

DRAFT
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
PUBLIC HEARING ON EMERGING PROFESSIONS
Kinesiotherapists
July 30, 2010

TIME AND PLACE: The public hearing was called to order at 10:00 a.m. at the Department of Health Professions. The purpose for the hearing was to receive public comment pursuant to its study into the need to regulate the emerging profession: Kinesiotherapists (KTs).

PRESIDING CHAIR: Dr. Elizabeth Carter, Ph.D.

MEMBERS PRESENT: There were no Regulatory Research Committee members present.

STAFF PRESENT: Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions
Laura Chapman, Operations Manager
Justin Crow, Senior Research Assistant

OTHERS PRESENT: J. T. Magee
Lori Stuart
Ruth Meyer
Tanya Scott
Shawne Soper
Tom Bohanon, PT
John Miller, Virginia Physical Therapy
Steven Williams
Robert Ordonez
Charles Lamb, MD
Myra Pumphrey
Richard Grossman, VPTA
Tanya Scott, PT McGuire
Dr. Ashraf Gorgey, Research, PT McGuire
Shannon Parker, PT McGuire
David Dolbow, PT McGuire
Deborah Daiman, Kinesiotherapist, McGuire VAMC
Cindy Cater, Kinesiotherapist, McGuire VAMC
Nikita Grant, KT student
Kreg Morris, Kinesiotherapist, McGuire VAMC
Peggy Belmont, PT
Brandi Silver, SPT
Katherine Baucom, PT-DPT
Carl Jnoff, RKT
Gerald Milsky, VOTA
Henry Jackson, RKT
Grenay Williams, RKT

Steven Williams, KT patient
Charlie Gardner, KT
Ruth Meyer, KT
Sheila A. Ward, Professor, Norfolk State Univ.
Nijah Chinn, PT, ECPI PT program
Katie Shaab, PT, ECPI PT program

COURT REPORTER: Beth Aliff, Farnsworth & Taylor Reporting, LLC

PRESENTATION: Justin Crow, BHP Senior Research Assistant, provided background information regarding the need to regulate Kinesiotherapists. The presentation is attached.

PUBLIC COMMENT: J. T. Magee, McGuire VAMC
Mr. Magee reviewed with the attendees the definition of a kinesiologist, along with information regarding their credentials and standards. He feels that licensure is mandatory for employment outside the Veterans Administration arena. He is in favor of regulation.

Lori Shuart, RKT, McGuire VAMC, 11 years
Ms. Shuart stated that there is little risk of harm to patients, but that there is risk. Since there is no board for the KTs to report to, it is hard to know how many cases of harm exist. Objective evidence of harm includes driver training, aerobic and range of motion. As clients may have compounding injuries, additional damage may be caused to recovering tissue. Ms. Shuart feels that there have to be overlaps in what KT, OT and PT's do. She is seeking regulation under the Board of Medicine, not the Board of Physical Therapy, or to have KT establish its own board. She feels KT is a holistic approach to healing.

David Bolbow, PT, KT
Mr. Bolbow is a KT spinal cord injury specialist. He has been a KT supervisor for 20 years. He feels that there is public misconception of what a KT is and what they do. He feels that there is an overlap of what KT, PT and OT do. KTs are generalists after graduation, but have the ability for additional training in a specialty area. Mr. Bolbow is in support of regulation.

Ruth Meyer, KT since 1980 (in VA for 11 years)
Ms. Meyer had a KT private practice in New Hampshire for 20 years in aquatic therapy and workmen's compensation. Upon moving to Virginia she took a position as a PT assistant, with salary based on her job title. She feels that employment options for KTs would be expanded by licensure. She will be submitting additional comment.

Tanya Scott, PT, McGuire VAMC

Ms. Scott has a masters and Ph.D. and has been with the Veteran Administration hospital for 11 years. Ms. Scott is in opposition to licensure or regulation of KT's. She feels that the KT profession has not advanced academically or clinically and that education is germane to quality of care to patients. She feels that KT is a subset of PT, OT and AT, and that there is nothing distinct to separate them. She feels that KT's should be regulated similar to PT assistants.

Shawne Soper, PT

Ms. Soper is the director of PT, OT and SLP programs in Virginia and on the PT Board

Ms. Soper does not feel that there is a demonstrated need to regulate KT's. She feels that students are not trained to work in public practice, due to their scope of practice.

Tom Bohanon, PT with the Virginia PT Assoc.

Mr. Bohanon spoke against KT regulation. BPTA has four criteria that have to be met, and KT's do not meet the criteria. Mr. Bohanon feels that AKTA can self regulate its people, and that cost outweighs the benefit of licensure.

John Miller, PT, Virginia Physical Therapy

Mr. Miller strongly opposes licensure of KT's. The way Senate Bills 573 and 727 are written would make it necessary for all rehabilitative therapy personnel to be licensed as a KT. Licensure would be costly and he is not sure if there are enough KT's to set regulations. Mr. Miller recommends certification or self regulation.

Robert Ordonel, President of Kinesiotherapy Association

Mr. Ordonel agrees with licensure. He stated that there are two areas for risk of harm, 1) protection of therapist, 2) protection of patient. He stated that a comparison can not be done of education and training to PT or OT. He does not want to presume that high fees during these tough economic times should prohibit the BOM from licensing KT's. KT's work with a full scope of patients in all areas and they should be permitted to work in private practice. Clinical trainers oversee KT's until they have been registered, then they work independently. Employers are not hiring KT's as they are not licensed, and have difficulty finding jobs outside the Veterans Hospital setting. Mr. Ordonel is looking for the opportunity for KT's, based upon education and background, to be regulated and then licensed. Virginia would be setting the Gold Standard as the first state to license KT's.

Dr. Charles Lamb, MD, McGuire VAMC

Dr. Lamb has worked in several capacities and has

worked closely with KTs. He feels that they have an appropriate education for their scope of practice. He feels that they are ethical, concerned for their patients, have high energy and the motivation to maintain themselves as good practitioners for private practice.

Myra Pumphrey, PT for 27 years

Instructor, VCU School of Therapy

Ms. Pumphrey stated that education for KTs and PTs is very different. PTs have a base education in anatomy which enables them to spot red flag areas. She stated that PTS are experts on movement disorders from day one after graduation. She feels that PTs use holistic treatment, as patients have multiple impairments, not just one. She feels that KTs would place a burden on the healthcare system.

Cheryl Ward, Norfolk University

Ms. Ward stated that Dr. Burwell, Chair of the Department at Norfolk University KT Program knows of 20-25 students that have sat for and passed the KT exam over the past 12 years.

ADJOURNMENT:

The public hearing adjourned at 10:44 a.m.

Elizabeth A. Carter, Ph.D., Executive Director
Board of Health Professions



Study into the Need to Regulate Kinesiotherapists in the Commonwealth of Virginia

July 2010



Overview of Profession

- Following a prescription from a licensed practitioner, kinesiotherapists provide rehabilitative exercise and education to patients.
- Kinesiotherapists emphasize both the psychological and physical value of therapeutic exercise.
- Kinesiotherapists mainly work within military and veteran settings.



Professional Organizations

- **AKTA:** American Kinesiotherapy Association
 - Only national organization representing kinesiotherapists
- **COPS-KT:** Council on Professional Standards for Kinesiotherapy
 - Standard setting organization for RKTs
- **CAAHEP:** Commission on Accreditation of Allied Health Education Programs
 - Under COPS-KT; Committee on Accreditation of Kinesiotherapy Programs



Scope of Practice

- COP-KT has developed detailed Scope of Practice for Kinesiotherapy.
 - *Kinesiotherapy is the application of scientifically based principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning. An RKT can administer treatment only upon receipt of a prescription from qualified physicians, nurse practitioners, and/or physician's assistants who have been privileged to make such referrals.*



Previous Studies

- **1982:** Council of Health Regulatory Boards (now the Board of Health Professions) studied need to regulate occupational and corrective (kinesiotherapy) therapy.
 - No regulation resulted
- **1986:** comprehensive study of “therapy professions”/allied health professions.
 - No regulation resulted
- **2009:** Kinesiotherapists requested new review by BHP.



Overlapping Scope of Practice

- Kinesiotherapists share crowded “rehabilitation therapy” professional space.
- Kinesiotherapists focus on “sub-acute” reconditioning through exercise.

Kinesiotherapy	Physical Therapy	Occupational Therapy	Athletic Trainers
Reconditioning following illness or injury, or to cope with ongoing conditions	Rehabilitation of specific acute injuries	Increased functionality in daily life and work	Conditioning and training to prevent injuries and first aid for acute injuries
The professional focus of kinesiotherapy, physical therapy, occupational therapy and athletic trainers.			



Credentials

- The Board of Registration for Kinesiotherapy (BoR-KT) of COPS-KT provides only recognized credential for KT's.
- **Requirements:**
 - Possess a bachelor's degree from a CAAHEP accredited KT program and,
 - Complete 1,000 hours of rehabilitation exercise and education verified by clinical supervisor.
 - Examination (written and oral exam)



Education

- Committee on Accreditation of Education Programs for Kinesiotherapy (CoA-KT) one of CAAHEP's 16 committees.
- CAAHEP currently accredits 6 KT programs.

State	School
Virginia	Norfolk State University
California	California State University-Long Beach
	San Diego State University
	University of Southern Mississippi
Mississippi	University of Southern Mississippi
North Carolina	Shaw University
Ohio	University of Toledo

**CAAHEP Accredited
Kinesiotherapy Programs**



Regulation

- **State regulation:**

- No other state currently regulates kinesiotherapists.

- **Other regulation:**

- Ontario: Kinesiologist Regulation
 - Kinesiologists: Bachelor's trained in human motion, perform diverse therapeutic & non therapeutic roles
 - Enjoy title protection only (no controlled acts)
 - Includes Kinesiotherapists



Economic Impact

- Only 37 registered kinesiotherapists in Virginia.
- AKTA contends that only 20% of persons with kinesiotherapy degrees pursue credentials or employment in their field.
 - Most work in the federal government in the Veteran's Administration
- Many factors exacerbate barriers to practice:
 - Lack of regulation
 - "Crowd-out"
 - Traditionally practice in Federal medical system



Economic Impact

- Costs associated with independent licensure Board: \$200,000
 - Projected licensure fees: **\$1,000 annually**
- Costs associated with kinesiotherapy inclusion with existing regulatory Board:
 - Costs similar to physical therapists (Board of Physical Therapy) and occupational therapists (Board of Medicine)
 - Between **\$130.00 - \$140.00** (excluding exam fees, if necessary)



Risk of Harm

- AKTA reports that there are no reports of harm caused by practice of kinesiotherapists.
- Kinesiotherapists develop treatment plans in collaboration with licensed practitioners.
- Kinesiotherapists assist mentally or physically disabled individuals to learn/re-learn driving skills.