



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Physical Therapy Section
July 14, 2011
9:30 a.m.

Members Present

Raymond Bilecky, Acting Secretary
Thomas Caldwell (arrived at 9:40 am)
Sam Coppoletti, Acting Chair
Dale Deubler
Mary Kay Eastman
Karen Holtgreffe
James Lee

Members Absent

Marilyn Mount
Kimberly Payne

Public Member

Janenne Allen

Legal Counsel

Yvonne Tertel, Assistant Attorney General

Staff Present

H. Jeffery Barker, Investigator
Diane Moore, Executive Assistant

Call to Order

The meeting was called to order by the Acting Section Chair, Sam Coppoletti, at 9:30 a.m.

Sam Coppoletti informed the Section that Marilyn Mount is stepping down as Chair, of the Physical Therapy Section due to medical reasons. Ms. Mount intends on fulfilling the remainder of her term on the Board. Mr. Coppoletti further reported that he will serve as acting chair until the September 2011 Section meeting.

The Section welcomed the guests from the Federation of State Boards of Physical Therapy and the Ohio Physical Therapy Association.

Approval of Minutes

Action: Karen Holtgreffe moved that the May 12, 2011 meeting minutes be approved as submitted. Mary Kay Eastman seconded the motion. Thomas Caldwell was absent for the vote. The motion carried.

Executive Director's Report

- The Executive Director reported that for Fiscal Year 2011, the overall licensee census growth is four percent. The physical therapist license count increased by six percent and the physical therapist assistant licensee count increased by four percent.
- The Executive Director reported that the Board's Fiscal Years 2012 appropriation authority, as approved by legislature, is \$874,087. Based on historic spending, this appropriation authority should be sufficient for the Board to carry out operations. The Executive Director further reported that the vacant clerk position will not be funded in FYs 2012 and 2013 due to budget restraints.
- The Executive Director informed the Section that the Senate added language to the budget which requires the Department of Administrative Services to study the structure of state government and issue a report to legislature by June 30, 2013.

- The Executive Director reported that Edison Community College in Piqua received CAPTE accreditation in April 2011. Remington College-Cleveland West is scheduled to receive CAPTE accreditation this fall.
- The Executive Director reported that since Senator Gillmor is leaving the Senate, the Board will need to find a different sponsor for the Joint Board restructuring bill.

The formal Executive Director’s report is attached to the minutes for reference.

Action: Dale Deubler moved to go into executive session to discuss personnel matters. Raymond Bilecky seconded the motion.

Jeffrey Rosa called the roll:

Roll Call

Raymond Bilecky	Yes
Thomas Caldwell	Yes
Sam Coppoletti	Yes
Dale Deubler	Yes
Mary Kay Eastman	Yes
Karen Holtgreffe	Yes
James Lee	Yes
Marilyn Mount	Absent
Kimberly Payne	Absent

The Section went into executive session at 1:16 pm and came out at 1:44 pm. There was no action taken.

Administrative Reports

Licensure Applications

Action: Dale Deubler moved that the Physical Therapy Section ratify, as submitted, the individuals approved by the Occupational Therapy, Physical Therapy, and Athletic Trainers Board to sit for the National Physical Therapy Examination for physical therapists and physical therapist assistants from May 12, 2011 through July 14, 2011, taking into account those individuals subject to discipline, surrender, or non-renewal. Ms. Deubler further moved that the following persons be licensed as physical therapists/physical therapist assistants pending passage of the National Physical Therapy Examination and Ohio laws and rules examination. Thomas Caldwell seconded the motion. The motion carried.

Physical Therapist – Examination

Adkins Anna	Albert Scott	Albrethsen Timothy
Allison Emily	Al-Sorghali Aaron	Amway Matthew
Arreguin Raymond	Barlow Michael	Bauer Jennifer
Bausell Abbi	Beck Amy	Bedal Alana
Bergfeld Julie	Berry Megan	Bloom Jared
Brenner Lindsey	Brown Mary	Brown Nichole
Burley Kristina	Burnett Rachel	Cain Tara
Cancic Marci	Carlson Jamie	Cash Sarah
Clay Michael	Cornwell Stacie	Davis Sarah
Dawson Jennifer	Dean Scott	Degnovivo Danielle
Dickson Christina	Donigian Maria	Douthit Ashley
Edwards James	Evanetich Renee	Fagin Jessica
Fauth Mckenzie	Federico Loretta	Fendenheim Audri
Fitzgerald Jennifer	Folsom Kyle	Fuchs Christie
Gallagher Brian	Germann Kayla	Gracik Amy
Gruenzel Kristin	Guttenberg Corey	Hamberg Catherine
Hamila Kim	Hammersmith Lindsay	Hans Melissa
Harmeyer Nicole	Haybarger Richard	Henderson Laura
Hermesen Adam	Hibner Rebecca	Hill Jesse
Hodges Delante	Holland Chad	Huber Carrie

Hudson Julie
Jez Marcin
Joly Jessica
Kaverman Heather
Kellett Tiffany
Kramer Erin
Lambert Kathryn
Leppla Lucas
Lorson Valerie
May Samantha
Meehan Karli
Meyers Brian
Mittlestead Laura
Narducci Elizabeth
Parman Stacy
Petrus Laura
Poole Sarah
Raseta Mark
Reynolds Monica
Roth Elizabeth
Salsbery Mitchell
Sekiguchi Kana
Shane Kelly
Steuernagel Erica
Tarplee Jennifer
Torres-Palsa Maria
Tulk Alison
Vuyk Laura
Whitehead Natasha
Winkhart Zachary
Woodward Kathleen
Zwolski Christin

Ickert Edmund
Johnson Aimee
Jorgensen Justin
Kaverman Heather
Kelling Matthew
Kramer Stephen
Lanam Jeffrey
Linc Tiffany
Majewski Kristen
Mcgreal Maureen
Melvin Sarah
Michel Jessica
Monus Stephanie
O'bruba Michael
Partin Robert
Pilekic Ante
Pothier Elyse
Reid Laura
Robinson Meghan
Rush Sarah
Sanders Nicholas
Senn Brittany
Sluga Jacquelyn
Stoffer Jaime
Thompson Amanda
Trela Edward
Udall Kristen
Waltz Amanda
Wickerham Jennifer
Winner Elizabeth
Yanik Matthew

Irwin Nicole
Joly Jessica
Kaufman Danielle
Kehayes Christine
Kornick Michael
Kremer Arthur
Leisge Abby
Lorenzi Matthew
Maloney Brian
Mcnany Loni
Mersch Amanda
Miller Andrew
Nagy Jennifer
Omber Colton
Petit Katlyn
Pinkelman Jennifer
Potts Holly
Rekart Gina
Ross Tyler
Ruthemeyer Christopher
Scott Sarah
Shakarashvili Nodar
Stein Daniel
Swope Abby
Tisi Kristina
Trelka Allison
Vizer Sarah
Weisend Marla
Winkhart Zachary
Woehl Samantha
Zizzo Andrew

Physical Therapist Assistant – Examination

Adams, Joshua
Amerine, Jennifer
Bachmann, Ann
Baker, Arthur
Barrett, Amanda
Battiato, Charles
Beutler, Jamie
Blachowski, Holly
Bowen, Katherine
Brogan, Kathryn
Cahill, Joshua
Carter, Michael
Channell, Justina
Clark, Alicison
Cloud, Brittany
Cornell, Jazmine
Davidson, Sara
Dragomire, Danielle
Dunaway, Christopher
Elling, Cassi
Entler, Jessica
Feasby, Courtney

Adkins, Jeffery
Anda, Juan
Bachmayer, Douglas
Baker, Lisa
Basford, Kaila
Bender, Holly
Bilinski, Tanya
Blackburn, Kayla
Brewster, Clinton
Burch, Ashley
Cain, Renee
Casada, Dana
Cheney, Scott
Clay, Brandy
Coffman, Amber
Crabtree, Holly
Dever, Jennifer
Draia, Michael
Dunlavy, Penelope
Ellis, Kaleigh
Erby, Michele
Fite, Brittany

Adkins, Jennie
Arcara, Misty
Baidel, Ashley
Barbato, Katelyn
Batt, Jean
Bergman, Renee
Bissell, Calvin
Blevings, Kyle
Briggs, Stacy
Burns, Joel
Carson, Nicole
Chambers, James
Christy, Brent
Climer, Kayla
Conley, Michael
Cunningham, Theresa
Diehl, Whitney
Duco, Kathleen
Eisenmann, Susan
English, Robert
Evanick, Dorene
Florence, Deandre

Florence, Deandre
Freeman, Casandra
Geary, Richard
Glanz, Lindsay
Gucciardo, Natalie
Haddad, Jaclyn
Hallock, Sonja
Hardy, Amber
Harmon, Gary
Harrod, Ashley
Helms, Shawn
Hentschel, Rose
Hindel, Elizabeth
Hosterman, Erica
James, Jeremy
Kemp, Brett
King, Paul
Kissel, Keelyne
Knox, Carrie
Kropp, Daniel
Kurilov, Anna
Laney, Wendy
Long, Ashley
Lyons, Stacy
Malo, Jennifer
Masline, Christine
McClellan, Ellen
McKee, Ryan
Mellenkamp, Scott
Miller, Kristin
Montgomery, Krista
Morr, Brittany
Neal, Angela
Nelson, Rachel
Newman, Tiffany
Ohms, Abby
Orzan, Elena
Parkins, Cindy
Patte, Hannah
Perry, Sarah
Price, Joseph
Rawlins, Adam
Rice, Michelle
Rife, Casey
Robinson, Amanda
Rozeski, Brandi
Saeger, Lisa
Schnipke, Bryan
Scott, Gary
Sine, Terry
Smith, Jennifer
Stephenson, Jeremy
Stolly, Emily
Strader, Lydia
Suliks, Randilee
Swank, Jessica

Fowler, Susan
Fulmer, Jessica
Geckle, Frances
Gonya, Stacey
Gucciardo, Natalie
Hall, Hannah
Hanchuk, Heather
Hark, Ashley
Harmon, Kelci
Hartman, Dawna
Henderson, Bryan
Hicks John
Holben, Abena
Jaekle, Lauren
Johnson, Elizabeth
Kertesz, Alyssa
Kirkham, Melissa
Klinker, Monica
Kopsak, Pamela
Kuebler, Steven
Laguardia, Mary
Lear, Megan
Lowery, Moriah
Mackner-Keirstead, Molly
Mangus, Michelle
Mason, Renee
McGath, Ruth
McMullen, Jessica
Meyer, Jay
Miller, Paula
Moore, Paige
Morris, Amy
Neal, Mary
Nesper, Beth
Niese, Megan
Oleksa, Robert
Otero, Sara
Partin, Ashley
Pease, Stephanie
Persohn, Justin
Purdy, Tennille
Reed, Michele
Richards, Jodi
Rister, Deidre
Robinson, Mindy
Rupp, Megyn
Sanchez, Jose
Schroeder, Leanne
Shackelford, April
Slater, Gretchen
Spurlock, Travis
Stevens, Nikki
Stone, Joseph
Strednicky, Richard
Sullivan, Ashley
Tahy, Tony

Frantz, Linda
Ganslein, Shawn
Giesige, Rebecca
Green, Brittany
Guisinger, Jennifer
Hall, Katie
Hanson, Laurie
Harley, Jack
Harper, Kelsey
Hatfield, Susan
Hendon, Heidi
Hill, Jason
Hord, Emma
Jahn, Carol
Kelley, Meagan
Kestner, Jeremy
Kirkpatrick, Patricia
Knake, Lauren
Kraus, Kristen
Kuhn, Alicia
Laid-Law, Floyd
Loi, Oi Ieng
Lydic, Sonya
Maggard, Jesse
Marshell, Thomas
May, Lauren
McGilton, Brittney
Mellars, Jamie
Miller, Abigail
Montgomery, Ashley
Morgan, John
Morris, Tyneah
Nelson, Alison
Newlun, Sarah
Nye, Shannon
O'Neal, Samantha
Palte, Craig
Patte, Hannah
Perko-Waryk, Lori
Peters, Mark
Ragland, Amy
Reichley, Jerrica
Riepenhoff, Christine
Robinette, Leona
Ross, Sara
Russell, Sarah
Sayger, Jessica
Schwab, Jillian
Shoemaker, Nicole
Smith, Derek
Stalder, Bradley
Stocker, Lynsey
Stone, Stephanie
Suiter, Diana
Sumbry, Bryan
Tenley, Kathleen

Thacker, Kimberly
Treadway, Angela
Utt, Lisa
Vogel, Chelsi
Watka, Jessica
Welch, Amanda
Westbrook, Andrew
Williams, Mark
Wolfersberger, Malorie
Ziemianski, Jennifer

Thomas, Kelli
Tuten, Jerilyn
Van Bibber, Tammi
Wahl, Rachel
Webb, Jessica
Werling, Krista
Westbrook, Matthew
Winland, Danielle
Yahl, Angela
Zoll, Cassandra

Thompson, Brooks
Urbas, Christine
Vander Molen, Andrea
Wash, Ashley
Wegner, Martin
Wertman, Kaley
Wieland, Jennifer
Wiseman, Jason
Yates, Ann
Zumpano, Michele

Action: Dale Deubler moved that the Physical Therapy Section ratify, as submitted, the physical therapist and physical therapist assistant licenses issued by endorsement and reinstatement by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from May 12, 2011 through July 14, 2011, taking into account those licenses subject to discipline, surrender, or non-renewal. Mary Kay Eastman seconded the motion. The motion carried.

Physical Therapist – Endorsement

Coyne, Lindsay
Goodbar, Anna
Harris, Stacey
Liberi, Karen
McCombs, Philip
Phillips, Amy
Stevens, Matthew
Zobniw, Zoriana

Deet, Emily
Graden, Heather
Hunter, Stephanie
Macnett, Colleen
Pacia, Dennis
Pinson, Julie
Webb, Angela

Digiovine, Michalle
Hannebaum, Rachel
Kolkmeier, Kathryn
Mann, Meenakshi
Peterson, Karen
Reed, Laura
Yaegle, Lacy

Physical Therapist Assistant – Endorsement

Crump, Dale
Lee, Stacey
Thomas, Richelle

Groover, Valerie
Mcgrath, Elizabeth
Villegas, Daniela

Halliwell, Lucas
Sipos, Corey
White, Cassandra

Physical Therapist Reinstatement

Cancade, Tanya

Graul, Paula

Humberston, Caroline

Physical Therapist Assistant Reinstatement

Bihn, Elizabeth
Lilley, Yonette

Clear, Shannon

Jones, Dawn

Testing Accommodations Requests

Dale Deubler recommended that the Section grant the testing accommodation for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination application file #5070220 based on the documentation provided. **Action:** James Lee moved that the Section grant the testing accommodation for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5070220 based on the documentation provided. Raymond Bilecky seconded the motion. Dale Deubler abstained from voting. Thomas Caldwell was absent for the vote. The motion carried. The Section granted the testing accommodation request for Christina Herold.

Request for Waiver of English Equivalency Examinations for Licensure
Physical Therapist Applicant for Licensure by Examination

Dale Deubler recommended that the Section grant a waiver of the TOEFL English requirement for the application file #5069159 based on the documentation provided. **Action:** Raymond Bilecky moved to grant a waiver of the TOEFL English requirement for the application file #5069159 based on the documentation provided. Karen Holtgreffe seconded the motion. Dale Deubler abstained from voting. The motion carried. The Section granted a waiver of the TOEFL English equivalency requirement for Shounak Dey.

Continuing Education Approval Request

The Section was asked to clarify if a transitional DPT program course would be eligible for continuing education approval. The Section reviewed the materials presented and determined that the course would follow the standard calculation for academic coursework for quarter/semester hours.

The continuing education request for approval for credential file # 4205249 was withdrawn, as it has already been addressed through the Enforcement Review Panel - continuing education audit.

Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section. Ms. Tertel will prepare an overview of procedures for various types of Board actions. This document will also be included in the new Board member orientation packet.

Case Review Liaison Report

Thomas Caldwell reported that the Enforcement Division closed twenty-six and opened eight new cases since the May 12, 2011 meeting. There are eighteen cases currently open. There are seven disciplinary consent agreements, one adjudication order, and two non-disciplinary agreements being monitored.

James Lee informed the Section that Robert Carroll complied with all terms and conditions and was released from his disciplinary consent agreement.

Enforcement Actions

James Lee recommended that a notice of opportunity for a hearing be issued for case PT-FY11-056 for failure to respond to the 2011 continuing education audit. **Action:** Raymond Bilecky moved that a notice of opportunity for a hearing be issued for case PT-FY11-056 for failure to respond to the 2011 continuing education audit. Dale Deubler seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried.

James Lee recommended that a notice of opportunity for a hearing be issued for case PT-FY11-057 for failure to respond to the 2011 continuing education audit. **Action:** Raymond Bilecky moved that a notice of opportunity for a hearing be issued for case PT-FY11-057 for failure to respond to the 2011 continuing education audit. Dale Deubler seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried.

James Lee recommended that a notice of opportunity for a hearing be issued for case PT-FY12-003 for failure to obtain the required continuing education for the 2011 license renewal. **Action:** Dale Deubler moved that a notice of opportunity for a hearing be issued for case PT-FY12-003 for failure to obtain the required continuing education for the 2011 license renewal. Karen Holtgreffe seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried.

James Lee recommended that a notice of opportunity for a hearing be issued for case PT-FY12-004 for failure to obtain the required continuing education for the 2011 license renewal. **Action:** Dale Deubler moved that a notice of opportunity for a hearing be issued for case PT-FY12-004 for failure to obtain the required continuing education for the 2011 license renewal. Karen Holtgreffe seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried.

James Lee recommended that the Section accept the consent agreement for case PT-FY11-035 in lieu of going to a hearing. **Action:** Raymond Bilecky moved that the consent agreement for case PT-FY11-035 be accepted in lieu of going to a hearing. Karen Holtgreffe seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Julie McEndree, PTA.

James Lee recommended that the Section accept the consent agreement for case PT-FY11-031 in lieu of going to a hearing. **Action:** Raymond Bilecky moved that the consent agreement for case PT-FY11-031 be accepted in lieu of going to a hearing. Karen Holtgreffe seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Elizabeth Rutledge, PTA.

James Lee recommended that the Section accept the consent agreement for case PT-FY11-009 in lieu of going to a hearing. **Action:** Dale Deubler moved that the consent agreement for case PT-FY11-009 be accepted in lieu of going

to a hearing. Mary Kay Eastman seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Melissa Meiners, PT.

James Lee recommended that the Section accept the surrender consent agreement for case PT-FY11-038 in lieu of going to a hearing. **Action:** Mary Kay Eastman moved that the surrender consent agreement for case PT-FY11-038 be accepted in lieu of going to a hearing. Dale Deubler seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Terry Scalfaro, PT, in which Mr. Scalfaro agrees to voluntarily surrender his license for engaging in sexual activities and sexual intercourse with a patient during the practice of physical therapy and the Section hereby simultaneously revokes his physical therapist license.

James Lee recommended that the Section accept the surrender consent agreement for file # 4207749 in lieu of going to a hearing. **Action:** Dale Deubler moved that the surrender consent agreement for file # 4207749 be accepted in lieu of going to a hearing. Karen Holtgreffe seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Michael Rickey, PTA, which Mr. Rickey agrees to voluntarily surrender his license longer since he no longer wished to continue with the monitoring agreement he entered into with the Board on February 25, 2006 and the Section hereby simultaneously revokes his physical therapist assistant license.

James Lee recommended that the Section accept the consent agreement for case PT-FY10-047 in lieu of going to a hearing. **Action:** Dale Deubler moved that the consent agreement for case PT-FY10-047 be accepted in lieu of going to a hearing. Mary Kay Eastman seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Patricia Strazar, PT

James Lee recommended that the notice for opportunity for hearing for case PT-FY11-055 be rescinded as the individual completed the required continuing education. **Action:** Dale Deubler moved that Section rescind the notice of opportunity for hearing for case PT-FY11-055 since the individual completed the required continuing education. Sam Coppoletti seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried.

Correspondence

- 1. Jessica Schnabel:** Ms. Schnabel asked the Section if the Help Me Grow evaluation can be the physical therapist evaluation when a physical therapist is not part of the team. **Reply:** The practice of physical therapy is not affected by the setting in which the physical therapist provides services. Rule 4755-27-03(C) of the Ohio Administrative Code states, in part, that the physical therapist shall perform personally the following activities, which may not be delegated, regardless of the setting in which the service is given: Interpretation of referrals; Initial patient evaluation; Initial and ongoing treatment planning; Periodic re-evaluation of the patient; Adjustment of the treatment plan; Identifying channels of communication; Assessing the competence of physical therapist assistants or other licensed personnel; and Discharge evaluations and follow-up plans of care. Therefore, the physical therapist, in all cases including Help Me Grow programs, must conduct the initial physical therapy evaluation and develop the physical therapy plan of care regardless of the manner in which services will be provided. As part of the evaluation and writing the plan of care, the physical therapist must select the appropriate portions of the program that may be delegated to another professional and provide instruction in the delegated functions to the Primary Service Provider. It is the position of the Physical Therapy Section that in all settings including early intervention services provided under the primary service provider model only services provided by the physical therapist or physical therapist assistant and that are within the scope of the practice of physical therapy may be called and billed as physical therapy. If the service requires the skill of a physical therapist or physical therapist assistant then this service may not be delegated to other professionals. This is the decision of the evaluating physical therapist. You will find further information about your question in the correspondence responses in the September 9, 2010 (JB Correspondence response #JB3) and January 20, 2011 (PT Correspondence response #6) minutes on the OT/PT/AT Board web site. Information about the Primary Service Provider model may also be found on the OPTA Pediatric SIG web site. Under Resources on the Pediatric SIG web site, the Looks Like/Doesn't Look Like (document describing PSP model) may give you additional information about the Primary Service Provider model. You may also wish to share your concerns and the Physical Therapy Section's response with Katrina Bush at the Department of Developmental Disabilities.

2. **Charlotte Besselman:** Ms. Besselman asked if a physical therapist assistant can assist with physicals for athletes. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist or physical therapist assistant from giving health and wellness lectures, demonstrations, or general information on the benefits of different types of exercise provided the practitioner is knowledgeable in the content. In answer to your question, physical therapist assistants have a choice. They can either present themselves as a physical therapist assistant helping with the screening, and therefore must follow the regulations for physical therapy practice as outlined below, OR they may participate in the screenings you describe without providing specific recommendations as long as these activities are not represented as an individual physical therapy evaluation and they do not represent themselves as a physical therapist assistant. Under current Ohio law, a physical therapy practitioner providing fitness or wellness services to individual clients or groups *must follow regulations for physical therapy practice if the services are represented as physical therapy*, if the provider is identified as a physical therapist or physical therapist assistant, or if he/she signs “PT” or “PTA” after his/her name. If any of these conditions exists, the physical therapist must perform an evaluation prior to providing services, must maintain documentation of care provided, and must notify the client’s primary physician if working without a physician referral. If physical therapist assistants, other licensed personnel, or students are involved in providing fitness or wellness services as physical therapy, rules in the Ohio Administrative Code for delegation and supervision apply. No part of these services may be delegated to unlicensed personnel. Rule 4755-27-02 (B) of the Administrative Code further provides that physical therapist assistants are not qualified to: 1. Interpret physician referrals; 2. Conduct initial patient evaluations; 3. Write initial or ongoing patient treatment plans; 4. Conduct re-evaluations of the patient or adjust treatment plans; and 5. Perform the discharge evaluation, and complete the final discharge summary. The Physical Therapy Board agrees that the example you’ve provided of the physical therapist assistant observing and documenting flexibility limitations and instructing in exercises is not within the scope of practice for the physical therapist assistant unless the athlete had an evaluation completed by the physical therapist first.
3. **Chuck Clark, PT, DPT:** Dr. Clark asked for clarification on the supervision of unlicensed support personnel. **Reply:** Regarding your question related to standards of supervision of unlicensed support personnel, rule 4755-27-01 of the Administrative Code defines unlicensed personnel as any person who is on the job trained and supports the delivery of physical therapy services. Rule 4755-27-03 of the Administrative Code describes the routine duties that assist in the delivery of physical therapy care and operations that may be assigned to unlicensed personnel. The rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient’s gait pattern. It is NOT intended that unlicensed personnel provide a component of physical therapy treatment to patient A while the physical therapist or physical therapist assistant treats patient B or performs other activities, e.g. documentation. A physical therapist or physical therapist assistant may provide administrative oversight of an unlicensed aide who is providing restorative or maintenance care in a nursing home after the **termination** of a physical therapy plan of care. Third party payer policies and/or federal regulations may be more or less restrictive than the Ohio Physical Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. Although Medicare regulations for skilled nursing Part A permit therapy aides to perform physical therapy services provided that a physical therapist provides “line of sight” supervision, that practice is illegal in Ohio. In Ohio, therapy aides (unlicensed personnel) are not permitted to perform physical therapy services, other than serving as the second pair of hands as described in the previous paragraph of this letter.
4. **Todd Brockman, PT, DPT:** Dr. Brockman asked if there are any standard client disclosure forms for physical therapists working with physicians. **Reply:** The Code of Ethical Conduct for physical therapists, established in rule 4755-27-05 of the Ohio Administrative Code, requires a licensee to conform to the standards of acceptable and prevailing practice. In regards to your questions, several examples can be found in paragraph (A): Ethical Integrity: A licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the patient. A licensee shall only seek compensation that is reasonable for the physical therapy services delivered. A licensee shall never place the licensee’s own financial interests above the welfare of the

licensee's patients. A licensee, regardless of the practice setting, shall safeguard the public from unethical and unlawful business practices. In addition, a licensee shall not intentionally or knowingly offer to pay or agree to accept any compensation, directly or indirectly, overtly or covertly, in cash or in kind, to or from any person or entity for receiving or soliciting patients or patronage, regardless of the source of the compensation. **And finally, a licensee shall ensure the patient's rights to participate fully in their care, including the patient's right to select the physical therapy provider, regardless of the practice setting.** There is nothing in the Ohio Physical Therapy Practice Act, including the Code of Ethical Conduct, which states "how" a physical therapist should disclose this information to patients/clients. Therefore, there are no "preprinted" or required forms to document disclosure.

5. **Lynn Willford:** Ms Willford asked if whether physical therapist assistants can perform wheelchair assessments and fittings. **Reply:** In accordance with rule 4755-27-02 (B) of the Ohio Administrative Code, physical therapist assistants are not qualified to: (1) interpret physician referrals, (2) conduct initial patient evaluations, (3) write initial or ongoing patient treatment plans, (4) conduct re-evaluations of the patient or adjust patient treatment plans or (5) perform the discharge evaluation and complete the final discharge summary. In the example you have given, the physical therapist assistant could gather information about components of the wheelchair assessment, but would not be able to interpret or make recommendations about type of wheelchair. Only the physical therapist can interpret the information and make recommendations.
6. **Nick Flaig:** Mr. Flaig asked for clarification on transferring care of physical therapy services. **Reply:** It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services; the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist's sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing. Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. Finally, it is the position of the physical therapy section that the physical therapist accepting the transfer of care should determine if the goals and plan of care are acceptable for the patient and make any changes accordingly. This can only be done by seeing the patient and assessing their status. While this does not imply completing an entire evaluation, it does require making a home visit with each client. You may wish to do this with the physical therapist assistant in order to directly collaborate on the patients' status and progress.
7. **Colleen Paventi, PT, DPT:** Dr. Paventi asked for clarification on the use of electronic signatures. **Reply:** In accordance with rule 4755-27-07 of the Administrative Code, a handwritten or electronic signature is acceptable by a physical therapist or physical therapist assistant. When using an electronic signature, a hard copy of the individual's printed name and handwritten signature must be kept on file at the practice location, and the physical therapist or physical therapist assistant must assure that the electronic signature can be tracked to a unique logon code used only by that individual. Should your computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then you need to make arrangements with your vendor for the computer system to be revised or improved to permit such counter-signature. Should you not electronically be capable of dual signatures, you may enter a separate note within the same documentation system, referencing the date of the note(s) being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan or you may produce a hard paper copy that is co-signed by the physical therapist.
8. **Tamara Taylor:** Ms. Taylor asked for clarification on productivity standards for physical therapist. **Reply:** The Ohio Physical Therapy Practice Act is silent on the supervision ratio for physical therapist assistants and does not regulate caseload levels. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the

complexity of the patient population. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. While any given employer or facility may establish work expectations, including productivity standards, the physical therapy practitioner must ensure that the highest priority patient needs are met. If productivity expectations of an employer are such that a physical therapist is unable to meet the above standards, it is the responsibility of the physical therapist to challenge those expectations. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that "An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that place the licensee in a position of compromise with this code of ethical conduct." The rule further requires that "Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments." Third party payer policies may be more restrictive than the Ohio Physical Therapy Practice Act. The therapist must comply with payer policies, such as not billing for one-on-one procedures for more than one patient at a time being treated by any one practitioner.

9. **Lori Brackett:** Ms. Brackett asked whether a parent's signature on an IEP can serve as informed consent for school-based physical therapy. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that requires repeated documentation of informed consent for physical therapy services. It is the position of the Physical Therapy Section that once an Evaluation Team Report and the initial IEP have been signed by the parent or guardian, physical therapy services may continue until the team determines physical therapy is no longer required for the student to achieve his educational goals. If you are practicing under direct access rules, you will be requesting permission to notify the physician after the new IEP is approved. Documentation of the parental/guardian permission or repeated requests for the permission will serve as documentation that parents/guardian have been notified that physical therapy services will continue.
10. **Jared West:** Mr. West asked for clarification on the specific guidelines regulating the type of training or degree of competency that are necessary for the practice of "intramuscular manual therapy" as it applies to dry needling in the State of Ohio. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that dictates how competency in any new technique or modality is to be obtained. However, rule 4755-27-05 (B)(5) of the Ohio Administrative Code outlines the Code of Ethical Conduct for physical therapists and states, in part, that a licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes, but is not limited to performing or attempting to perform techniques, procedures, or both in which the licensee is untrained by education or experience. Therefore, it is incumbent on each therapist to obtain sufficient training to be competent in new techniques, such as dry needling, prior to implementing them.
11. **Rachael Mays:** Ms. Mays asked questions regarding various questions regarding IEP services and re-evaluations. **Reply:** Your first 3 questions pertain to if an evaluation for a new student must be completed when information from another therapist is available either as part of an evaluation or an IEP with or without an evaluation report. While the school district may or may not require an additional evaluation prior to implementing the IEP, in all instances that you describe, the physical therapist must evaluate the new student prior to writing the physical therapy plan of care and initiating physical therapy services. Section 4755-27-05(B)(5) of the Ohio Administrative Code states in part that a licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes, but is not limited to, failing to assess and evaluate a patient's status. You may wish to use information from previous evaluations to document progress the student has made and to assist in developing the plan of care. In response to your fourth question about informed consent, there is nothing in the Ohio Physical Therapy Practice Act that requires repeated documentation of informed consent for physical therapy services. It is the position of the physical therapy section that once an Evaluation Team Report and the initial IEP have been signed by the parent or guardian, physical therapy services may continue until the team determines physical therapy is no longer required for the student to achieve his educational goals. If you are practicing under direct access rules, you will be requesting permission to notify the physician after the new IEP is approved. Documentation of the parental/guardian permission or repeated requests for the permission will serve as documentation that parents/guardian have been notified that physical therapy services will continue.

12. **Rose Eisengart:** Ms. Eisengart asked if there is a statewide regulation for how a physical therapist practitioner should sign their name. **Reply:** It is the position of the Physical Therapy Section that documentation must clearly reflect who performed the service and when the services were provided. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS. While there is nothing in the Physical Therapy Practice Act that requires you to include your licensure number as part of your signature, The Physical Therapy Section recommends that you consult with your facility and third party payers to determine if they require this.
13. **Joe Bair:** Mr. Bair asked if a home health therapist can use FDA approved Saunders lumbar home traction unit on a client in a home as treatment and whether the portable unit can be kept with the therapist. **Reply:** The Code of Ethical Conduct for physical therapists, established in rule 4755-27-05 of the Ohio Administrative Code requires a licensee to conform to the standards of acceptable and prevailing practice. It is therefore the position of the Physical Therapy Section that the physical therapist must first evaluate the patient and then determine the appropriate intervention for an individual patient based on the results of this evaluation. The physical therapist must then determine if the equipment is safe and effective for them to use in the home health setting. The Code of Ethical Conduct goes on to state that a licensee shall not influence a patient or the patient's family to utilize, purchase, or rent any equipment based on the direct or indirect financial interests of the licensee. Recommendations of equipment must be based solely on the therapeutic value of that equipment to the patient. A licensee who owns or has a direct financial interest in an equipment or supply company must disclose the financial interest to the patient if the licensee sells or rents, or intends to sell or rent, to the patient. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MPT, OCS.
14. **Kurt Gerschutz:** Mr. Gerschutz asked if a newly graduated physical therapist assistant can work in a home care setting. **Reply:** The laws and rules governing physical therapy practice in the State of Ohio are not setting specific. There is nothing in the Ohio Physical Therapy Practice Act that would prevent a new graduate from treating patients in the home health setting. Your question relates to payer policies and not to the Ohio Physical Therapy Practice Act. Third party payers, including Medicare and Medicaid, or your employer/facility, may have regulations that are more restrictive than the laws and rules that govern the practice of physical therapy in Ohio. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.
15. **Sue Harlow:** Mr. Harlow asked if a physical therapy order can be used interchangeable with physical therapy referral or prescription. **Reply:** Section 4755.48(G) of the Ohio Revised Code does state, as you described, that no person shall practice physical therapy other than on the prescription of, or the referral of a patient by a person who is licensed in this or another state to practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery, or to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife or certified nurse practitioner, within the scope of such practices. Therefore, referral or prescription is the preferred terminology to be used but it is not illegal to find physical therapy referrals sorted under an "Orders" tab in the patient's medical record.
16. **Mary Zappa, PT, AT, DPT, ATC:** Dr. Zappa asked whether physical therapists can accept a stamped physician signature for out-patient physical therapy referrals. **Reply:** It is the position of the Physical Therapy Section that there is nothing in the law prohibiting a physical therapist from accepting a stamped signature, or a referral that arrives via electronic mail, from a person who is licensed in Ohio or another state to practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery, or to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, within the scope of such practices, and whose license is in good standing. However, the physical therapist always has the discretion to require original signatures for documentation, prescriptions, orders, or referral needs. Please keep in mind that

accrediting bodies, third party payers, or facility may have more stringent policies that prohibit the acceptance of a stamped signature.

17. **Sean Call:** Mr. Call asked whether there are regulations on experience needed for a physical therapist to work in a home health setting. **Reply:** The laws and rules governing physical therapy practice in the State of Ohio are not setting specific. There is nothing in the Ohio Physical Therapy Practice Act that would prevent a new graduate from treating patients in the home health setting. Your question relates to payer policies and not to the Ohio Physical Therapy Practice Act. Third party payers, including Medicare and Medicaid, or your employer/facility, may have regulations that are more restrictive than the laws and rules that govern the practice of physical therapy in Ohio. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.
18. **June Haverland:** Ms. Haverland asked the Section questions regarding how school based physical therapists can document their workload. **Reply:** The Physical Therapy Section suggests that you may wish to complete a time study to document the time that is required to complete the variety of tasks necessary to provide services for your students. The time study should include all of the therapists responsibilities including time spent on the direct service for students, consultation with teachers and educational aides, writing daily progress notes, supervision of physical therapist assistants (PTAs) including consultation with PTAs as well as reading and co-signing all PTA documentation, time spent with students served by PTAs, staff in service, evaluations, report writing, travel and all other activities that are necessary to fulfill your responsibilities.
19. **Connie Craigmile:** Ms. Craigmile asked the Section questions regarding whether a physical therapist from a school district can use the present levels and goals provided by the physical therapist from another school into your IEP. **Reply:** The Ohio Physical Therapy Practice Act does not vary with practice setting. The ultimate responsibility for care of the patient lies with the evaluating physical therapist. This includes assisting with the development of the student's IEP for therapists in school-based practice. The therapist who evaluates the student and supervises the physical therapy services for the student should be the therapist who is responsible for assisting with the development of the student's IEP. Without evaluating the student yourself, it is difficult for therapist to ensure the accuracy and relevance of information about the student's care as required in the code of ethical conduct in Section 4755-27-05. The Code of Ethical Conduct also requires the physical therapist to exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. It goes onto state that regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. Your question also relates to the Operating Standards from the Ohio Department of Education, Office for Exceptional Children. The Physical Therapy Section suggests that you may also wish to contact the Office for Exceptional Children for further information on your question as it relates to IEP procedures for out of district students.
20. **David Reed, PT, MS, DPT:** Dr. Reed asked the Sections questions regarding on physical therapy student documentation requirements based on patient types and payer source. **Reply:** Your question relates to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, DPT.
21. **Email Correspondent:** The email correspondent asked the Section questions regarding the role of physical therapists in wound care. **Reply:** It is the position of the Physical Therapy Section that physical therapy includes wound and burn care with appropriate dressing and administration of topical drugs. Physical therapy also includes sharp wound debridement providing the physical therapist has been trained in the procedure. The physical therapist may be involved in any and all aspects of wound care regardless of setting. In response to your questions that address the evaluation and treatment of individuals with wounds, the laws and rules that govern the practice of physical therapy in Ohio do not vary with practice setting or with diagnosis. Therefore, when a referral is received for wound care, an examination and evaluation is to

be completed, followed by the development of goals and a plan of care if the therapist determines the patient requires physical therapy. During any part of this process, examination, evaluation, and intervention, the physical therapist is legally responsible for the patient care. According to rule 4755-27-05 (B)(5), "A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes, but is not limited to: (b) performing or attempting to perform techniques, procedures, or both in which the licensee is untrained by education or experience, (e) providing treatment interventions that are not warranted by the patient's condition or continuing treatment beyond the point of reasonable benefit to the patient. The physical therapy section of the Ohio board recommends you consult with an educational institution or a physical therapist with wound care experience, or attend a continuing education program to be sure you are providing evidenced based care to patients with wounds. Your additional questions about DRG and charging relate to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.

22. **Clair Jones:** Ms. Jones asked the Section questions regarding whether physical therapist assistant are required to have direct supervision by a physical therapist when treating Medicare patients in a private practice setting. **Reply:** The Ohio Physical Therapy Practice Act does not require the physical therapist assistant to have direct on-site supervision by the supervising physical therapist. However, the supervising physical therapist must be available by telecommunication at all times and able to respond appropriately to the needs of the patient. Your question relates to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact Medicare or their policy on supervision of a physical therapist assistant. You may also wish to contact the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.
23. **Sarah Wyckoff:** Ms. Wyckoff asked the Section questions regarding whether physical therapists assistants can modify or change short terms goals without input from the supervising physical therapist. **Reply:** Yes, you are correct that a physical therapist assistant cannot change the goals. Rule 4755-27-03 of the Administrative Code states, in part, that delegation in physical therapy is the sole responsibility of the physical therapist. The physical therapist performs the following, none of which may be delegated: Interpreting available information concerning the referral; Providing the initial examination; and Developing the plan of care, including the short term and long term goals. In addition, rule 4755-27-02 of the Administrative Code states, in part, that physical therapist assistants are not qualified to: (1) Interpret physical referrals; (2) Conduct initial patient referrals; (3) Write initial or ongoing patient plans of care; (4) Conduct re-evaluations of the patient or make changes to the patient plan of care - which includes changing the goals; or (5) Perform the discharge evaluation and complete the final discharge summary. Finally, the Code of Ethical Conduct for physical therapists and physical therapist assistants, established in rule 4755-27-05 (A)(10) of the Administrative Code, states that a licensee shall report to the Physical Therapy Section any unprofessional, incompetent, or illegal behavior of a physical therapist or physical therapist assistant of which the licensee has knowledge.
24. **Eric Murray:** Mr. Murray asked the Section questions regarding whether physical therapists can accept a referral from a physician assistant. **Reply:** It is the Physical Therapy Section's position that physician assistants may refer patients to physical therapy provided that a physician has given them the authority to do so. However, physician assistants may not independently refer to physical therapy. Should a physician extend his/her authority to the physician assistant to refer for physical therapy, then, in fact, the physician assistant has become a conduit or facilitator of the physician's actual order. Please note that the referral is initiated by the physician who is utilizing the physician assistant to extend that information to the physical therapist. The physical therapist may request verification that the physician has granted his/her authority to the physician assistant on a global basis and is not required to do that for each specific patient. If you have any questions about the extension of authority by the physician, you should contact that physician. You may want to contact the State Medical Board of Ohio regarding specific definitions that pertain to physician assistants. If a patient is seen for physical therapy without such physician authorization, the rules for practice without referral under Section 4755.481 of the Ohio Revised Code must be followed.
25. **Chad Cook, PT, PhD, MBA, OCS, FAAOMPT:** Dr. Cook asked the Section questions regarding a pro bono clinic. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist or physical therapist assistant from giving health and wellness lectures, demonstrations, or general

information on the benefits of different types of exercise provided the practitioner is knowledgeable in the content. However, under current Ohio law, a physical therapy practitioner providing fitness or wellness services to individual clients or groups *must follow regulations for physical therapy practice if the services are represented as physical therapy*, if the provider is identified as a physical therapist or physical therapist assistant, or if he/she signs “PT” or “PTA” after his/her name, regardless of practice setting., regardless of practice setting. If any of these conditions exists, the physical therapist must perform an evaluation prior to providing services, must maintain documentation of care provided, and must notify the client’s primary physician if working without a physician referral. If physical therapist assistants, other licensed personnel, or students are involved in providing fitness or wellness services as physical therapy, rules in the Ohio Administrative Code for delegation and supervision apply. No part of these services may be delegated to unlicensed personnel. If fitness or wellness programs or group exercises are not represented as physical therapy, they do not fall under the jurisdiction of the Physical Therapy Practice Act. While physical therapists or physical therapist assistants providing such services may include their educational degrees in published materials, they should not use the credentials “PT” or “PTA” and should not state that the programs are led by physical therapists or physical therapist assistants. The Physical Therapy Section recommends that the appropriate medical screenings are in place prior to exercise to ensure the safety of the participants, but the fitness/wellness records should be stored separately from physical therapy or medical records.

26. **Clare Nicholson, PT, DPT:** Dr. Nicholson asked the Section questions regarding the use of unlicensed personnel in client education for basic crutch/walker training including the use of assistive device on level surfaces and stairs. **Reply:** It is difficult to respond to your question without seeing the full job description for the Rehab Tech position. In order to determine who if the services you describe comply with the laws and rules that govern physical therapy in Ohio, it must be clear who is responsible for supervision of the Rehab Tech. If this service is represented in any manner as physical therapy or if the Rehab Tech is under the supervision of a physical therapist or physical therapist assistant, then rules 4755-27-01 and 4755-27-03 of the Ohio Administrative Code apply. Rule 4755-27-01 defines unlicensed personnel as any person who is on the job trained and supports the delivery of physical therapy services. Rule 4755-27-03 of the Administrative Code describes the routine duties that assist in the delivery of physical therapy care and operations that may be assigned to unlicensed personnel. The rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient’s gait pattern. It is NOT intended that unlicensed personnel provide a component of physical therapy treatment to patient A while the physical therapist or physical therapist assistant treats patient B or performs other activities, e.g. documentation. Whether or not services are billed as physical therapy does not change this rule. You may wish to discuss this with your legal or risk management department to determine who is responsible/liable for actions of the Rehab Tech when functioning in this capacity. The Physical Therapy Section recognizes that the appropriate role of unlicensed personnel may be difficult to determine in various situations such as this. The Section encourages you to contact the Section with specific questions or further clarification about the role of unlicensed personnel.
27. **Carrie Chapman:** Ms. Chapman asked the Section if a physical therapist writes/dictates a cancel/no show note, is it acceptable for another physical therapist to sign this note. **Reply:** It is the position of the Physical Therapy Section that it must be clear who wrote the note even if it is documentation of a no show or cancellation. Therefore, the therapist who wrote or dictated the note should be the person who signs the note either electronically or on paper.

OT/PT Joint Correspondence

- JB1. Jason Markey:** Mr. Markey asked the Sections if a letter of attestation would meet the co-signatures requirements for occupational therapy assistant and physical therapists assistants. **Reply:** Rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist” but does not specify time requirements for co-signing the physical therapist assistant’s notes. It is the position of the physical therapy section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient’s condition. The

physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. In addition, the Physical Therapy Section recommends that every effort should be made to co-sign the notes. However, when this is not possible, a letter attesting to the notes having been read and being accurate is acceptable. If your reference is to paper documentation, each note needs to be co-signed by the supervising physical therapist. When using an electronic signature, a hard copy of the individual's printed name and handwritten signature must be kept on file at the practice location, and the physical therapist or physical therapist assistant must assure that the electronic signature can be tracked to a unique logon code used only by that individual. Should your computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then you need to make arrangements with your vendor for the computer system to be revised or improved to permit such counter-signature. Should you not electronically be capable of dual signatures, you may enter a separate note within the same documentation system, referencing the date of the note(s) being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan or you may produce a hard paper copy that is co-signed by the physical therapist. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS. "L" should not be used in front of "PT" or "PTA" since no one may use the "PT" or "PTA" credential in Ohio without a valid license. In accordance with rule 4755-7-04 (A)(1) and (C)(1)-(5) of the Ohio Administrative Code, the occupational therapist's supervision must ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the occupational therapy assistant. Supervision of the occupational therapy assistant, as defined in division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. (1) The supervising occupational therapist must provide supervision at least one time per week for all occupational therapy assistants who are in their first year of practice. (2) The supervising occupational therapist must provide supervision at least one time per month for all occupational therapy assistants beyond their first year of practice. (3) Supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process must include, but is not limited to, review of the following: (a) Client assessment; (b) Client reassessment; (c) Treatment/intervention plan; (d) Intervention; and (e) Discontinuation of treatment/intervention plan. (4) Co-signing client documentation alone does not meet the minimum level of supervision. (5) It is the responsibility of the occupational therapist and occupational therapy assistant to establish evidence that the supervision occurred in accordance with the requirements of this rule. This evidence may include documentation in the client record, or it may exist as a separate document, such as a collaboration log. It is the position of the Section that for any documentation, electronic or written, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. The Occupational Therapy, Physical Therapy, and Athletic Trainers Board investigators shall have access to **all** documentation related to occupational therapy practice, written or electronic. The Occupational Therapy Section of the Board used www.reference.com as a guide to understand your question. A general definition of an *attestation letter* is an additional document usually presented to the contracting parties to amend and attest to certain criteria or affirm a situation is matched appropriately. In other words, before a contract can be amended all parties need to be aware and sign off, agreeing upon the new changes. There are usually experts whom write letters to help parties involved to come to a new decision and persuade parties to sign new contracts or amendments by the authority attesting to the changes. A professional person can attest to certain things or back up someone else's claims by attesting to and having the letter notarized. The Section requests additional information to understand the purpose of a letter of attestation as part of the documentation process.

JB2. William Benoit: Mr. Benoit asked the Section whether occupational therapist, physical therapist, and athletic trainers can administer medications. **Reply:** Pursuant to section 4755.04 (A)(6) of the Revised

Code, occupational therapy includes the “administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs.” Since dexamethasone is topical drug, it falls within the scope of practice of an occupational therapist. However, no procedure should be performed by an occupational therapist unless the practitioner documents and demonstrates competence in that procedure. According to section 4755.40 (A)(3) of the Ohio Revised Code, if performed by a person who is adequately trained, physical therapy includes the administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. More information on this can be found on the Publications page under the Physical Therapy dropdown menu in the “Guidelines for the Use of Pharmaceuticals in Physical Therapy” document. In accordance with section 4755.60(A) of the Ohio Revised code, athletic training includes the “administration of topical drugs that have been prescribed by a licensed health care professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code.”

JB3. **Amy Kleeman:** Ms. Kleeman asked the Sections for clarification on the use of external oxygen in occupational and physical therapy treatments. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Acts that prohibits occupational therapy practitioners from administering oxygen, changing oxygen tanks, or making the change between a tank and a concentrator provided that the occupational therapy practitioners received training and demonstrate competence in this activity. Please refer to your facility guidelines regarding administering oxygen as they may be more restrictive than the Ohio Occupational Therapy Practice Act. There is nothing in the Ohio Physical Therapy Practice Act that prohibits physical therapy practitioners from administering oxygen. If there is a physician order for oxygen, then the physical therapy practitioner may administer the oxygen by changing from a wall unit to a portable tank, maintaining the oxygen level indicated on the order. A physical therapist cannot change the liters of oxygen to be administered unless there is a specific order that allows adjustment of the oxygen level in order to keep the patient at specific oxygen saturation.

JB4. **Karen Jenkins:** Ms. Jenkins asked the Sections for clarification on occupational therapy and physical therapy co-signature requirements, documentation, and billing for a second evaluation. **Reply:** In response to your first question, yes, rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist” but does not specify time requirements for co-signing the physical therapist assistant’s notes. It is the position of the Physical Therapy Section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient’s condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. In response to your second question, when working under a physician referral, the physical therapist does need to stay within the parameters of the referral, including the frequency and length of treatment recommended. The Physical Therapy Section would expect the physical therapist to contact the physician when any change is made. In response to your third question, pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Paragraph (B)(5)(h) of this rule cites “Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee” as a “failure to adhere to the minimal standards of acceptable prevailing practice.” It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services; the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist’s sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing. Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient’s medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of

any physical therapy personnel providing services to that patient. If a team of physical therapists has a system that allows for transfer of care to assure that patients are scheduled appropriately and that a physical therapist is always assigned to supervise each patient's care whenever the patient is seen, the PRN physical therapist is not required to make an extra visit to document the transfer. However, in a situation where the PRN therapist is not confident that another physical therapist on the team is assuming responsibility for each patient's care, the PRN therapist should arrange with the employer for the opportunity to arrange and document the transfer of care. All information completed by the physical therapist assistant shall be co-signed and dated by the physical therapist. The countersignature shall indicate that the written note has been reviewed by the supervising physical therapist and that the content of the note meets standards of practice and is consistent with the plan of care and goals established for the patient. The physical therapist must co-sign every note written by the physical therapist assistant in the medical record even if availability was off-site. In response to your last question, in the instances you describe, in order to write a patient plan of care for the new site, it is advisable to complete an evaluation whether or not insurance is willing to pay for this evaluation. This question also relates to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. In response to your first question, it is the position of the Occupational Therapy Section that for any documentation written or electronic, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. The occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. Please refer to your facility or payer guidelines regarding physician documentation as they may be more restrictive than the Ohio Occupational Therapy Practice Act. In response to your second question, according to the occupational therapy code of ethical conduct, established in rule 4755-7-08 (B)(3) of the Administrative Code, all occupational therapy documentation, including, but not limited to, evaluations, assessments, intervention plans, treatment notes, discharge summaries, and transfers of care must be in written or electronic format. It is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the AOTA Guidelines for Documentation of Occupational Therapy (*AJOT November/December 2008*) when determining documentation of occupational therapy in any setting. However, the Section recommends that you review the facilities policies and procedures, as well as payers may have requirements that are more restrictive than the Ohio Occupational Therapy Practice Act. In response to your third question, if a prn or weekend treating occupational therapist is not a part of the team of occupational therapists or occupational therapy assistants that will see the client on a regularly scheduled basis then a formal transfer of care needs to be documented. The prn or weekend treating occupational therapist may co-sign documentation pertinent to the date they are supervising the occupational therapy assistant. In response to your fourth question, it is appropriate when there has been a status change or change in setting to evaluate/re-evaluate a patient but it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

- JB5. Jason Stallons:** Mr. Stallons asked the Section if a physical therapist who is also certified as a hand therapist, allowed to supervise/co-sign for an occupational therapist assistant. **Reply:** In accordance with section 4755.04 of the Ohio Revised Code, an occupational therapy assistant cannot be supervised by a physical therapist. In addition, only an occupational therapist can supervise and co-sign notes for an occupational therapist assistant for delivery of occupational therapy services regardless if they are a certified hand therapist or not. Also, the Sections recommend that you communicate with the third party payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. Rule 4755-27-01 (C) of the Ohio Administrative Code defines "other licensed personnel" as "any person holding an Ohio license to practice as a health care practitioner in a profession other than physical therapy . . . who is working under the direct supervision of a physical therapist or physical therapist assistant, as delegated by the physical therapist, and is performing tasks and duties related to the delivery of physical therapy." When acting under the direction of a physical therapist, occupational therapy assistants are considered other licensed personnel. All documentation by other licensed personnel must be cosigned by the supervising physical therapist or physical therapist assistant and

is restricted to an accounting of the activities provided, descriptions of those activities and any patient comments. This information may be in various sections of the documentation. The remainder of the documentation is the responsibility of the supervising physical therapist or supervising physical therapist assistant. Be sure to refer to the response from the Occupational Therapy Section since the laws and rules that govern the practice of occupational therapy assistants may not allow them to practice as other licensed personnel under the supervision of a physical therapist or physical therapist assistant. You may also wish to review Medicare rules or other payer policies about reimbursement for treatment by other licensed personnel since some insurers do not cover physical therapy services other than those provided by a physical therapist or physical therapist assistant. You may also get information from the Reimbursement Department or Ohio chapter of the APTA.

- JB6. Dawn Bookshar:** Ms. Bookshar asked the Section if occupational therapy assistants and physical therapist assistants billing need to be co-signed. **Reply:** Rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist.” It is the position of the Physical Therapy Section that this does include co-signing the actual billing. The physical therapist’s co-signature should be entered into an electronic medical record prior to the time established by the facility to close the record to further entries. The Physical Therapy Section also recommends that you consult your payer policies as Medicare and other insurance companies may have specific rules regarding the co-signatures for billing. Rule 4755-7-04(C)-(H) of the Ohio Administrative Code states that supervision of the occupational therapy assistant requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Any documentation written by an occupational therapy assistant, student occupational therapist, or student occupational therapy assistant for inclusion in the client’s official record shall be co-signed by the supervising occupational therapist. If the billing is part of the official client record it needs to be co-signed. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to Medicare, Medicaid, and/or payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
- JB7. Kristen Ulery:** Ms. Ulery asked the Section whether an athletic trainer’s documentation should be co-signed by the evaluating or supervising physical therapist. **Reply:** Yes, the supervising physical therapist should co-sign the note. In accordance with rule 4755-27-04 of the Administrative Code, the supervising physical therapist or physical therapist assistant is accountable and responsible at all times for the direction of the actions of the persons supervised, including other licensed personnel. A physical therapist assistant can provide direct supervision of other licensed personnel even if the physical therapist is not on-site but is available by telecommunication at all times and able to respond appropriately to the needs of the patient. However, only a physical therapist can determine that a patient may be delegated to other licensed personnel. In addition, rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist.” The evaluating therapist is expected to have communication with supervising therapist who is covering services to be certain that patient needs are met.

Old Business

None

New Business

Continuing Competence Presentation by FSBPT

Susan Layton and Heidi Herbst Paakkonen from the Federation of State Boards of Physical Therapy (FSBPT) presented on the Federation’s continuing competence model and its activities related to certification of continuing competence activities. The presentation also included an overview of how individual licensees and continuing education sponsors can utilize the aPTitude website for tracking continuing education/competence activities.

Review Frequently Asked Questions

The Section tabled this item until the September 2011 Section meeting.

Review Standard Responses

The Section tabled this item until the September 2011 Section meeting.

Open Forum

Janenne Allen's term expires in August 2011. Ms. Allen expressed her gratitude for being a part of the Section and stated that it was a privilege to serve on the Board. The Section thanked Janenne Allen for serving as the Board's Public Member.

Ohio Physical Therapy Association (OPTA) Report

There was no formal report.

Federation of State Boards for Physical Therapy (FSBPT) Report

Mary Kay Eastman will be the Alternate Delegate for FSBPT. There is currently only one motion, dealing with the areas of focus, which is scheduled for discussion at the Delegate Assembly.

Items for Next Meeting

- Elections
- Review Frequently Asked Questions
- Review Standard Responses
- NPTE Summit Report
- FSBPT Jurisdiction Board Member Training Update
- Update on Dry Needling
- Update on Concussion Management
- Review the APTA/FSBPT Discussion Paper on Continuing Competence
- Motions and Elections at FSBPT Delegate Assembly
- ODE OT/PT Consultant

Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, September 8, 2011.

Adjournment

Raymond Bilecky moved that the meeting be adjourned. James Lee seconded the motion. The motion carried. The meeting adjourned at 3:10 p.m.

Respectfully submitted,
Diane Moore

Sam Coppoletti, PT, Acting Chair
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

Raymond Bilecky PT, Acting Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy
and Athletic Trainers Board

RB:jmr:dm