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

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Instructions

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**Approval of Minutes (p. 4-17)**

- Board Meeting – August 10, 2021
- Formal Administrative Hearing – August 10, 2021
- Telephone Conference Call – February 3, 2022
- For informational purposes – Informal Conferences – December 7, 2021

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**Ordering and Approval of Agenda**

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**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.*

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

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**Staff Reports**

- Executive Director’s and Discipline Report – **Corie E. Tillman Wolf, JD, Executive Director**
- Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Manager**

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**Board Counsel Report**

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**Committee and Board Member Reports**

- Board President Report – **Allen R. Jones, Jr., PT, DPT**
- Board of Health Professions Report – **Allen R. Jones, Jr., PT, DPT (p. 19-22)**
- Report from Boundary Violations Task Force and Ethics and Legislation Committee (FSBPT) – **Arkena L. Dailey, PT, DPT**

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**Legislative and Regulatory Report – Elaine Yeatts, Senior Policy Analyst, and Erin Barrett, Senior Policy Analyst**

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**Board Discussion and Actions – Elaine Yeatts, Erin Barrett, and Corie E. Tillman Wolf**

- Adoption of Electronic Meeting Policy (p. 29-34)
  - Adoption of Revisions to Guidance Document 112-7: Physical Therapists in Public Schools and Direct Access (update to Code language) (p. 35-38)
  - Discussion Items
    - Question Received - Performance of “Wet” Cupping
    - Re-Entry to Practice
    - Reference to Language for Graduates of Non-Approved Programs (18VAC112-20-50)
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**New Business**

- Staff Recognition
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**Next Meeting** – May 3, 2022

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**Meeting Adjournment**

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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).

# Approval of Minutes

**August 10, 2021**

The Virginia Board of Physical Therapy convened for a full board meeting on Tuesday, August 10, 2021 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #2, Henrico, Virginia.

**BOARD MEMBERS PRESENT**

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

**BOARD MEMBERS ABSENT:**

Arkena L. Dailey, PT, DPT

**DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING**

Barbara Allison-Bryan, MD, DHP Deputy Director  
Erin Barrett, Assistant Attorney General, Board Counsel  
Sarah Georgen, Licensing and Operations Manager  
Laura Mueller, Program Manager  
Corie Tillman Wolf, Executive Director  
Elaine Yeatts, DHP Senior Policy Analyst

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

**CALL TO ORDER**

Dr. Jones called the meeting to order at 10:00 a.m. and asked the Board members and staff to introduce themselves.

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

Dr. Jones congratulated Dr. Mariano, Dr. Locke, and Ms. Szasz Palmer on their reappointments to the Board.

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

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

Ms. Tillman Wolf then read the emergency egress instructions.

## **APPROVAL OF MINTUES**

Dr. Jones opened the floor to any edits or corrections regarding the draft minutes for meetings held between May 25, 2021 and June 29, 2021, including a Board meeting on May 25, 2021. Dr. Mariano noted one spelling edit to her name on the informal conference minutes in the Board's agenda packet. With no other edits or corrections, the minutes were approved as presented.

## **ORDERING OF THE AGENDA**

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Adler, the Board voted to accept the agenda as presented. The motion passed unanimously (6-0).

## **PUBLIC COMMENT**

The Board did not receive any public comment.

## **AGENCY REPORT**

Dr. Allison-Bryan thanked the Board members, staff, and public for wearing a mask during the meeting and remaining socially distanced during the COVID-19 pandemic. She stated that of those contracting COVID, the majority are unvaccinated. She encouraged everyone to get the vaccine.

Dr. Allison-Bryan spoke to the Governor's Executive Order 77 to eliminate most single-use plastics at state agencies and waste sent to landfills by 2025.

Dr. Allison-Bryan announced the reorganization of the Board of Health Professions stating that Leslie Knachel is the new Executive Director of that Board.

With no questions, Dr. Allison-Bryan concluded her report.

## **STAFF REPORTS**

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

Ms. Tillman Wolf congratulated Dr. Mariano, Dr. Locke, and Ms. Szasz Palmer on their reappointments to the Board of Physical Therapy.

### ***COVID Response***

Ms. Tillman Wolf welcomed back the Board members to in-person meetings.

Ms. Tillman Wolf provided information to the Board members regarding the Board Operations following the end of the emergency order in Virginia for the COVID-19 pandemic, which included information on in-person meetings and hearings, board operations, and telework for board staff.

### ***FSBPT Updates***

Ms. Tillman Wolf provided updates on the Leadership Issues Forum (LIF) meeting that was held on July 17-18, 2021.

She stated that Dr. Locke was a candidate for the Board of Directors, “Director I” position with the FSBPT and that the elections will be completed at the FSBPT Virtual Annual meeting in October.

Ms. Tillman Wolf reported on the upcoming virtual meetings and trainings to be held by the FSBPT in 2021.

She provided updates from the Task Force and Committees to include updates on the Exam, Licensure, Discipline Database (ELDD), continuing competency, re-entry to practice, boundary violations, and impaired practitioners. She stated that a number of resources were available on the FSBPT website. Ms. Tillman Wolf stated that the FSBPT also discussed issues facing the Boards including COVID, telehealth, continuing education, deregulation, and imaging.

#### *Diversity, Equality, Inclusion and Belonging (DEI&B)*

Ms. Tillman Wolf provided an overview of the Diversity, Equality, Inclusion and Belonging (DEI&B) efforts underway at the state, agency, and board levels, including information presented at the recent FSBPT LIF meeting about efforts underway in Virginia.

Ms. Tillman Wolf discussed initiatives launched by the Governor including the development of the ONE Virginia plan, the creation of Health Equity Dashboards to track public health data in response to COVID, and the creation of DEI and cultural competence training and resources available to state employees.

Ms. Tillman Wolf stated that DHP has established a Diversity, Equality, and Inclusion Council for employees. She also stated that DHP has sponsored staff trainings; a DEI catalog is available to all employees.

Ms. Tillman Wolf also discussed how DEI principles can be reviewed and implemented at the Board level. Efforts include ensuring diverse Board representation through collaboration with the Secretary’s Office and reviewing board regulations during the Periodic Review Process to identify unnecessary barriers and ensure equitable language and application. She also stated that the disciplinary review process includes the Sanction Reference Points (SRPs) as a tool designed to focus on case type and factors that minimize the possibility of bias.

Dr. Allison-Bryan added that, as part of the ONE Virginia plan, Governor Northam appointed a cabinet-level Diversity Officer to oversee DEI efforts and each agency was required to submit a DEI plan. Dr. Allison-Bryan noted that Dr. Locke’s presentation on “The Adversity to Diversity” presented to the Board in February 2020 was included in the DHP DEI plan.

Ms. Tillman Wolf stated that Board members will have access to training opportunities through DHP’s Board member trainings and that information on future trainings will be forthcoming.

#### *Virginia Physical Therapy Workforce: Diversity Trends*

In discussing Board resources related to DEI, Ms. Tillman Wolf stated that an important source of data for the physical therapy profession is the Healthcare Workforce Data Center (HWDC), which compiles survey information from licensees after each renewal cycle.

Ms. Tillman Wolf provided an overview of the diversity trends reported by the HWDC and compiled by Dr. Yetty Shobo, PhD, for Physical Therapists and Physical Therapist Assistants. The data trends included

trends in age distribution, median age, gender diversity, race and ethnicity, diversity index, under 40 diversity index, median education debt by gender, median education debt by race/ethnicity, median income by gender, and median income by race/ethnicity.

*PT Compact – Updates*

Ms. Tillman Wolf reported on the status of the PT Compact, including new states that have enacted legislation or have begun issuing privileges. She reported that 1,540 Compact Privileges were issued across 21 active states through June 2021, and over 5,074 Compact Privileges have been issued from 2018 to June 2021.

Ms. Tillman Wolf stated that as of August 5, 2021, 298 compact privileges had been issued (243 Physical Therapists and 55 Physical Therapy Assistants) in Virginia. Of interest, there was a sizeable increase in privileges issued during the month of July (n=41) likely attributable to two factors: (1) Maryland began issuance of Compact Privileges on July 1, 2021, and (2) the end of the emergency Executive Order that permitted out-of-state licensees to treat Virginia patients via telehealth during the COVID emergency (June 30, 2021).

*Expenditure and Revenue Summary as of June 30, 2021*

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of June 30, 2021.

|   |                    |
|---|--------------------|
| Cash Balance as of June 30, 2020                      | \$1,496,604        |
| YTD FY21 Revenue                                      | \$ 836,810         |
| <u>Less FY201 Direct &amp; In-Direct Expenditures</u> | <u>\$ 631,066</u>  |
| <b>Cash Balance as of June 30, 2021</b>               | <b>\$1,702,347</b> |

*Board Meeting Dates*

Ms. Tillman Wolf announced the remaining 2021 and tentative 2022 Board meeting dates.

- November 9, 2021
- February 15, 2022
- May 3, 2022
- August 9, 2022
- November 3, 2022

*Notes and Reminders*

Ms. Tillman Wolf provided reminders to the Board in regards to updated Conflict of Interest training due by October 1, 2021, changes in contact information, and continuing education for attendance at board meetings. She thanked the Board members for their service to the Board.

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

***Discipline Report – Corie Tillman Wolf, Executive Director***

As of July 30, 2021, Ms. Tillman Wolf reported the following disciplinary statistics:

- 40 Patient Care cases
  - 2 at Informal Conferences
  - 2 at Formal Hearing
  - 19 at Enforcement
  - 17 at Probable Cause
  - 0 at APD
- 3 Non Patient Care Cases
  - 0 at Informal
  - 0 at Formal
  - 2 at Enforcement
  - 1 at Probable Cause
  - 0 at APD
- 3 cases at Compliance

Ms. Tillman Wolf reported on the Virginia Performs statistics for Q3 2021 that remain unchanged from the Board’s last meeting in May and which have not yet been updated for Q4 2021.

With no questions, Ms. Tillman Wolf 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                      | Q3 2021<br>(Jan 1-Mar 31) | Q2 2021<br>(Oct 1-Dec 31) | Change<br>+/- |
|------------------------------|---------------------------|---------------------------|---------------|
| Physical Therapist           | 8,603                     | 8,372                     | 231           |
| Physical Therapist Assistant | 3,641                     | 3,574                     | 67            |
| <b>Total PT’s and PTA’s</b>  | <b>12,244</b>             | <b>11,946</b>             | <b>298</b>    |
| Direct Access Certification  | 1,333                     | 1,323                     | 10            |

Ms. Georgen presented the PT and PTA exam statistics from the April administrations of the exams.

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

- Q2 2020 – 97.7%
- Q3 2020 – 97.4%
- Q4 2020 – 89.6%
- Q1 2021 – 100%
- Q2 2021 – 97%
- Q3 2021 – 98.2%
- Q4 2021 – 91%

With no questions, Ms. Georgen concluded her report.

**BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General**



Ms. Barrett had no information to report.

## **COMMITTEE AND BOARD MEMBER REPORTS**

### ***Board President Report – Allen R. Jones, Jr., PT, DPT***

Dr. Jones offered thanks to Board staff with the technical organization of Board meetings during the pandemic.

He congratulated Dr. Mariano, Dr. Locke, and Ms. Szasz Palmer on their reappointment to the Board.

With no questions, Dr. Jones concluded his report.

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

Dr. Jones reported that the Board of Health Professions did not meet within the last quarter, therefore he had no report.

With no questions, Dr. Jones concluded his report.

### ***Leadership Issues Forum (LIF) Report – Allen R. Jones, PT, DPT***

Dr. Jones reported on the FSBPT Leadership Issues Forum (LIF), which included noteworthy content on issues in other jurisdictions, as well as helpful breakout sessions and information on Diversity, Equity, and Inclusion.

Dr. Jones noted possible issues in the future with Physical Therapists and Physical Therapy Assistants entering the workforce after having been out of work for a significant amount of time during the pandemic. He noted that this may cause possible disciplinary issues in the future.

With no questions, Dr. Jones concluded his report.

## **LEGISLATION AND REGULATORY REPORT**

### ***Report on Status of Regulations***

Ms. Yeatts had no information to report on pending regulatory actions.

### ***Legislative Report***

Ms. Yeatts provided a reminder regarding the enactment of legislation from the 2022 General Assembly (SB 1187) effective July 1, 2021, which extends the time allowed for a qualified physical therapist to evaluate and treat patients without a referral under certain circumstances from 30 to 60 days.

With no questions, Ms. Yeatts concluded her report.

## **BREAK**

The Board took a break at 10:58 a.m. and returned at 11:10 a.m.

## **BOARD DISCUSSIONS AND ACTIONS**

### *Retraction of Fast-Track Regulation and Adoption of Guidance Document – Credentialing and TOEFL Requirements for Physical Therapy Graduates of Schools Not Approved by CAPTE (18VAC112-20-50)*

Ms. Tillman Wolf provided information to the Board on the recommended retraction of fast-track regulations initiated at the Board's last meeting related to the credentialing tool utilized for graduates of physical therapy schools not approved by CAPTE. In the alternative, she recommended that the Board consider adoption of a Guidance Document to outline the Board's credentialing and TOEFL requirements for Physical Therapy graduates of schools not approved by CAPTE (18VAC112-20-50).

Upon a **MOTION** by Dr. Duff, and properly seconded by Ms. Szasz Palmer, the Board voted to retract the fast-track regulation and adopt a Guidance Document regarding the credentialing and TOEFL requirements for graduates of physical therapy schools not approved by CAPTE under 18VAC112-20-50 as presented. The motion passed unanimously (6-0).

## **ELECTIONS**

### *President*

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

Dr. Jones opened the floor for nominations for President of the Board of Physical Therapy. Dr. Jones nominated himself for the position of President for a second term.

Upon a **MOTION** by Dr. Locke, the Board voted to elect Dr. Jones for the position of President of the Board of Physical Therapy. The motion passed unanimously (6-0).

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

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

### *Vice-President*

Dr. Jones opened the floor for nominations for Vice-President of the Board of Physical Therapy. Dr. Mariano nominated herself for the position of Vice-President for a second term.

Upon a **MOTION** by Dr. Adler, the Board voted to elect Dr. Mariano for the position of Vice-President of the Board of Physical Therapy. The motion passed unanimously (6-0).

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

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

## **NEXT MEETING**

The next meeting date is November 9, 2021.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 11:27 a.m.

\_\_\_\_\_  
Allen R. Jones, Jr., PT, DPT, President

\_\_\_\_\_  
Corie Tillman Wolf, J.D., Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Unapproved**  
**VIRGINIA BOARD OF PHYSICAL THERAPY**  
**FORMAL ADMINISTRATIVE HEARING**  
**MINUTES**

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**August 10, 2021**

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

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**CALL TO ORDER:** The formal hearing of the Board was called to order at 12:32 p.m.

**MEMBERS PRESENT:** Dr. Allen Jones, Jr. PT, DPT, Chair  
Dr. Tracey Adler, PT, DPT, CMTPT  
Dr. Elizabeth Locke, PT, PhD  
Susan Szasz Palmer, MLS, Citizen Member  
Dr. Rebecca Duff, PTA, DHSc

**BOARD COUNSEL:** Erin L. Barrett, Assistant Attorney General

**DHP STAFF PRESENT:** Corie Tillman Wolf, Executive Director  
Sarah Georgen, Licensing and Operations Manager

**COURT REPORTER:** Able Forces Court Reporters

**PARTIES ON BEHALF OF COMMONWEALTH:** Claire Foley, Adjudication Specialist

**COMMONWEALTH'S WITNESSES:** Gloria Cheng, Pro Health Care Servicing  
Mark Cranfill, Senior Investigator, DHP (telephone)

**OTHERS PRESENT:** Angela Pearson  
Julia Bennett

**MATTER:** **Carlo Mikhail L. Capulong, P.T.**  
**License No.: 2305-207622**  
**Case #197609**

**ESTABLISHMENT OF A QUORUM:** With five (5) members present, a quorum was established.

**DISCUSSION:**

Mr. Capulong appeared before the Board in accordance with the Notice of Formal Hearing dated June 15, 2021. Mr. Capulong was represented by counsel, Nicholas Balland.

The Board received evidence and sworn testimony on behalf of the Commonwealth and Mr. Capulong regarding the allegations in the Notice.

**CLOSED SESSION:**

Upon a motion by Dr. Rebecca Duff and duly seconded by Dr. Elizabeth Locke, the Board 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 Carlo Mikhail L. Capulong, P.T. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

**RECONVENE:**

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

**DECISION:**

Upon a motion by Dr. Rebecca Duff and duly seconded by Dr. Tracey Adler, the Board moved to indefinitely suspend the right to renew the license of Carlo Mikhail L. Capulong, P.T. for a period of not less than 24 months. The motion carried.

**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The Board adjourned at 2:13 p.m.

\_\_\_\_\_  
Dr. Allen Jones, Jr., PT, DPT, President

\_\_\_\_\_  
Corie Tillman Wolf, JD, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Unapproved**  
**VIRGINIA BOARD OF PHYSICAL THERAPY**  
**SPECIAL CONFERENCE COMMITTEE**  
**MINUTES**

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**December 7, 2021**

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

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**CALL TO ORDER:**

A Special Conference Committee of the Board was called to order at 10:09 a.m.

**MEMBERS PRESENT:**

Tracey Adler, PT, DPT, CMT, Chair  
Rebecca Duff, PTA, DHSc

**DHP STAFF PRESENT:**

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

**MATTER:**

**Jennifer Lynn Yeary, P.T.A. Reinstatement Applicant**  
**License No: 2306-601943 (Expired December 31, 2016)**  
**Case No.: 211649**

**DISCUSSION:**

Jennifer Lynn Yeary appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated September 14, 2021 and she was not represented by counsel.

The Committee fully discussed the allegations as referenced in the September 14, 2021 Notice of Informal Conference.

**CLOSED SESSION:**

Upon a motion by Dr. Duff and duly seconded by Dr. Adler, 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 Jennifer Lynn Yeary, PTA Reinstatement Applicant. 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. Adler, the Committee voted and ordered to grant the reinstatement application contingent upon completion of traineeship and proof of entry into the Health Practitioners' Monitoring Program, (HPMP). The motion carried.

**ADJOURNMENT:** The Committee adjourned at 10:48 a.m.

\_\_\_\_\_  
Tracey Adler, PT, DPT, CMTPT, Chair

\_\_\_\_\_  
Corie Tillman Wolf, JD, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Unapproved**  
**VIRGINIA BOARD OF PHYSICAL THERAPY**  
**SPECIAL CONFERENCE COMMITTEE**  
**MINUTES**

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**December 7, 2021**

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

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**CALL TO ORDER:**

A Special Conference Committee of the Board was called to order at 11:01 a.m.

**MEMBERS PRESENT:**

Tracey Adler, PT, DPT, CMTPT, Chair  
Rebecca Duff, PTA, DHSc

**DHP STAFF PRESENT:**

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

**MATTER:**

**Meghan Alyssa Cole, P.T.A.**  
**License No.: 2306-603790**  
**Case No.: 199396**

**DISCUSSION:**

Meghan Cole appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated November 5, 2021 and she was not represented by counsel.

The Committee fully discussed the allegations as referenced in the November 5, 2021 Notice of Informal Conference.

**CLOSED SESSION:**

Upon a motion by Dr. Duff and duly seconded by Dr. Adler, 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 Meghan Alyssa Cole, PTA. 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. Adler, the Committee voted and ordered to dismiss the case. The motion carried.

**ADJOURNMENT:**

The Committee adjourned at 11:28 a.m.

\_\_\_\_\_  
Tracey Adler, PT, DPT, CMTPT, Chair

\_\_\_\_\_  
Corie Tillman Wolf, JD, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Committee and Board Member Reports

### **Call to Order**

The December 2, 2021, Virginia Board of Health Professions (Board) meeting was called to order at 9:46 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia 23233.

**Presiding Officer** – James Wells, RPh, Chair

### **Board Members Present**

Barry Alvarez, LMFT, Board of Counseling  
Margaret Lemaster, RDH, Board of Dentistry  
Mitchell Davis, NHA, Board of Long-Term Care Administrators  
Brenda Stokes, MD, Board of Medicine  
Sarah Melton, PHARMD, Board of Pharmacy  
Allen Jones, Jr., DPT, PT, Board of Physical Therapy  
Steve Karras, DVM, Board of Veterinary Medicine  
Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member  
Sahil Chaudhary, Citizen Member

### **Members Not Present**

Alison King, PhD, CCC-SLP, Board of Audiology & Speech Language-Pathology  
Kenneth Hickey, MD, Board of Funeral Directors and Embalmers  
Ann Gleason, PhD, Board of Nursing  
Helene Clayton-Jeter, OD, Board of Optometry  
Susan Wallace, PhD, Board of Psychology  
Michael Hayter, LCSW, CSAC, SAP, Board of Social Work  
Sheila Battle, MHS, Citizen Member  
Martha Rackets, PhD, Citizen Member

### **Staff Present**

Leslie L. Knachel, Executive Director, Board of Health Professions  
David E. Brown, DC, Agency Director  
Barbara Allison-Bryan, MD, Chief Deputy Director  
Elaine Yeatts, Sr. Policy Analyst  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Sylvia Robinson, Administrative Assistant  
Corie Tillman Wolf, JD, Executive Director, Boards of Funeral Directors & Embalmers, Long-Term Care Administrators and Physical Therapy  
Jay Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing  
Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work  
Sandra Reen, Executive Director, Board of Dentistry  
William Harp, MD, Executive Director, Board of Medicine

**Public Present**

No public attended.

**Establishment of Quorum**

With ten board members present, a quorum was established.

**Mission Statement**

Mr. Wells read the Department of Health Professions' mission statement.

**Introductions**

Since its last meeting, the Board received multiple new board member appointments, a new executive director and new board staff. Mr. Wells requested that all members in attendance introduce themselves.

**Ordering of Agenda**

The agenda was accepted as presented.

**Public Comment**

There were no requests to provide public comment.

**Approval of Minutes**

Mr. Wells opened the floor to any edits or corrections regarding the draft minutes from the January 21, 2021 Nominating Committee meeting minutes and the May 13, 2021 Full Board meeting minutes. Hearing none, Mr. Wells stated that the minutes were approved as presented.

**Director's Report – David E. Brown, D.C., Director**

Dr. Allison-Bryan provided an update on current COVID-19 statistics. Based on this information, Dr. Brown advised that DHP employees would not be returning to the office on January 3, 2022, as originally planned.

Dr. Brown presented Dr. Elizabeth Carter, Chief Data Scientist for the agency, with a plaque for her many years of service as the Executive Director for the Board of Health Professions.

**Legislative and Regulatory Report – Elaine Yeatts**

Ms. Yeatts provided an overview of the agency's regulatory boards' current actions, 2021 general assembly regulatory/policy actions and reports submitted to the general assembly.

**Policy Action – Consideration of Electronic Meeting Policy**

Ms. Yeatts provided information on the purpose of the Electronic Meeting policy.

Dr. Jones, Jr. made a motion to adopt the Electronic Meeting Policy as presented. Dr. Stokes seconded the motion. The motion carried unanimously.

**Board Discussion Items****Review of § 54.1-2510. Powers and Duties of Board of Health Professions**

Ms. Knachel provided a review of the Powers and Duties of the Board of Health Professions.

### Practitioner Self Referral: Peninsula Vascular Center, PC

**Closed Session** - A motion was made by Dr. Karras to convene a closed meeting to reach a decision in the matter regarding the agency subordinate recommendation for the Application for Practitioner Self-Referral Advisory Opinion for Peninsula Vascular Center, PC. Additionally, Dr. Karras moved that Ms. Knachel and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Dr. Stokes. The motion carried unanimously. Mr. Wells did not attend the closed meeting.

**Reconvene** – Dr. Karras moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Chaudhary. The motion carried unanimously.

**Decision** - Dr. Jones, Jr., made a motion to adopt the Practitioner Self-Referral recommendation for Peninsula Vascular Center, PC as presented. Dr. Stokes seconded the motion. The motion carried with nine votes in favor of the motion. Mr. Wells abstained.

### Amendments to Guidance Document 75-4 Bylaws

Ms. Knachel reviewed the recommended amendments to Guidance Document 75-4 Bylaws. Based on the current bylaws, a vote on the proposed changes will be taken at the next meeting of the Board.

### Board Member Training

Ms. Knachel asked that the Board discuss training recommendations for board members. The Board requested training be provided on Conflict of Interest, FOIA and Sanction Reference Points.

### Format for Individual Board Reports

Ms. Knachel presented information regarding board reports and opened the floor to discussion. Meeting minutes, report topics and executive director recommendations were discussed. The Board requested that Ms. Knachel discuss format options with the Board Executive Directors and present options at the next meeting.

### **Board Counsel Report**

Ms. Mitchell stated she had nothing to report.

### **Board Chair's Report**

Mr. Wells thanked the board members for their attendance at the meeting and the good work that the Board does in service to the Commonwealth.

### **Staff Reports**

#### Executive Director's Report

Ms. Knachel reviewed the proposed 2022 board meeting calendar dates. She was asked to review with Mr. Wells the committee assignments and provide an explanation of the responsibilities for each of the Board's Committees.

### **New Business**

There was no new business to report.

**Next Meeting**

The next full board meeting is scheduled for Tuesday, March 29, 2022.

**Adjournment**

With no objection, Mr. Wells adjourned the meeting at 12:00 p.m.

---

Leslie L. Knachel, Executive Director    Date

DRAFT



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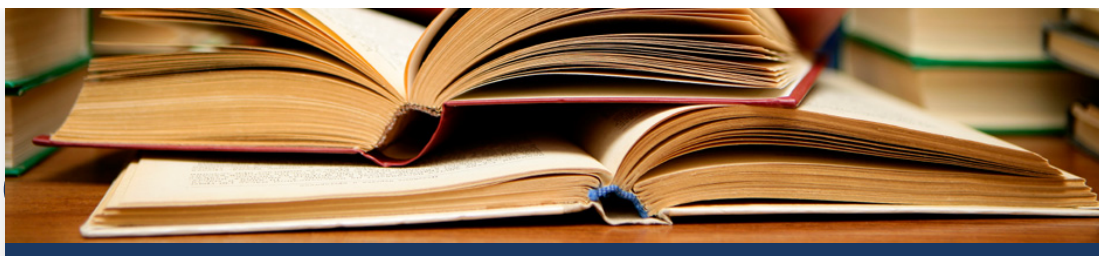
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# Board Discussion and Actions

# Virginia Board of Physical Therapy

## Meetings Held with Electronic Participation

### **Purpose:**

To establish a written policy for holding meetings of the Board of Physical Therapy with electronic participation by some of its members and the public.

### **Policy:**

This policy for conducting a meeting with electronic participation shall be in accordance with § 2.2-3708.2 of the Code of Virginia.

### **Authority:**

§ [2.2-3708.2](#). Meetings held through electronic communication means.

*A. The following provisions apply to all public bodies:*

*1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:*

*a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or*

*b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.*

*2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.*

*If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.*

3. Any public body, or any joint meetings thereof, may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § [44-146.17](#) or the locality in which the public body is located has declared a local state of emergency pursuant to § [44-146.21](#), provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. The public body convening a meeting in accordance with this subdivision shall:

- a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;
- b. Make arrangements for public access to such meeting through electronic communication means, including videoconferencing if already used by the public body;
- c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
- d. Otherwise comply with the provisions of this chapter.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § [44-146.17](#) or [44-146.21](#).

B. The following provisions apply to regional public bodies:

1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.
2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.

If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:

1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;
2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.

8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:

- a. The total number of meetings held that year in which there was participation through electronic communication means;
  - b. The dates and purposes of each such meeting;
  - c. A copy of the agenda for each such meeting;
  - d. The primary or central meeting location of each such meeting;
  - e. The types of electronic communication means by which each meeting was held;
  - f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;
  - g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
  - h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;
  - i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;
  - j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
  - k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.
- E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

#### **Procedures:**

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.
2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance



by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president.
4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.
5. The board or committee shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member.
6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.
7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.
8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.
9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.
10. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.
11. Members of the public must be given substantially equal access to the electronic communication available to the members. Public comment on the agenda item(s) may be

requested for submission in advance to be included in the agenda package or may be received at the beginning of the meeting.

12. The meeting may be conducted via teleconferencing or videoconferencing. If a telephonic meeting without video is held, members should have an opportunity to speak individually and should identify themselves as they do.
13. Minutes of meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted with electronic communication means shall be recorded by name in roll-call fashion and included in the minutes.
14. A board or committee that meets by electronic communication means must make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:
  - a. The total number of meetings held that year in which there was participation through electronic communication means;
  - b. The dates and purposes of each such meeting;
  - c. A copy of the agenda for each such meeting;
  - d. The primary or central meeting location of each such meeting;
  - e. The types of electronic communication means by which each meeting was held;
  - f. If possible, the number of members of the public who participated in each meeting through electronic communication means;
  - g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
  - h. The identity of any members of the public body who were recorded as absent at each meeting;
  - i. . If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;
  - j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
  - k. A written summary of the Board's experience conducting meetings through electronic communication means, including its logistical and technical experience.

**Form:**

Link to Public comment form from the Freedom of Information Council  
<http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

**Adopted on (date):** \_\_\_\_\_

## BOARD OF PHYSICAL THERAPY

### Physical Therapists in Public Schools and Direct Access

The Board periodically receives questions regarding physical therapists in the school setting and the provisions related to direct access. The Board refers to the direct access provisions of Virginia Code § 54.1-3482(B) and (C), which state as follows:

*B. A physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than ~~30~~ 60 consecutive days after an initial evaluation without a referral under the following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician from whom he is currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner; and (c) the physical therapist notifies the practitioner identified by the patient no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. Treatment for more than ~~30~~ 60 consecutive days after evaluation of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician. A physical therapist may contact the practitioner identified by the patient at the end of the ~~30~~ 60-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. **A After discharging a patient, a physical therapist shall not perform an initial evaluation of a patient under this subsection without a referral if the physical therapist has performed an initial evaluation of the patient under this subsection for the same condition within the immediately preceding 60 days.***

*C. A physical therapist who has not completed a doctor of physical therapy program*

*approved by the Commission on Accreditation of Physical Therapy Education or who has not obtained a certificate of authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation that does not include treatment of a patient without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate practitioner.*

The direct access provisions apply regardless of the setting of the physical therapist, including the school setting. The direct access provisions are not limited by the nature of the services or evaluation, for example, whether the student is to be considered for or receive services pursuant to an Individualized Education Plan (IEP) or a 504 Plan.

The Board notes that Virginia Code § 54.1-3482(G) relates to the provision of physical therapy services without referral or supervision. The language in subsection (G)(iii) refers only to students with IEP plans:

*G. However, a licensed physical therapist may provide, without referral or supervision, physical therapy services to ... (iii) special education students who, by virtue of their individualized education plans (IEPs), need physical therapy services to fulfill the provisions of their IEPs...*

# VIRGINIA ACTS OF ASSEMBLY -- 2021 SPECIAL SESSION I

## CHAPTER 481

*An Act to amend and reenact § 54.1-3482 of the Code of Virginia, relating to the Department of Health Professions; practice of physical therapy.*

[S 1187]

Approved March 31, 2021

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-3482 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-3482. Practice of physical therapy; certain experience and referrals required; physical therapist assistants.**

A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician, except as provided in this section.

B. A physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than ~~30~~ 60 consecutive days after an initial evaluation without a referral under the following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician from whom he is currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner; and (c) the physical therapist notifies the practitioner identified by the patient no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. Treatment for more than ~~30~~ 60 consecutive days after evaluation of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician. A physical therapist may contact the practitioner identified by the patient at the end of the ~~30-day~~ 60-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. ~~A~~ *After discharging a patient*, a physical therapist shall not perform an initial evaluation of a patient under this subsection *without a referral* if the physical therapist has performed an initial evaluation of the patient under this subsection for the same condition within the immediately preceding 60 days.

C. A physical therapist who has not completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has not obtained a certificate of authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation that does not include treatment of a patient without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate practitioner.

D. Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician.

E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a

licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed nurse practitioner practicing in accordance with the provisions of § 54.1-2957 when such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate practitioner.

F. Any person licensed as a physical therapist assistant shall perform his duties only under the direction and control of a licensed physical therapist.

G. However, a licensed physical therapist may provide, without referral or supervision, physical therapy services to (i) a student athlete participating in a school-sponsored athletic activity while such student is at such activity in a public, private, or religious elementary, middle or high school, or public or private institution of higher education when such services are rendered by a licensed physical therapist who is certified as an athletic trainer by the National Athletic Trainers' Association Board of Certification or as a sports certified specialist by the American Board of Physical Therapy Specialties; (ii) employees solely for the purpose of evaluation and consultation related to workplace ergonomics; (iii) special education students who, by virtue of their individualized education plans (IEPs), need physical therapy services to fulfill the provisions of their IEPs; (iv) the public for the purpose of wellness, fitness, and health screenings; (v) the public for the purpose of health promotion and education; and (vi) the public for the purpose of prevention of impairments, functional limitations, and disabilities.