkowitz (Attachment 2)

Board of Optometry - Dr. Clayton-Jeter (Attachment 3)

Board of Audiology & Speech-Language Pathology - no report

Board of Counseling - Dr. Doyle (Attachment 4)

Board of Funeral Directors & Embalmers - no report

Board of Long-Term Care Administrators - no report

Board of Pharmacy - Mr. Logan reported that the Board of Pharmacy held a virtual meeting and public hearing on June 16, 2020. He stated that the Board is receiving approximately 100 applications for registered patients weekly.

Board of Psychology - Dr. Stewart (Attachment 5)

Board of Social Work - Mr. Salay (Attachment 6)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 7)

Board of Veterinary Medicine - no report

Board of Dentistry - vacant

New Business There was no new business.

Next Full Board Meeting Dr. Jones, Jr. advised the Board that the next meeting is scheduled for November 10, 2020 at 10:00 a.m.

Adjourned The meeting adjourned at 1:26 p.m.


Vice Chair Signature Allen Jones, Jr., DPT
_____ / ____ / _____

Board Exec. Director Signature Elizabeth A. Carter, PhD
_____ / ____ / _____

Board of Health Professions attachments can be found at
https://www.dhp.virginia.gov/bhp/bhp_calendar.htm

Legislation and Regulatory Actions

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of October 30, 2020)**

Board of Physical Therapy:		
Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Implementation of the Physical Therapy Compact</u> [Action 5362]</p> <p>Proposed - Register Date: 8/31/20 Public hearing: 10/20/20 Comment closes: 10/30/20 Board to adopt final regs: 11/17/20</p>
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Practice of dry needling</u> [Action 4375]</p> <p>Final - Register Date: 9/14/20 Effective: 10/29/20</p>
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p> <u>Renewal fee reduction</u> [Action 5589]</p> <p>Final - Register Date: 9/28/20 Effective: 10/28/20</p>
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<p><u>Periodic review</u> [Action 5228]</p> <p>Final - At Secretary's Office for 52 days</p>

Board Discussions and Actions

Agenda Item: Adoption of Final amendments for implementation of Physical Therapy Compact – To replace emergency regulations currently in effect

Staff note:

Emergency regulations became effective on January 1, 2020; they expire on June 30, 2021

There was a 60-day comment period from August 31, 2020 to October 30, 2020 ; no comment was received

Included in your agenda package are:

A copy of proposed regulations

Board action:

Adoption of final regulations (identical to emergency regulations and identical to proposed) as presented in the agenda package; or

Adoption of final regulations as amended.

Project 6119 - Proposed

BOARD OF PHYSICAL THERAPY

Implementation of the 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 (§ 54.1-3485 of the Code of Virginia).

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals, or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

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

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

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

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

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

"Traineeship" means a period of active clinical practice during 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 handling fee for a returned check or a dishonored credit card or debit card shall be \$50.

4. The fee for a letter of good ~~standing/verification~~ standing or verification to another jurisdiction shall be \$10.

5. The application fee for direct access certification shall be \$75 for a physical therapist to obtain certification to provide services without a referral.

6. The state fee for obtaining or renewing a compact privilege to practice in Virginia shall be \$50.

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. United States 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. United States 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. United States 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 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~~ the patient's legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery; nurse practitioner; or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement, and data collection; but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's 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 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~~ that, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.

C. 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.

Note: Guidance Document does not reflect recent federal guidance on HIPAA compliance during COVID-19 crisis. See Board website for more information.

Virginia Board of Physical Therapy Guidance on Telehealth

Section One: Preamble

The Board of Physical Therapy recognizes that using telehealth services in the delivery of physical therapy services offers potential benefits in the provision of care. Advancements in technology have created expanded and innovative treatment options for physical therapist and clients. The appropriate application of these services can enhance care by facilitating communication between practitioners, other health care providers, and their clients. The delivery of physical therapy services by or under the supervision of a physical therapist via telehealth in physical therapy falls under the purview of the existing regulatory body and the respective practice act and regulations. The Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telehealth services. Therefore, physical therapy practitioners must apply existing laws and regulations to the provision of telehealth services.

The Board issues this guidance document to assist practitioners with the application of current laws to telehealth service practices. These guidelines should not be construed to alter the scope of physical therapy practice or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. For clarity, a physical therapist using telehealth services must take appropriate steps to establish the practitioner-patient (client) relationship and conduct all appropriate evaluations and history of the client consistent with traditional standards of care for the particular client presentation. As such, some situations and client presentations are appropriate for the utilization of telehealth services as a component of, or in lieu of, in-person provision of physical therapy care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The board has developed these guidelines to educate licensees as to the appropriate use of telehealth services in the practice of physical therapy. The Board is committed to ensuring patient access to the convenience and benefits afforded by telehealth services, while promoting the responsible provision of physical therapy services.

It is the expectation of the Board that practitioners who provide physical therapy care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of the client first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the physical therapy profession;
- Adhere to applicable laws and regulations;
- Properly supervise PTA's and support personnel;
- Protect client confidentiality.

Section Two: Definition

Telehealth is the use of electronic technology or media including interactive audio or video to engage in the practice of physical therapy. In this guidance document, “telehealth” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Section Three: Responsibility for and Appropriate Use of Technology

A client’s appropriateness for evaluation and treatment via telehealth should be determined by the Physical Therapist on a case-by-case basis, with selections based on physical therapist judgment, client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a client, and should determine and document the technology used in the provision of physical therapy. Additionally, the PT is responsible for assuring the technological proficiency of those involved in the client’s care.

Section Four: Verification of Identity

Given that in the telehealth clinical setting the client and therapist are not in the same location and may not have established a prior in-person relationship, it is critical, at least initially, that the identities of the physical therapy providers and client be verified. Photo identification is recommended for both the client and all parties who may be involved in the delivery of care to the client. The photo identification, at minimum, should include the name of the individual; however, personal information such as address or driver’s license number does not have to be shared or revealed. The client may utilize current means, such as state websites, to verify the physical therapy provider is licensed in the originating jurisdiction (where the client is located and receiving telehealth services).

Section Five: Informed Consent

Clients should be made aware of any limitations that telehealth services present as compared to an in-person encounter for that client’s situation, such as the inability to perform hands-on examination, assessment and treatment, clients should give consent to such services and evidence documenting appropriate client informed consent for the use of telehealth services should be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

- Identification of the client, the practitioner, and the practitioner’s credentials;
- Types of activities permitted using telehealth services (e.g. such as photography, recording or videotaping the client.);
- Details on security measures taken with the use of telehealth services, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express client consent to forward client-identifiable information to a third party.

Section Six: Physical therapist/Client Relationship

Developing a physical therapist/client relationship is relevant regardless of the delivery method of the physical therapy services. As alternative delivery methods such as telehealth emerge, it bears stating that the PT/client relationship can be established in the absence of actual physical contact between the PT and client. Just as in a traditional (in-person) encounter, once the relationship is established, the therapist has an obligation to adhere to the reasonable standards of care for the client (duty of care).

Section Seven: Licensure

The practice of physical therapy occurs where the client is located at the time telehealth services are provided. A practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the client is located. Practitioners who evaluate or treat through online service sites must possess appropriate licensure in all jurisdictions where clients receive care.

Section Eight: Standards of Care

It is the responsibility of the PT to ensure the standard of care required both professionally and legally is met. As such, it is incumbent upon the PT to determine which clients and therapeutic interventions are appropriate for the utilization of technology as a component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers should be guided by professional discipline, best available evidence, and any existing clinical practice guidelines when practicing via telehealth. Physical therapy interventions and/or referrals/consultations made using technology will be held to the same standards of care as those in traditional (in-person) settings. The documentation of the telehealth encounter should be held at minimum to the standards of an in-person encounter. Additionally, any aspects of the care unique to the telehealth encounter, such as the specific technology used, should be noted.

Section Nine: Privacy and Security of Client Records and Exchange of Information

In any physical therapy encounter, steps should be taken to ensure compliance with all relevant laws, regulations and codes for confidentiality and integrity of identifiable client health information. Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using telehealth services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required client information to be included in the communication, such as client name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Section Ten: Client Records

The client record should include, if applicable, copies of all client-related electronic communications, including client-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telehealth services. Informed consents obtained in connection with an encounter involving telehealth services should also be filed in the medical record. The client record established during the use of telehealth services should be accessible to both the practitioner and the client, and consistent with all established laws and regulations governing client healthcare records.

Section Eleven: Technical Guidelines

Physical therapy providers need to have the level of understanding of the technology that ensures safe, effective delivery of care. Providers should be fully aware of the capabilities and limitations of the technology they intend to use and that the equipment is sufficient to support the telehealth encounter, is available and functioning properly and all personnel are trained in equipment operation, troubleshooting, and necessary hardware/software updates. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

Section Twelve: Emergencies and Client Safety Procedures

When providing physical therapy services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedures need to take into account local emergency plans. Alternate methods of communication between both parties should be established prior to providing telehealth services in case of technical complications. It is the responsibility of the provider to have all needed information to activate emergency medical services to the clients' physical location if needed at time of the services are being provided. If during the provision of services the provider feels that the client might be experiencing any medical or clinical complications or emergencies, services should be terminated and the client referred to an appropriate level of service.

Section Thirteen: Guidance Document Limitations

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board's ability to review the delivery or use of telehealth services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board's ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.

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 requires referral and direction from a licensed practitioner, in accordance with § 54.1-3482 of the Code of Virginia. A practitioner's 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 requires referral and direction from a licensed practitioner, in accordance with § 54.1-3482 of the Code of Virginia. 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.

**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, ~~from January 1 to December 31~~; 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 committee shall meet as necessary to adjudicate informal conferences in accordance with legal and agency standards for case resolution. 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.