



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Physical Therapy Section
January 10, 2013
10:00 a.m.

Members Present

Raymond Bilecky
Lynn Busdeker
Thomas Caldwell, Chair
Matthew Creed
Mary Kay Eastman
Karen Holtgreffe, Secretary (*left @ 1:25pm*)
Ronald Kleinman
James Lee

Legal Counsel

Yvonne Tertel, Assistant Attorney General

Staff Present

H. Jeffery Barker, Investigator
Diane Moore, Executive Assistant
Adam Pennell, Investigator Assistant
Lisa Ratinaud, Enforcement Division Supervisor
Jeffrey Rosa, Executive Director

Guests

Alanna Roark
Amanda Mihalik
Amanda Owen
Amy Baxter
Anne Herda
Anthony Falk
Ashley Hayes
Brad Krick
Briana Read
Carolyn Towner, OPTA
Daniel Zaborsky

Doug Verhoff
Elayna Nowale
Erin Brossia
Erin Hutfilz
Ian Cavener
Jackson Maust
Jenna Barhorst
Jessica Schroeder
Jill Zemba
Jillian Huber
Jonathan Johnston
June Haverland
Kasi Hickman
Kate Wolf
Katy Gerth
Kayla Baker
Kelley Sufka
Kirsten Ruen
Kristin Bboldon
Kristine Cunningham
Linda Markstein
Lindsey Wilson
Megan Anzak
Rachel Scholtz
Rebecca Davis
Ryan Burnett
Shaelyn Annunziata
Steven Hnat
Tarah Briggs
Troy Harman
Victoria Gresh, OPTA

Call to Order

The meeting was called to order by the Chair, Thomas Caldwell, at 10:10 a.m.

The Section welcomed the new Board member Matthew Creed.

Approval of Minutes

Action: Lynn Busdeker moved that the minutes from the November 15, 2012, meeting be approved as submitted. Ronald Kleinman seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director informed the Section that the Board's spending is in line with projections. The Governor's FY14-15 budget will be released at the beginning of February.
- The Executive Director informed the Section that since the last meeting, the 129th General Assembly officially adjourned. There were three bills that were enacted that impacted the physical therapy practice act, which are

exemption for physical therapist travelling with sports teams, human trafficking, and youth sports concussions. All changes will go into effect at the end of March 2013.

- The Executive Director informed the Section that the Representative Damschroder will sponsor the Joint Board Bill.
- The Executive Director informed the Section that approximately forty percent of physical therapist assistants still have not renewed their license.
- The Executive Director informed the Section that the State of Ohio selected the new licensing system. The Board is one of the pilot boards that will migrate to the new licensing system in February or March of 2013. The goal is to have all agencies on the new licensing system by the end of FY 2014.

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

Discussion of Laws and Rules Changes

The Section is waiting on the recommendations from the Common Sense Initiative Office prior to filing the proposed 2013 rules changes. Assuming the recommendations are received in a timely manner, the rules hearing will occur at the March meeting. The Executive Director noted that there are additional changes to rule 4755-29-01, to add physician assistants to the list of referring practitioners for physical therapy.

Administrative Reports

Licensure Applications

Action: James Lee 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 November 15, 2012 through, January 10, 2013, taking into account those individuals subject to discipline, surrender, or non-renewal. Mr. Lee further moved that the following persons be licensed as physical therapists/physical therapist assistants pending passage of the National Physical Therapy Examination and Ohio Jurisprudence Examination. Ronald Kleinman seconded the motion. The motion carried.

Physical Therapist – Examination

Arman, Alicia	Bauer, Diana	Block, Sarah
Brickner, Shannon	Broecker, Catie	Brown, Sarah
Cardwell, Elizabeth	Conroy, Brittany	Daw, Emily
Dunne, Hannah	Fenstermaker, Joel	Flaute, Katie
Gassert, Kristen	Gorman, Cara	Hansen, Nicholas
Hoffman, Ryan	Hyde, Jennifer	Janczewski, Brooke
Joyce, Jocelyn	Karapetov, Naira	Khaja-Abdul ,Sadiq Khan
Knuth, Amy	Laing, Britt	Larkins, Whitney
Lewis, Caroline	Lieb, Matthew	Marcus, Matthew
Marotta, John	Merhar, Jessica	Muenchow, Jaclyn
Noble, Chelsea	Parekh, Darshika	Pearson, Rachel
Raymond, Kari	Ridenour, Christina	Ryan, Jessica
Salvatori, Paul	Skocaj, Lauren	Tomlan, Kristina
Whitehead, Natasha	Yuhass, Angela	

Physical Therapist Assistant – Examination

Bach, Laura	Blevings, Kyle	Brohard, Charles
Bunce, Kristie	DeJacimo, Gregory	Fox, Mark
Friend, Mary	Hays, John	Hoodlet, Megan
Kidd, Bobbi	Kimmel, Jordan	Maynard, Eleanor
McFarland, Jeremy	Proudfoot, Derek	Russell, Scott
Sarka, Andrea	Starr, Jenna	Traugh, Kathryn
Walther, Melissa	Yoder, Robin	

Action: James Lee 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 November 15, 2012 through, January 10, 2013, taking into account those

licenses subject to discipline, surrender, or non-renewal. Mary Kay Eastman seconded the motion. The motion carried.

Physical Therapist – Endorsement

Alex, Lexy	Chebowski, Rita	Fox, Timothy
Henderson, Jared	Kennedy, Robert	Mayers, Elisabeth
Miller, Brian	Navarro, Carlos	Powell, Dorothy
Rucker, Tony	Scherzer, Susan	Taylor, Matthew
Wright, David		

Physical Therapist Assistant – Endorsement

Booth, Jessica	Boyd, Nicole	Brady, Brenda
Graf, Charlee	Javorsky, Sean	Pawluk, Amanda
Rectenwald, Scott	Stock, Stephanie	Subasic, Amanda
Wargo, Haley	Willcox, James	

Physical Therapist Assistant Reinstatement

Willcox, Drita

Request for Waiver of English Equivalency Examinations for Licensure

James Lee recommended that the Section deny the request to waive the TOEFL requirement for the physical therapist endorsement file #5225123 based on the documentation provided. **Action:** Mary Kay Eastman moved to deny a waiver of the TOEFL requirement for the physical therapist endorsement file #5225123 based on the documentation provided. Karen Holtgreffe seconded the motion. James Lee abstained from voting. The motion carried. The Section denied the waiver of the TOEFL requirement for Helga Geordana Von Jentschyk.

James Lee recommended that the Section grant a waiver of the TOEFL requirement for the physical therapist endorsement file #5229110 based on the documentation provided. **Action:** Raymond Bilecky moved to grant a waiver of the TOEFL requirement for the physical therapist endorsement file #5229110 based on the documentation provided. Lynn Busdeker seconded the motion. James Lee abstained from voting. The motion carried. The Section granted a waiver of the TOEFL requirement for Susan K. Zhang.

Licensure Requirements Waiver Requests

James Lee recommended that the Section deny the request to waive the credential evaluation and verification of foreign licensure requirements for physical therapist endorsement application file #5229110 based on the documentation provided. **Action:** Raymond Bilecky moved that the Section deny the request to waive the credential evaluation and verification of foreign licensure requirements for physical therapist endorsement application file #5229110 based on the documentation provided. Mary Kay Eastman seconded the motion. James Lee abstained from voting. The motion carried. The Section denied the request for waiver of the credential evaluation and certification of foreign license requirements for Susan K. Zhang.

Continuing Education Liaison Report

There was no report.

Assistant Attorney General's Report

Yvonne Tertel, AAG, reported that the case review liaison positions have been transitioned. Ms. Tertel further reported that Thomas Caldwell has a few cases to complete.

Case Review Liaison Report

Raymond Bilecky reported that the Enforcement Division closed three and opened eight new cases since the November 15, 2012 meeting. There are twenty-four cases currently open. There are three disciplinary consent agreements, one adjudication order being monitored.

Raymond Bilecky informed the Section that James Tolin and Linda Hughes complied with all terms and conditions and were released from their disciplinary consent agreements.

Enforcement Actions

Raymond Bilecky recommended that the Section accept the consent agreement for case PT-FY13-008 in lieu of going to a hearing. **Action:** James Lee moved that the consent agreement for case PT-FY13-008 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Raymond Bilecky and Thomas Caldwell abstained from voting. The motion carried. The Section accepted the consent agreement for Heidi Fenton, PT.

Raymond Bilecky recommended that the Section accept the non-disciplinary surrender consent agreement for file #4195185. **Action:** Karen Holtgreffe moved that the non-disciplinary surrender consent agreement for file #4195185 be accepted. Lynn Busdeker seconded the motion. Raymond Bilecky and Mary Kay Eastman abstained from voting. The motion carried. The Section accepted the consent agreement for Russell Hall, PT, in which Mr. Hall agrees to voluntarily surrender his license since he no longer wished to continue to practice as a physical therapist in Ohio.

Raymond Bilecky recommended that the Section accept the consent agreement for case PT-FY13-002 in lieu of going to a hearing. **Action:** James Lee moved that the consent agreement for case PT-FY13-002 be accepted in lieu of going to a hearing. Mary Kay Eastman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for Stacy Mack, PTA.

Raymond Bilecky recommended that the Section accept the consent agreement for case PT-FY13-006 in lieu of going to a hearing. **Action:** Lynn Busdeker moved that the consent agreement for case PT-FY13-006 be accepted in lieu of going to a hearing. Mary Kay Eastman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for David Smartt, PT.

Raymond Bilecky recommended that the Section accept the consent agreement for case PT-FY13-004 in lieu of going to a hearing. **Action:** James Lee moved that the consent agreement for case PT-FY13-004 be accepted in lieu of going to a hearing. Karen Holtgreffe seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for Gary Monigold, PT.

Raymond Bilecky recommended that the Section accept the consent agreement for case PT-FY12-039 in lieu of going to a hearing. **Action:** Mary Kay Eastman moved that the consent agreement for case PT-FY12-039 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for Debra Streeter, PTA.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY12-043 for practicing outside the scope of practice of a physical therapist assistant by documenting and billing for services outside the physical therapy plan of care. **Action:** James Lee moved that a notice of opportunity for a hearing be issued for case PT-FY12-043 for practicing outside the scope of practice of a physical therapist assistant by documenting and billing for services outside the physical therapy plan of care. Mary Kay Eastman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY13-001 proposing to deny the application for licensure as a physical therapist for practicing as a physical therapist prior to obtaining a license for an extended period of time. **Action:** James Lee moved that a notice of opportunity for a hearing be issued for case PT-FY13-001 proposing to deny the application for licensure as a physical therapist for practicing as a physical therapist prior to obtaining a license for an extended period of time. Mary Kay Eastman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY13-014 for failure to complete the continuing education required for license renewal. **Action:** Karen Holtgreffe moved that a notice of opportunity for a hearing be issued for case PT-FY13-014 for failure to complete the continuing education required for license renewal. Lynn Busdeker seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY13-015 for failure to complete the continuing education required for license renewal. **Action:** Mary Kay Eastman moved that a notice of opportunity for a hearing be issued for case PT-FY13-015 for failure to complete the continuing education

required for license renewal. Ronald Kleinman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Affidavit Hearing

Good afternoon. My name is Thomas Caldwell, Chair of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. Let the record show that these proceedings were called to order at 12:35 pm on January 10, 2013, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Members of the Board present for the proceedings are:

The Executive Director called roll:

Raymond Bilecky	Present
Lynn Busdeker	Present
Thomas Caldwell	Present
Matthew Creed	Present
Mary Kay Eastman	Present
Karen Holtgreffe	Present
Ronald Kleinman	Present
James Lee	Present

It will be noted for the record that a majority of the members of the Board are present. There will be **two** adjudication proceedings today. The proceedings are in the matters of case number PT-LD-FY13-001, Terry A. Scalfaro, PT Reinstatement Applicant, and PT-FY13-005, Ivalyn J. Wauford, PT.

These proceedings shall be affidavit-based adjudications relative to Notices of Opportunity for Hearing mailed to the respondents in the aforementioned cases and believed to have been properly serviced according to the Administrative Procedures Act (Chapter 119. of the Ohio Revised Code).

As the respondents did not properly request a hearing in any of the cases, these proceedings will be held before the Board pursuant to *Goldman v. State Medical Board of Ohio*. The individuals named do not have the ability to present written or oral testimony today, but may be present to hear the proceedings and outcome.

You have already received sworn affidavits from the Board's Enforcement Division Supervisor and the Board's Investigator Assistant, and accompanying exhibits for the Goldman Proceedings are in your board packet. The affidavits contain the evidence and testimony upon which you will deliberate. Please take a few moments to review the evidence and testimony.

In lieu of a stenographic record being made, let the minutes reflect the original sworn affidavits and exhibits shall be kept as the official record of the proceedings in the aforementioned matters in the Board office.

I will now recognize Assistant Attorney General, Yvonne Tertel, for the purpose of providing brief synopses of the cases.

Ms. Tertel presented the cases for the Board.

Having heard Ms. Tertel's synopses, may I now have motion to admit the sworn affidavit and the accompanying exhibits in the aforementioned case into evidence?

Action: Ronald Kleinman moved to accept the facts and exhibits outlined in the affidavit for Terry A. Scalfaro, case number PT-LD-FY13-001. James Lee seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Action: Ronald Kleinman moved to accept the facts and exhibits outlined in the affidavit for Ivalyn J. Wauford, case number PT-FY13-005. James Lee seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

There being no further evidence to come before the Board, these proceedings are now closed at 12:49 pm.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceeding by deliberation on the sworn affidavits and exhibits.

At this time, is there a motion to recess this meeting in order to go into private session for the purpose of quasi-judicial deliberation on the matters that are required to be kept confidential under division (E)(1) of section 4755.02 of the Revised Code: case numbers PT-LD-FY13-001, Terry A. Scalfaro, PT Reinstatement Applicant, and PT-FY13-005, Ivalyn J. Wauford, PT.

Action: Lynn Busdeker moved to go into private session for the purpose of quasi-judicial deliberation on the matters. Karen Holtgreffe seconded the motion.

Jeffrey Rosa called roll:

Raymond Bilecky	Yes
Lynn Busdeker	Yes
Thomas Caldwell	Yes
Matthew Creed	Yes
Mary Kay Eastman	Yes
Karen Holtgreffe	Yes
Ronald Kleinman	Yes
James Lee	Yes

The Section went into private session at 12:51 pm and came out at 1:11 pm. Raymond Bilecky and Thomas Caldwell left the room during private session. The Section asked the Executive Director to stay in the room.

In the matter of case number PT-FY13-005, Ivalyn J. Wauford, PT, after review of the evidence, the Board makes the following findings of fact:

1. Ivalyn J.Wauford, PT, was properly served with the Notice of Opportunity for Hearing pursuant to Revised Code section 119.07.
2. Ivalyn J.Wauford, PT, failed to submit evidence for completion of 24 hours of continuing education credits for the 2012 license renewal.

In the matter of case number **PT-FY13-005, Ivalyn J. Wauford, PT,** after review of the evidence, the Board makes the following conclusions of law:

1. Ivalyn J.Wauford, PT, violated Revised Code sections 4755.51 and 4755.47 (A)(22) and Ohio Administrative Code rule 4755-23-08 as incorporated by Revised Code section 4755.47 (A)(6).

Action: James Lee moved to revoke the license of Ivalyn J. Wauford, PT, effective on March 8, 2013. Karen Holtgreffe seconded the motion.

The Executive Director called roll:

Raymond Bilecky	Abstained
Lynn Busdeker	Yes
Thomas Caldwell	Abstained
Matthew Creed	Yes
Mary Kay Eastman	Yes
Karen Holtgreffe	Yes
Ronald Kleinman	Yes
James Lee	Yes

The motion carried. The license of Ivalyn J. Wauford, PT is hereby revoked.

In the matter of case number PT-LD-FY13-001, Terry A. Scalfaro, PT Reinstatement Applicant, after review of the evidence, the Board makes the following findings of fact:

1. Terry Scalfaro was properly served with the Notice of Opportunity for Hearing pursuant to Revised Code section 119.07.
2. Terry Scalfaro provided insufficient evidence to warrant reinstatement of his license based on lack of evidence of proper rehabilitation.

In the matter of case number ***PT-LD-FY13-001, Terry A. Scalfaro, PT Reinstatement Applicant***, after review of the evidence, the Board makes the following conclusions of law:

1. Terry Scalfaro violated section 4755.47(A)(9) of the Revised Code.

Action: Ronald Kleinman moved to deny the physical therapist reinstatement application for Terry A. Scalfaro. Lynn Busdeker seconded the motion.

The Executive Director called roll:

Raymond Bilecky	Abstained
Lynn Busdeker	Yes
Thomas Caldwell	Abstained
Matthew Creed	Yes
Mary Kay Eastman	Yes
Karen Holtgreffe	Yes
Ronald Kleinman	Yes
James Lee	Yes

The motion carried. The physical therapist reinstatement application of Terry A. Scalfaro is hereby denied.

The Executive Director is hereby instructed to prepare adjudication orders to carry out the mandates of this Board and serve the orders on case number PT-LD-FY13-001, Terry A. Scalfaro, PT Reinstatement Applicant and PT-FY13-005, Ivalyn J. Wauford, PT., in the manner prescribed by law.

This concludes the Matter of Terry A. Scalfaro, case number PT-LD-FY13-001, PT Reinstatement Applicant, and the Matter of Ivalyn J. Wauford, case number PT-FY13-005.

Correspondence

1. **Linda Markstein, PT:** Ms. Markstein asked the Section questions regarding obtaining prescriptions for physical therapy and whether a parent's refusal to have the student's physician notified would prevent the therapist from performing an evaluation and treatment. **Reply:** In response to your first question, there is nothing in the Ohio Physical Therapy Practice Act that dictates how frequently a referral for physical therapy should be renewed or how frequently physician notification should be repeated. However, since the children are growing and maturing, best practice does suggest that a minimum of an annual renewal of the prescription or physician notification should be done to ensure that changes in the child's medical status are documented in the child's medical records. In response to your question about direct access and physician notification, if the patient, or the student's parent/guardian in this situation, gives the therapist consent to contact the physician, then information must be sent within 5 days. In accordance with the laws governing provision of physical therapy services under direct access, a physical therapist may see a patient who does not wish to have a physician or other practitioner notified. The Physical Therapy Section recommends that the patient, or the student's parent/guardian, be asked to sign a document declining notification of the physician. In addition, if the patient is *not making progress*, then the patient should be referred to a physician or other healthcare provided as described. If the patient has NOT given consent OR is making good progress, the physician does not need to be notified, although keeping an open line of communication is reasonable. There are no criteria for how often a physical therapist should contact the physician if the physician is notified after 5 days and the patient is making good progress.
2. **Rebecca Selegue, PT:** Ms. Selegue asked the Section questions regarding documenting consultative services provided to teachers/groups. **Reply:** The laws and rules that govern the practice of physical

therapy apply in all practice settings, including early intervention and school-based practice. Physical therapy services, such as evaluations and assessment, must be provided either with a referral from an appropriate healthcare provider, as outlined in section 4755.48 of the Revised Code, or under the direct access provisions outlined in section 4755.481 of the Revised Code. If a physical therapist provides services without a referral in accordance with section 4755.481, the provisions requiring notification of the healthcare provider with permission of the parent or guardian, apply. In response to your second question about developing weekly plans for group activities, if you are providing these activities as a physical therapist, you are correct, this would require a physical therapy evaluation and plan of care for each child being served. However, when providing activities as a part of your services for students receiving physical therapy in an inclusive setting, there is nothing that would prevent other students from participating in the activities with the supervision and assistance of school personnel. In order to provide services for the entire class as you describe, this must not be represented as physical therapy services or activities in any manner and it must be clear that you are not acting as a physical therapist. You may also want to check with your liability insurance carrier since this may not be covered because it would not be the provision of physical therapy services. 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. The Physical Therapy Section also suggests that you review "Defensible Documentation for Patient/Client Management" on the American Physical Therapy Association website (<http://www.apta.org>). It is based on APTA's *Guidelines: Physical Therapy Documentation of Patient/Client Management*.

3. **Mark Somodi, PhD:** Dr. Somodi asked the Section questions regarding documenting in electronic medical records systems. **Reply:** The code of ethical conduct for physical therapists and physical therapist assistants, as established in rule 4755-27-05 (B) of the Ohio Administrative Code, states that the following may be grounds for disciplinary action: (5)(i) Documenting or billing for services not actually provided. (9) A licensee shall not falsify, alter, or destroy patient/client records, medical records, or billing records without authorization. The licensee shall maintain accurate patient and/or billing records. In the situation you describe, if the second therapist left the documentation entered by the other therapist from the previous date of service, it would indicate that the second therapist actually performed the procedure entered by the first therapist, which would be in violation of the code of ethical conduct since it would be fraudulent documentation and billing. As long as the deletion of the second record does not affect the original record, it would not be considered to be falsifying or altering, as outlined in paragraph (B)(9) of rule 4755-27-05. The Physical Therapy Section defines altering documentation as changing original documentation in the medical record.
4. **June Haverland, PT:** Ms. Haverland asked the Section for clarification on the role of the physical therapist in the school-based setting. **Reply:** It is the position of the Physical Therapy Section that a school-based physical therapist may instruct the teacher and educational aides or attendants in activities to be completed on a daily basis much as a home program would be designed for the parents. The activities that teachers and educational personnel complete during the school day are not physical therapy services and must not be represented as such. These activities may include but are not limited to ambulating with assistive devices, activities/games that promote balance and coordination, exercises that promote strength and fitness, range of motion exercises and transfers. At the therapist's discretion, this may also include using a stander when the physical therapist has determined this to be appropriate. The physical therapist must review and update the activity programs on a regular basis with the frequency determined by the severity of the child's needs. The determination of what exercises may be completed by teachers and educational personnel is the physical therapist's responsibility and should be determined on a case by case basis based on the severity of the student's disability. Physical therapists may also provide training for the school personnel on the safe use of equipment such as wheelchairs and transfer devices both in general and for individual students they are serving as part of an IEP. Following instruction in the desired exercises or activities, it is the physical therapist's responsibility to determine that the individuals understand the instructions and are ready to complete them safely and effectively or if they required further training. You may also wish to make it clear that activities carried out when the therapist is not present are the responsibility of the teacher.

5. **Alissa Davies, PT, DPT:** Dr. Davies asked the Section if physical therapist assistants can perform patient screens and clarification on the terms “screens” and “evaluations” in a physical therapy setting. **Reply:** According to rule 4755-27-03 (E)(5) of the Ohio Administrative Code, *when practicing within the scope of physical therapy*, a physical therapist assistant may gather data about a patient to perform a screening that is non-evaluative in nature. Screens include a review of the patient’s medical information and/or verbal contact with other health care practitioners, family, or the patient to review the patient’s medical history and past functional ability but do not include physical contact with the patient. Interpretation of this information, including the need for a physical therapy evaluation, is the responsibility of the physical therapist. Any screen conducted by a physical therapist assistant must be cosigned by the physical therapist. According to rule 4755-27-03 of the Ohio Administrative Code screens and evaluations are not the same. A physical therapist must provide the evaluation requiring physical contact with the patient. As stated above, the physical therapist assistant is allowed to perform a screen that is historical in nature and does not involve physical contact with the patient.
6. **Andrea Pfister, DVM:** Dr. Pfister asked the Section if physical therapists can treat animals. **Reply:** Section 4755.40(A) of the Revised Code states in part that “physical therapy means the evaluation and treatment of a **person** by physical measures.” Ohio law only permits physical therapists (PT) and physical therapist assistants (PTA) to provide physical therapy on human beings. A licensed PT/PTA may not legally provide physical therapy to an animal. In addition, any veterinarian would be in violation of the Ohio Physical Therapy Practice Act if they designated services they provide to animals as physical therapy. It is also the position of the Physical Therapy Section that individuals providing physical therapy to animals are not governed by the Ohio Physical Therapy Practice Act so long as the individual is not holding himself out as a physical therapist or assistant and so long as the individual is not billing or being reimbursed for physical therapy and services are not perceived as physical therapy. This means that licensed physical therapists and physical therapist assistants may not use the initials P.T. or P.T.A. or indicate their background as a physical therapist/assistant in marketing efforts. The Physical Therapy Section also recommends that you contact the Ohio Veterinary Medical Licensing Board. If it is your intent to market and receive reimbursement for these services as physical therapy, then you must follow the Ohio Physical Therapy Practice Act, which does not permit the provision of these services.
7. **Email Correspondent:** The Email Correspondent asked the Section if other health care professionals (ie. aides/massage therapists) can practice physical therapy in the State of Ohio. **Reply:** No. Ohio Revised Code Chapter 4755. only allows physical therapists and physical therapist assistants to practice physical therapy.
8. **Phil Brown, PT, DPT:** Dr. Brown asked the Section whether physical therapists can charge a fee for service with a CSCS certification while being employed with the same company as a physical therapist. **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. 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. Your questions also 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.

9. **Tony Tahy, AT:** Mr. Tahy asked the Section if physical therapists can perform duties, game coverage and be called an athletic trainer. **Reply:** Under the Ohio Athletic Training Practice Act, only a licensed athletic trainer may hold himself/herself out as an athletic trainer and perform athletic training services. However, the scope of physical therapy practice allows a licensed physical therapist that can demonstrate and document competence to provide physical therapy services at a sporting event. When the physical therapist provides services, they are providing physical therapy, not athletic training, and they would not be referring to themselves as an athletic trainer.
10. **Chad Parrett, PT:** Mr. Parrett asked the Section if it is acceptable to list two separate treatment sessions in one note in an electronic medical record system. **Reply:** The Ohio Physical Therapy Practice Act does not dictate the format of documentation. The Physical Therapy Section recommends that you consult payer policies, facility or agency policies, or the American Physical Therapy Association for information on documentation. It is the position of the Physical Therapy Section that documentation must clearly reflect *who* performed the service and *when* the services were provided. If two separate or the same therapist(s) provided the care to a particular patient in one day, the documentation and billing must clearly reflect this fact.
11. **Michael Mazak, OT:** Mr. Mazak asked the Section questions regarding whether physical therapists should complete the client's medication section on the OASIS form. **Reply:** The Section has stated that there is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. It is also the opinion of the Physical Therapy Section that a physical therapist may give the patient previously prepared and approved information about medications (e.g. side effects, adverse reactions, when to call the physician), as long as the therapist does not advise the patient on initiating or stopping a medication without the patient talking with his/her physician. You may wish to refer to the American Physical Therapy Association's website and the Home Health section of the APTA for further information.
12. **Debbie Rowland, PT:** Ms. Rowland asked the Section questions regarding Medicare guidelines for documentation and billing for acute care inpatient physical therapy services. **Reply:** Your questions relate to payer policies and not to the Ohio Physical Therapy Practice Act. The position of the Physical Therapy Section in regards to billing is that any service should be billed under the most descriptive intervention and diagnostic codes available. The Physical Therapy Section recommends that you contact the appropriate insurance company, Medicare, or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.
13. **Karen N. Fletcher Ewers, PTA:** Ms. Fletcher Ewers asked the Section questions regarding when a physical therapist goes on vacation, is it necessary to transfer care to another physical therapist to handle documentation and co-signature requirements for the physical therapist assistant. **Reply:** 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.

OT/PT Joint Correspondence

JB1. J. Scott Ridout, COTA/L: Mr. Ridout asked the Occupational and Physical Therapy Sections for clarification on whether occupational and physical therapy practitioners can change/update the client's medication listing when conducting the client's medication reconciliation. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy practitioner from completing medication reconciliation provided that the occupational therapy practitioner has received the appropriate training and demonstrated/documented competence in this activity. This type of reconciliation may be performed as an administrative task by any health care practitioner during the treatment visit. Occupational therapists may also play a role in medication management as discussed by the American Occupational Therapy Association in its September 2008 Scope of Practice Issues Update. In this update, AOTA stated: In general practice, health care professionals have focused on teaching (telling patients what their medications do) and compliance or whether they are taking medications as ordered. But OT practitioners have the skills and knowledge to operationalize medication teaching to ensure that it is integrated into the patient's daily routine successfully and correctly. A nursing referral should be made if the patient needs to be taught specific information about a medication that is not provided on written instructions. But if the concern is performance or how the client learns to manage taking their medications and handling the effects of them in the context of their daily activities and routines, that is an unmet need for clients and home care agencies which OT practitioners can address. Reviewing medication information sheets with patients and assessing whether they understand them is an expectation for therapists by CMS and is well within the scope of OT. Using that information, OTs can then assist patients in translating the instructions into their daily routines and habits. For example, medications to control high blood pressure are often diuretics and can make patients need to use the bathroom more often. The OT can discuss timed voiding, simplified clothing fasteners, mobility issues related to accessing the bathroom, especially away from home and other strategies to manage or avoid incontinence. This should increase the patient's compliance with taking the medication as directed. The OT role in medication management can include: Recording medication dosages, routes etc. per agency policy when required as part of an assessment; Involving nursing for patient education on new medications if needed; Ensuring that patients know how to take their medications and are, in fact taking them as directed. If not, the OT can explore reasons why they are not being taken or are taken incorrectly.; During the assessment, identify when the patient takes medications within their daily routine and have there been disruptions to that routine that interfere.; Identifying habits and routines have worked to support appropriate medication management for the patient in the past. How can we work with them vs. changing them?; Assessing medication management as part of the patient's overall ADLs so tasks can be accomplished timely, allowing for medications to be taken within the prescribed time frame relative to food, blood sugar etc.; Considering how OT skills and knowledge around energy conservation techniques can assist with managing all ADLs. Medication management in home care is a critical part of the patient's ADL, beyond assistance with opening pill bottles and is well within the OT scope of practice. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. Other such administrative tasks that are not part of a physical therapy plan of care but that may be performed by physical therapy personnel include removal of staples, coaguchecks, listening for bowel sounds, and other patient assessments. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure.

JB2. Kathy Lumpkins: Ms. Lumpkins asked the Occupational Therapy and Physical Therapy Sections for clarification on IEP and caseload requirements for therapy assistants. **Reply: *In response to your first question,*** yes a plan of care would have to be written. If a student's IEP requires occupational and/or physical therapy services, a therapy plan of care would be required for that student. It is the position of the

Occupational Therapy Section that the IEP goals and objectives are written by the educational team and **do not** constitute the occupational therapy treatment/intervention plan. According to rule 4755-7-02 (A) of the Administrative Code, occupational therapist shall assume professional responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. In addition to identifying the IEP goals/objectives to be addressed by the occupational therapy practitioner, the separate occupational therapy treatment/intervention plan should include intervention approaches, types of interventions to be used, outcomes, and any additional occupational therapy goals not listed in the IEP. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). The Section recommends that you contact the Ohio Occupational Therapy Association's pediatrics member support group coordinator concerning questions regarding school-based issues at www.oota.org. It is the position of the Physical Therapy Section that the IEP does not meet the requirements of the physical therapy plan of care. The Ohio Physical Therapy Practice Act does not vary with practice setting. Rule 4755-27-03 (C) of the Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that may not be delegated to other individuals. The school-based physical therapist must write a plan of care for his/her records for each student indicating specific physical therapy goals and intervention to achieve those goals, as well as precautions/contraindications. The IEP is an Ohio Department of Education approved document that delineates the student's educational needs, goals, and benchmarks. The duration and frequency of the services that will be provided in order to meet the **educational** goals and benchmarks are stated in the IEP. Although related services, such as physical therapy, are included in the IEP, how the physical therapy services will be implemented and precautions/contraindications are not a part of the IEP. This is the information that must be documented in a separate physical therapy plan of care. **In response to your second question**, at this time the Medicaid Schools Program (MSP) accepts the IEP as a plan of care. This is part of the OMSP regulations and does not change the position of the Occupational and Physical Therapy Sections in regard to the plan of care. When submitting billing under MSP, the school district will use the IEP as the plan of care for Medicaid billing purposes but therapists must still write and maintain an occupational therapy and/or physical therapy plan of care for their records. **In response to your final question**, the Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) an occupational therapist (OT) may supervise and **does not** regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education's Operating Standards states that an OT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by an OTA are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant.

The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care as required by their respective professional practice acts. It is the duty of the Occupational Therapy Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (<http://otptat.ohio.gov>) to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. 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." The Sections recommend contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org; the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association; and/or Mark Smith, OMSP Program Coordinator at the Ohio Department of Education at (614) 752-1493 or via email at mark.smith@ode.state.oh.us.

- JB3.** **Lori Phillips, PT:** Ms. Phillips asked the Occupational and Physical Therapy Sections if it is a conflict of interest for the school-based occupational and physical therapist to perform a home assessment for a student. **Reply:** In response to your question, it is the position of the Occupational Therapy Section that a home evaluation to determine equipment and environmental needs for a student's safety and accessibility within his home would be based on his current level of skills and abilities, as assessed by his current occupational therapist of record. This could be done as an adjunct to his occupational therapy treatment/intervention plan (plan of care) at school, or as a separate evaluation. Rule 4755-7-08 (C)(13) states that occupational therapy practitioners shall advocate for clients to obtain needed services through available means. Advocating for necessary modifications to enable a higher level of safety and independence at the request of a student and his mother is acceptable under the Code of Ethical Conduct. In response to your question, it is the position of the Physical Therapy Section that since you are already providing physical therapy services to this student, the home evaluation would be part of his current services. When conducting the home evaluation, it is important that you only provide recommendations of any potential home modifications that the student would actually need to make his current home more accessible. However, if the school district does not feel that the home assessment would address the educational goals identified on the student's IEP, you would need conduct the home evaluation and establish a separate physical therapy plan of care that addresses any home modifications. You may also wish to consult with the district's special education coordinator.

- JB4. Mindy Griffin, OT:** Ms. Griffin asked the Occupational and Physical Therapy Sections if a physician's order required to apply TENS electrodes and hot/cold packs. **Reply:** Formal certification to provide physical agent modalities is not a requirement in Ohio for occupational therapy practitioners. However, in accordance with section 4755.04 (A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use physical agent modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality. A referral and/or prescription from a physician is not required for occupational therapy practice in Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines for application of TENS electrodes and hot/cold packs, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. In response to your questions, all procedures performed by the physical therapist assistant and physical therapist need to be part of the patients established plan of care and therefore have been evaluated by the physical therapist and established in the plan of care. Rule 4755-27-03 (C) of the Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that may not be delegated to other individuals. The evaluating physical therapist must write a plan of care for his/her records for each patient indicating specific physical therapy goals and intervention to achieve those goals, as well as precautions/contraindications.
- JB5. Bridget Fosburg, PT:** Ms. Fosburg asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapy caseload requirements and completing the Individual Family Services Plan. **Reply:** In response to your first question, the Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) an occupational therapist (OT) may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education's Operating Standards states that an OT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child's needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by an OTA are part of the supervising therapist's caseload. In accordance with ODE's Operating Standards, as well as the Ohio Occupational Therapy Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide

skilled care as required by their respective professional practice acts. In response to your second question, rule 4755-7-02(A)(3) of the Ohio Administrative Code states the occupational therapist shall assume professional responsibility for development, interpretation and modification of the treatment/intervention plan and the discharge plan. Rule 4755-07-02(B)(9) states that an occupational therapy practitioner shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice, and regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments, and strive to effect changes that benefit the client. Determining frequency of treatment provided under the occupational therapy plan of care is the responsibility of the evaluating occupational therapist. Inability to provide services at the frequency established in the plan of care can create issues with billing and reimbursement. While it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice, the Section recommends that you refer to 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. It is the duty of the Occupational Therapy Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board's website (<http://otptat.ohio.gov>) to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. The Section recommends two additional resources: Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us, and the Ohio Occupational Therapy Association's pediatrics member support group chair at www.oota.org. Both may be able to assist you further with some of your questions regarding school-based practice. There is nothing in the Ohio Physical Therapy Practice Act that regulates the size of caseloads. However, the Section requires that 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. The physical therapist must ensure appropriate patient management based on the unique needs of the children taking into account the complexity of the patient population, travel time, documentation requirements and supervisory responsibilities. Your questions that reference the Individual Family Service Plan (IFSP) do not relate to the Ohio Physical Therapy Practice Act. You may wish to review the Help Me Grow website at <http://www.ohiohelpmegrow.org/> for the laws and rules that govern early intervention services. The Physical Therapy Section also recommends that you contact Ohio Physical Therapy Association Pediatric Special Interest Group for additional assistance. Contact information is available at http://associationdatabase.com/aws/OPTA/pt/sp/sigs_pediatrics. The Ohio Occupational Therapy Association's pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org. 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.

Old Business

Continuing Competence Taskforce Update

The taskforce has not met recently.

New Business

Sample Malpractice Application Question

The Section reviewed the sample malpractice question. The Section approved the malpractice question as presented. The Executive Director will update the applications with the new question.

NPTE Pass Rate Information

The Section reviewed the NPTE pass rate information for the 2010-2012 graduation years.

Presentation from June Haverland on PT Caseloads (Correspondence #4)

June Haverland presented her question to the Section regarding the challenges that physical therapists face in school-based systems with parents/employers who do not fully understand the role and services provided by school-based physical therapists. The Section discussed the response to Ms. Haverland's questions. The Section's response can be reviewed under the *correspondence section, question four* of the minutes. The Section thanked Ms. Haverland for presenting her questions to the Section.

Open Forum

The Section welcomed all guests, including the physical therapy students from the Ohio State University.

The Section discussed the response to correspondence from Ms. Linda Markstein who was also in attendance. Ms. Markstein's question pertained to obtaining parental consent to contact the student's physician. The Section's response can be reviewed under the *correspondence section, question one* of the minutes. The Section thanked Ms. Markstein for presenting her question to the Section.

Ohio Physical Therapy Association (OPTA) Report

Victoria Gresh reported that OPTA Annual Conference will be held on April 11-13, 2103. Ms. Gresh further reported that OPTA is in the process of redesigning the Access publication. Ms. Gresh reported that OPTA will work with the Executive Director on various issues of common interest.

Carolyn Towner gave a legislative report.

Federation of State Boards for Physical Therapy (FSBPT) Report

Raymond Bilecky is the chair of the resolution committee. Karen Holtgreffe was appointed to the continuing competence committee. Thomas Caldwell was reappointed to the finance committee. The appointments are effective through the end of 2015.

Items for Next Meeting

- Public Rules Hearing

Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, March 7, 2013.

Adjournment

Mary Kay Eastman moved that the meeting be adjourned. Lynn Busdeker seconded the motion. The motion carried. The meeting adjourned at 2:25 p.m.

Respectfully submitted,
Diane Moore

Thomas Caldwell, PT, Chair
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

Karen Holtgreffe, PT, 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

KH:jmr:dm