



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Physical Therapy Section
May 15, 2014
10:00 a.m.

Members Present

Raymond Bilecky
Lynn Busdeker
Thomas Caldwell
Matthew Creed
Ronald Kleinman, Chair
James Lee
Chad Miller
Trevor Vessels, Public Member

Members Absent

Karen Holtgreffe

Legal Counsel

Yvonne Tertel, Assistant Attorney General

Call to Order

Ronald Kleinman, Chair, called the meeting to order at 10:02 a.m.

Approval of Minutes

Action: Lynn Busdeker moved that the retreat minutes from the April 14, 2014, meeting be approved as submitted. Matthew Creed seconded the motion. The motion carried.

Action: Thomas Caldwell moved that the minutes from the March 6, 2014, meeting be approved as submitted. Lynn Busdeker seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director informed the Section that the Board has made significant progress on setting up the new licensing system. The new go live date is September 2014. The Executive Director further reported that the Board will undergo additional testing in two weeks.
- The Executive Director informed the Section that rent rates for all agencies in state-owned buildings increased significantly (approximately \$8,000-\$9,000). This increase exceeded the rent increase that was budgeted for in FYs 2014 and 2015. The rates for FY 2015 have not yet been determined, but could increase from the FY 2014 rates.

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

Discussion of Law and Rule Changes

The Executive Director reported that the military rules are ready to be filed. The Section will discuss the proposed rules in today's meeting.

Administrative Reports

Licensure Applications

Action: Chad Miller 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 March 6, 2014 through May 15, 2014, taking into account those individuals subject to discipline, surrender, or non-renewal. Mr. Miller 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. James Lee seconded the motion. The motion carried.

Physical Therapist – Examination

Abdollmohammadi, Romeen
Almond, Alicia
Banks, Heather
Barto, Kelli
Borchers, Emily
Brown, Lauren
Budaji, Katherine
Calkins, Nicole
Casey, Katrina
Craig, Shannon
Danford, Emma
Dormo, Michael
Eibling, Ashley
Evans, Aubrey
Finn, Emily
Fronek, Shanon
Gergich, Ashley
Giesey, Tristen
Gould, Kimberly
Hart, Emily
Hiehle, Krystal
Hines, Nathan
John, Adrienne
Kempton, Joshua
Konieczny, Amy
Krug, Stephanie
Lentz, Cara
Lynskey, Megan
Marischen, Matthew
McBee, Colleen
McMurray, Kaylie
Metze, Cassandra
Moore, John
Mrowzinski, Sara
Olivo, Alexandra
Pawlikowski, Megan
Reed, Rachel
Robinson, Robert
Roush, Emily
Schwendeman, Samuel
Spalding, Alicia
Sterba, Mallory
Sullivan, Alyssa
Thorson, Leah
Unrue, Jeanna
White, Katherine
Wilding, Marissa
Wolf, Kevin
Zura, Kimberly

Abrams, Maggie
Asher, Scott
Barnett, Raina
Bjelac, Matthew
Boyd, Joshua
Bryce, Lucas
Buening, Larissa
Carmosino, Kadi
Combs, Holly
Cummins, Cory
Danford, Emma
Drees, Emily
Eickelman, Angela
Fawcett, Andrew
Firkins, Philip
Gallagher, Lisa
Ghoddoosi, Yasmine
Godfrey, Breanna
Grilliot, Laura
Hayden, Jessica
Higgins, Anne
Homerovsky, Emily
Johnson, Kara
Klein, Michael
Konrad, Kara
Lampe, Marissa
Luchini, Michelle
Mandia, Juanito
Marx, Laura
McBride, Erin
Meihaus, Jennifer
Metzger, Natalie
Morris, Valerie
Myers, Ryan
O'Malley, Colleen
Perkins, Angela
Robertson, Scott
Rogacki, Kristin
Santoanni, Gina
Selhorst, Abbie
Spence, Amanda
Sterling, Michelle
Sussky, Hunter
Tiell, Lauren
Vegh, Meredith
Wietrzykowski, Megan
Willett, Matthew
Wright, Ashley

Aeschliman, Christopher
Baker, Kristopher
Barta, Brittany
Blake, Sarah
Brinkman, Karen
Budaji, Katherine
Butler, Tracy
Carr, Lauryn
Corrigan, Daniel
Cummins, Kathleen
DeMattia, Rebecca
Duffy, Martha
Esposito, Lauren
Fedorka, Zackary
Freeman, Kathleen
Garth, Chanel
Gibbons, Caitlin
Golias, Deanna
Hamrick, Janel
Helm, Bradley
Hill, Kristen
Hutchings, Ashley
Kaste, Elizabeth
Knox, Jennifer
Krofllich, Ryan
Laux, Renee
Lynn, Timothy
Mansour, Lauren
Maykut, Jennifer
McKnight, Jesse
Metz, Rebecca
Meyer, Alison
Morris, Valerie
Nieder, Evaine
Paras, Leslie
Ratica, Sarah
Robinson, Robert
Roth, Keith
Schwendeman, Anne
Sivillo, Joel
Spriggs, Kyle
Stewart, Emily
Thomas, Lauren
Toerpe, Thomas
Weithman, Beverly
Wilcox, Coryallen
Wolf, Kate
Zoll, Brittany

Physical Therapist Assistant – Examination

Alexander, Diane

Antill, Emily

Bankert, Julia

Bartson, Amber
Boorn, Harlan
Bowser, Ashton
Buchan, Anna
Burns, Brittany
Carson, Valerie
Cirillo, Amy
Coder, Megan
Daly, Autumn
Downing, Erin
Durkovic, Kimberly
Fehlig, Ashley
Goossens, Mitchell
Hendricks, Amber
Hohl, David
Iadicicco, Kirstin
Johnson, Sarah
King, Paige
Lannigan, Heidi
Leonard, April
Mohler, Brandyn
Nwaneri, Stanley
Peck, Angela
Pizutelli, Elisabeth
Porter, Patricia
Salupo, Suzanne
Sexton, Eric
Sigler, Bryant
Thepsourinthone, Tico
Trapp, Matthew
Wagner, Stephen
Williams, Kylee

Bastien, Ryan
Bowersock, Thaddeus
Brossia, Jolynn
Buhrow, Danielle
Burton, Matthew
Case, Brittany
Clatterbuck, Jennifer
Cole, Mark
Delbert, Leilani
Drummonds, William
Echard, Lindsey
Garey, Daniel
Grogg, Brandi
Hill, Shannon
Hoying, Adam
Jameson, Kristina
Joseph, Holly
Kistner, Hillary
Lawrence, Jessica
Long, Kathryn
Morehouse, Angela
Nwaneri, Stanley
Pedersen, Dana
Polachek, Victoria
Ratcliff, Shawn
Schlachter, James
Shuman, Jami
Smith, Danielle
Thiel, Michelle
Urbanowski, Nathan
Warner, Macie
Wurster, Shannon

Bettac, Laureen
Bowling, David
Bruss, Erin
Burke, Holly
Cantrall, Jeffrey
Chahal, Sharan
Clifton, Nicolette
Culp, Bridget
Donda, Amber
Dunfee, Hope
Eveland, Colton
Gill, Nicholas
Hall, Brittany
Hoff, Alexis
Hunter, Holly
Jenkins, Kaitlin
Kelbley, Melissa
Kubala, Wendolyn
Legraen, Garrett
Miller, Zane
Murray, Jennifer
Ousley, Joshua
Petty, Liza
Popa, Twyla
Reinhart, Jason
Scott, Megan
Sidoti, Vincenzo
Stilwell, Joshua
Tilley, Kristin
Van Over, Christopher
Warner, Macie

Action: Chad Miller 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 March 6, 2014 through May 15, 2014, taking into account those licenses subject to discipline, surrender, or non-renewal. Lynn Busdeker seconded the motion. The motion carried.

Physical Therapist – Endorsement

Abbot, Carolyn
Brechtin, Jessica
Cosgrave, Melissa
Garrett, Angelica
Mabry, Callie
Miller, Carolyn
Nguyen, Lan
Potler, Randi
Schussler, Eric
Tuemler, Melissa

Bayer, Tori
Chandramauli, Nehal
Crouse, Melissa
Khan, Mohammed
Mallon, Kathryn
Montemar Virgilio, Yuri
Pawar, Monika
Robinson, Toni
Stenger, Caitlin

Bernstein, Jennifer
Chatarkar, Kanchan
Ericksen, Edward
Ladesic, Joseph
McCluney, Noel
Moses, Adrian
Pelkey, Victoria
Ross, Brenda
Tagge, Allison

Physical Therapist Assistant – Endorsement

Crabtree, Linda
Manneh, Amber

Dugue, Sophia

Howard, Megan

Physical Therapist Reinstatement

Braddock, Edward

Buchanan, Patricia

Frontz, Gregory

Guiley, Shannon
Kitzmilller, Holly
Snyder, Lea

Jurasek, Tereza
Romeo, Marybeth

Kiger, Justin
Sanders, Sandra

Physical Therapist Assistant Reinstatement

Ayres, Krista

Bechler, Lawrence

Tingler, Carleen

James Lee recommended that the Section accept the action plan for the physical therapist reinstatement file #5322417 based on the results of the Practice Review Tool. **Action:** Raymond Bilecky moved that the Section approve the action plan for the physical therapist reinstatement file #5322417 based on the results of the Practice Review Tool. Lynn Busdeker seconded the motion. James Lee abstained from voting. The motion carried. The Section approved the action plan for Kelly Brzozwski. The deadline to submit proof of completion of the action plan is December 31, 2014.

Chad Miller recommended that the Section accept the continuing education courses completed in January 2013 for physical therapist reinstatement file #5355896 based on the documentation provided. **Action:** Lynn Busdeker moved that the Section approve the continuing education courses completed in January 2013 for physical therapist reinstatement file #5355896 based on the documentation provided. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried. The Section approved the continuing education for Billie Jo Johnston.

Testing Accommodations Requests

Chad Miller recommended that the Section grant the testing accommodation of additional time: time and a half and a separate room for physical therapist examination file #5339398 based on the documentation provided. **Action:** James Lee moved that the Section approve the testing accommodation of additional time: time and a half and a separate room for physical therapist examination file #5339398 based on the documentation provided. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Kerry Allen.

Chad Miller recommended that the Section grant the testing accommodation of additional time: time and a half and a separate room for physical therapist examination file #5369290 based on the documentation provided. **Action:** Thomas Caldwell moved that the Section approve the testing accommodation of additional time: time and a half and a separate room for physical therapist examination file #5369290 based on the documentation provided. James Lee seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Holly Ann Combs.

Action: Thomas Caldwell moved that the Section grant Chad Miller the authority to approve the testing accommodation of additional time: double time, reader, and separate room for physical therapist assistant examination file #5342290 provided that the new documentation reflects that the physician evaluated the applicant, and provides relevant test results and specific findings in support of the diagnosis and recommended accommodations. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried.

Chad Miller recommended that the Section grant the testing accommodation of allowing applicant to bring insulin pump, glucose meter, and glucose tablets into the testing area for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5365492 based on the documentation provided. **Action:** James Lee moved that the Section approve the testing accommodation of allowing applicant to bring insulin pump, glucose meter, and glucose tablets into the testing area for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5365492 based on the documentation provided. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Lena Moore.

Chad Miller recommended that that the Section grant the testing accommodation of additional time: double time and a separate room for physical therapist assistant examination file #5370214 based on the documentation provided. **Action:** James Lee moved that the Section ratify the testing accommodation of additional time: double time and a separate room for physical therapist assistant examination file #5370214 based on the documentation provided.

Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Abaigael Celarek.

Chad Miller recommended that the Section grant the testing accommodation of additional time: time and half and a separate room for physical therapist examination file #5370719 based on the documentation provided. **Action:** Lynn Busdeker moved that the Section approve the testing accommodation of additional time: time and a half and a separate room for physical therapist examination file #5370719 based on the documentation provided. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Marissa Ann Lampe.

Continuing Education Liaison Report

Ronald Kleinman reported that the OPTA CE Committee approved 1257 applications in the second half of 2013 and denied 15 sponsor and 9 individual applications.

Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report.

Case Review Liaison Report

Raymond Bilecky reported that the Enforcement Division closed eighteen and opened seven new cases since the March 6, 2014 meeting. There are eighteen cases currently open. There are four disciplinary consent agreements and two adjudication orders being monitored.

Raymond Bilecky informed the Section that Craig De Anthony complied with all terms and conditions and was released from his disciplinary consent agreement.

Enforcement Actions

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-LD14-002 for failure to meet physical therapy licensure examination qualifications. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for PT-LD14-002 for failure to meet physical therapy licensure examination qualifications. Matthew Creed seconded the motion. Raymond Bilecky abstained from voting. The motion carried.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY14-024 for failure to maintain accurate patient records. **Action:** Thomas Caldwell moved that a notice of opportunity for a hearing be issued for case PT-FY14-024 for failure to maintain accurate patient records. James Lee seconded the motion. Raymond Bilecky and Lynn Busdeker abstained from voting. The motion carried.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY14-047 for practicing under an expired license. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY14-047 for practicing under an expired license. Thomas Caldwell seconded the motion. Raymond Bilecky abstained from voting. The motion carried.

Correspondence

- 1. Donald Milligan, PT:** Mr. Milliken asked the Section questions regarding physical therapy IEP goals in the schools. **Reply:** 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. The IEP is developed as a team approach and those in attendance will sign the IEP document that they attended and those who are providing services on the IEP that were unable to attend sign in a different section of the IEP. You may also wish to contact Cathy Csanyi at the Ohio Department of Education's Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us.
- 2. Mark Raseta, PT:** Mr. Raseta asked the Section questions regarding physical therapists providing sideline injury coverage in a high school setting. **Reply:** Yes, the scope of physical therapy practice allows a

licensed physical therapist who can demonstrate and document competence to provide physical therapy services at a sporting event. It is the position of the Physical Therapy Section that a physical therapist may perform all services that are within the scope of practice of physical therapy. However, it is the individual physical therapist's responsibility to produce evidence of appropriate training and demonstrate knowledge and competency in the delivery of any procedure, treatment, or service. An example of competency may include board certification as a sports clinical specialist. In addition, a physical therapist providing sideline coverage needs to ensure that all regulatory requirements regarding direct access are followed.

3. **Elisabeth Knose, PT, DPT:** Dr. Knose asked the Section questions regarding whether physical therapists can bill for documenting time for evaluations in an acute care setting. **Reply:** It is the position of the Physical Therapy Section that any service should be billed under the most descriptive intervention and diagnostic codes available. Please check with Medicare, third-party payers and, and insurance policies to address your specific question. Since 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.
4. **Wade Ewing, PTA:** Mr. Ewing asked the Section questions regarding whether physical therapist assistants can accompany SNF patients to his/her follow-up appointments at hospitals/clinics and bill for the service. **Reply:** The practice of physical therapy is not impacted by the setting in which the physical therapist or physical therapist assistant provides services. However, accompanying a patient does not qualify as skilled physical therapy; nor does labeling a patient as "skilled" mean that any time spent with the patient can be considered a skilled physical therapy service.
5. **Sajjad Khan, PT:** Mr. Khan asked the Section questions regarding the continuing education requirements. **Reply:** The Section appreciates your input/concerns, but feels that our current process is in the best interest of the consumers of physical therapy in Ohio.
6. **Dorothy Lecker, PT:** Ms. Lecker asked the Section questions regarding the frequency for cosigning physical therapist assistant notes. **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.
7. **Kim Scoville, PTA:** Ms. Scoville asked the Section questions regarding whether physical therapist assistants can work in a chiropractor's office. **Reply:** The practice of physical therapy is not impacted by the setting in which the physical therapist or physical therapist assistant provides services. A physical therapist assistant must always function under the supervision of a physical therapist as outlined in rule 4755-27-02 (B) of the Administrative Code. Supervision of the physical therapist assistant requires that a supervising physical therapist need not be physically on-site, but must be available by telecommunication at all times and able to respond appropriately to the needs of the patient. The physical therapist assistant, defined in division (C) of section 4755.40, of the Revised Code, is a skilled, technical person who assists in physical therapy treatment and related duties as assigned by the physical therapist. These duties are carried out under the supervision of the physical therapist, as defined in division (D) of section 4755.40 of the Revised Code and rule 4755-27-04 of the Administrative Code. The duties assigned may vary in accordance with the setting and organizational structure of the service, the scope, size, and volume of the services, and the needs of the patients to be served.
8. **Jacob Prater, AT:** Mr. Milliken asked the Section questions regarding whether an Ohio licensed athletic trainer can apply for a physical therapist assistant position and perform similar duties to fill the position. **Reply:** Your email stated that "athletic trainers are able to bill for physical therapy services..." That statement is incorrect. When athletic trainers are working as other licensed personnel under a physical therapy plan of care, the physical therapist is billing for physical therapy services. 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, licensed athletic trainers are considered other licensed personnel. 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. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, “Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel’s professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient’s overall needs and medical status.”

9. **Jamie Hart, PT, DPT:** Dr. Hart asked the Section questions regarding other license personnel in a physical therapy setting. **Reply:** In accordance with rule 4755-27-01 (C)(3) of the Administrative Code, a licensed massage therapist would be considered “other licensed personnel.”. Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel’s professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient’s overall needs and medical status. The physical therapist must be competent in the procedure they are delegating to other licensed personnel. The patient contact by the delegating physical therapist or supervising physical therapist assistant may be to provide portions of treatment or to assess the patient’s progress within the existing plan of care. When needed, only the physical therapist may make adjustments to the plan of care. Please refer to Medicare rules or other payer policies about reimbursement for treatments provided by other licensed personnel since some insurers do not cover 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.
10. **Johanna Tanno, PTA:** Ms. Tanno asked the Section questions regarding whether it is appropriated for physical therapist assistants to bill for kinesio taping services as a physician extender in the scenario described. **Reply:** In the scenario you described, the physical therapist assistant is functioning as an extension of the physician. As long as your services are not represented as physical therapy and you are not representing yourself as a physical therapist assistant, this is not physical therapy.
11. **Sean Murphy, PT:** Mr. Murphy asked the Section questions regarding physical therapists billing for TENS applications and provider services. **Reply:** Your questions relate to clarification/interpretation of 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. However, prior to initiating treatment with any patient, a physical therapist must perform an initial evaluation to determine the appropriate direction of care. The physical therapist shall select the appropriate portions of the program to be delegated, including the usage of TENS applications, and shall direct the physical therapist assistant in the delegated functions. Such direction shall include precautions, special problems, contraindications, goals and anticipated progress, plans for re-evaluation, and actual re-evaluation of the patient and adjustment of the treatment plan. The patient is the ultimate responsibility of the physical therapist. Failure to perform an initial evaluation prior to onset of treatment is failure to adhere to the minimal standards of acceptable practice and a violation of the code of ethical conduct established in rule 4755-27-05 of the Ohio Administrative Code. It is the position of the Physical Therapy Section that any service should be billed under the most descriptive intervention and diagnostic codes available.
12. **Deborah Zagray, PT:** Ms. Zagray asked the Section questions regarding direct access and self-pay clients. **Reply:** **In response to your first question** and in accordance with the laws and rules governing the provision of physical therapy services under direct access, a physical therapist may see a patient who does not have a physician referral. The physical therapist must notify the physician of choice of the patient

within five (5) business days of the evaluation. However, if the patient does not wish to have a physician or other practitioner notified, the Physical Therapy Section recommends that the patient be asked to sign a document declining notification of the physician. In addition, section 4755.481 (A)(2) of the Revised Code states that “if the physical therapist determines, based on reasonable evidence, that no substantial progress has been made with respect to that patient during the thirty-day period immediately following the date of the patient’s initial visit with the physical therapist, the physical therapist shall consult with or refer the patient to a person described in division (H)(1) of section 4755.48 of the Revised Code.” The standards of physical therapy practice do not change in regards to direct access/self-pay. Prior to initiating treatment with any patient, a physical therapist must perform an initial evaluation to determine the appropriate direction of care. If a specific modality has been determined to be appropriate treatment based on the findings from the initial evaluation, then it is acceptable to be provided. 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)(e) of this rule states that “Providing treatment interventions that are not warranted by the patient’s condition, or continuing treatment beyond the point of reasonable benefit to the patient” would be a “failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred.” In response to your second question, essential components of documentation remain the same in direct access/self-pay. The Physical Therapy Practice Act does not dictate the format of documentation. You may wish to contact the American Physical Therapy Association or the Ohio Physical Therapy Association for information regarding defensible documentation.

13. **Carolyn Farmer, PT:** Ms. Farmer asked the Section questions regarding reentering the practice of physical therapy. **Reply:** Since you currently hold a valid license to practice physical therapy, there are no legal restrictions on you functioning and presenting yourself as a physical therapist. The Section appreciates your wanting to determine your competency to safely practice prior to re-entering the workforce. There is nothing in the Physical Therapy Practice Act that would prohibit you from entering the workforce as a physical therapy technician. Please refer to Medicare rules or other payer policies about reimbursement for treatment by physical therapy technicians since some insurers do not cover 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. **In response to your second question,** the Section recommends that you take the Practice Review Tool (PRT), which is offered by the Federation of State Boards of Physical Therapy, to identify your areas of strength and weakness. Then, you will be able to find appropriate CE courses to strengthen your weak areas. You can find information about the PRT, and other competence tools, at <http://www.fsbpt.org/Licensees/ContinuingCompetence.aspx>. If you have specific questions about the PRT, please contact the Board and ask to speak to the Executive Director.
14. **Matthew Allen, PTA:** Mr. Allen asked the Section questions regarding testing participants for wellness programs. **Reply:** In response to your questions, this is acceptable as long as the program is not represented or billed as physical therapy and the persons leading the program are not identifying themselves as a physical therapist or physical therapist assistant performing physical therapy then there is no violation. Pre and post participation screens/assessments and charting of progress can be performed/used in many different health/wellness settings and is not limited to the practice of physical therapy as long as it is not being represented as a physical therapy assessment/screen. If the physical therapist or physical therapist assistant is leading the program and want to use his/her credentials, then the individual must follow the Ohio Physical Therapy Practice Act and all supervision requirements.
15. **Micah Grace:** Ms. Grace asked the Section questions regarding whether physical therapist practitioners can provide non-custom diabetic shoes and inserts for clients. **Reply:** Section 4755.481(A)(3) of the Ohio Revised Codes states if the physical therapist determines that orthotic devices are necessary to treat the patient, the physical therapist shall be limited to the application of the following orthotic devices: (a) Upper extremity adaptive equipment used to facilitate the activities of daily living; (b) Finger splints; (c) Wrist splints; (d) Prefabricated elastic or fabric abdominal supports with or without metal or plastic reinforcing stays and other prefabricated soft goods requiring minimal fitting; (e) Nontherapeutic accommodative inlays; (f) Shoes that are not manufactured or modified for a particular individual; (g) Prefabricated foot care products; (h) Custom foot orthotics; (i) Durable medical equipment. In accordance with rule 4755-27-02 (B) of the Ohio Administrative Code, physical therapist assistants are not qualified to conduct initial patient evaluations, write initial or ongoing patient treatment plans or conduct re-evaluations of the patient

or adjust patient treatment plans. The decision to recommend an orthotic involves evaluation of a patient and should be reflected in the patient plan of care both of which are the responsibility of the evaluating physical therapist and cannot be delegated. The fitting of an orthotic also involves client evaluation, and, therefore, must be completed by the physical therapist. Also, physical therapist assistants in the state of Ohio are licensed and not certified.

16. **Sandi Doe**: Ms. Doe asked the Section questions regarding PRN physical therapist and transfer of care. **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 rehabilitation manager 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.
17. **Celina Kohler, PT**: Ms. Kohler asked the Section questions regarding physical therapists role in medication management. **Reply**: 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. 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.

Joint Correspondence

- JB1. **Kristina Smith, OT/L**: Ms. Bachman asked the Occupational and Physical Therapy Sections whether occupational and physical therapists are obligated to continue treating a client if the therapy goals have been met. **Reply**: If the physical therapy goals have been met and no further skilled physical therapy needs have been identified then there is no obligation to continue treatment. There may be specific instances where no improvement is expected but skilled physical therapy is needed in order to prevent or slow

deterioration and maintain maximum level of function. Your question also relates to payer policies. The Physical Therapy Section recommends that you contact the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. In response to your scenario, occupational therapy practitioners may encounter situations in which they feel a client would not benefit from further intervention, where a client is ready to be discharged from occupational therapy services, but other interdisciplinary team members, managers, and/or the client's family disagree. **According to rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code, an occupational therapist or occupational therapy assistant shall not provide treatment interventions that are not warranted by the client's condition or continue treatment beyond the point of reasonable benefit to the client.** Occupational therapy practitioners must clearly document and communicate with the interdisciplinary team. If the manager, interdisciplinary team, and/or client/client's family decides to continue occupational therapy services after such communication, the occupational therapist may continue to provide services **after the client is made aware that no further benefit is expected.** In this situation, the occupational therapist would not be in violation of rule 4755-7-08 (C)(1)(b).

JB2. Heather Jennings, PT: Ms. Jennings asked the Physical Therapy and Athletic Trainers Sections questions regarding whether community colleges and professional sports are covered under Ohio Physical Therapy and Athletic Training laws regarding concussion management and clarification on the documentation requirement for athletic trainers. **Reply:** As noted in the Legislative Service Commission bill analysis for Sub. H.B. 143, the provisions of the act apply to all of the following entities: Public schools, including schools operated by school districts, community schools, and science, technology, engineering, and math (STEM) schools; All private schools, including both chartered and nonchartered nonpublic schools; and "Youth sports organizations," which are defined in H.B. 143 as public or nonpublic entities that organize athletic activities in which the athletes are not more than 19 years old and are required to pay a fee to participate in the athletic activity or whose cost to participate is sponsored by a business or nonprofit organization. As a result, the provision of H.B. 143 would not apply for athletes participating on a junior college athletic team or a minor league baseball team. Although H.B. 143 does not apply to adult and/or college level athletes, you are encouraged to consult the bylaws of the governing body for the community college's athletics department (www.njcaa.org) and the baseball team's league to determine if those entities have requirements and recommendations pertaining to the recognition and management of concussions. You would also be encouraged to follow current best practice in the recognition and management of concussions which is outlined in various consensus and position statements. A concussion recognition and management policy developed using these documents and in consultation with the team physician would be the best course of action. In regards to your question regarding athletic trainer's documentation requirements, under an athletic training referral, the athletic trainer functions independently and is responsible for documentation. What this documentation consists of is governed by best practices and employer policies. For further information about documentation, please refer to the National Athletic Trainers' Association's *Documentation and Coding Guidelines for Athletic Trainers*. You can access this document at <http://nata.org/sites/default/files/Documentation-and-Code-Guidelines-2011.pdf>.

JB3. Thomas Paris, PT: Mr. Paris asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapy practitioners can perform tracheostomy suctioning. **Reply:** It is the opinion of the Ohio Physical Therapy Section that tracheostomy suctioning is part of the physical therapist's scope of practice as long as the physical therapist can demonstrate and document competence to perform the intervention. This competence is important since suctioning requires an examination for appropriateness and an evaluation of how much and when to stop the treatment. It is not within the scope of practice for the physical therapist assistant, 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 this technique or modality.

JB4. Michelle Tristani: Ms. Tristani asked the Occupational and Physical Therapy Sections questions regarding whether the occupational and physical therapy Sections offer a limited permit, and asked for clarification

on the signature designation for occupational and physical therapy practitioners. **Reply:** The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board does not issue temporary licenses for occupational therapy or physical therapy licensees. In response to your question regarding signature requirements, rule 4755-27-07 of the Ohio Administrative Code requires physical therapists and physical therapist assistants to use the letters PT or PTA immediately following the individual's name since this is the regulatory designation allowing practice. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS. Rule 4755-7-10 outlines the appropriate credentials for occupational therapy licensees. Occupational therapy staff are required to use OTR/L or COTA/L if they are currently certified by the National Board for Certification in Occupational Therapy (NBCOT). They are not currently certified, the appropriate credential is OT/L or OTA/L. The Ohio Occupational Therapy Practice Act does not specify if the credential needs to immediately follow the licensee's name.

JB5. Michael Millward: Ms. Millward asked the Physical Therapy and Athletic Trainers Sections questions requesting clarification on the physical therapy and athletic trainers requirements regarding concussion management. **Reply:** When determining if a task or procedure falls within the scope of athletic training practice, the Section reviews the available literature that forms the basis of athletic training practice in the United States. These documents include: (1) *Role Delineation Study/Practice Analysis, Sixth Edition, which identifies the essential knowledge and skills for an entry-level athletic trainer. This document is published by the Board of Certification, Inc. and is available at <http://bocatc.org/resources/role-delineation-study-practice-analysis>;*(2) *Athletic Training Education Competencies (5th Edition)*, which is published by the National Athletic Trainers Association and recognized by the Commission on Accreditation of Athletic Training Education (CAATE) as the knowledge, skills and clinical abilities to be mastered by professional program students. It is available at <http://www.nata.org/education/education-resources>. According to section 4755.60 (A) of the Ohio Revised Code, treatment consists of the techniques and procedures used in giving care in situations where assistance is required or requested. Such actions should be reasonable and prudent within the scope of practice of athletic training. All treatment should be rendered in accordance with any established protocol for the venue. Physician directives should be followed at all times. Permission to treat should be obtained. Athletic trainers should not attempt any treatment measure unfamiliar to them or outside the scope of athletic training practice. Some variance may be seen in treatment, depending upon educational background, facility or setting limitations, and patient response. These variances based upon advanced education or training must be identified within the standard operating procedures and reviewed and approved by the team physician or medical director as dictated below. Standard Operating Procedures: It is the professional responsibility of every athletic trainer to have written policies and procedures. Athletic trainers are encouraged to review current policies and procedures with their employers to determine if the existing policies are within the scope of athletic training practice. The Athletic Trainers Section has no guidelines with regards to policy and procedure content. However, the Athletic Trainers Section does advocate that all athletic trainers have written policies and procedures to guide the day-to-day operations of athletic training care. If no athletic training policies and procedures exist, please establish them and put them in writing. Standard operating policies and procedures should be reviewed and approved by a team physician or an organization's medical director. Pursuant to section 4755.60 (A) of the Revised Code and rule 4755-42-02 of the Administrative Code, athletic trainers must practice upon the referral of an individual licensed in Ohio to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, chiropractic, dentistry, or physical therapy. Athletic trainers may not accept direct referrals from physician assistants or practitioners of the limited branches of medicine. A referral relationship between a team physician and an athletic trainer should be one consisting of a protocol of care communicated between a team physician and the athletic trainer. This agreement should include procedures for prevention, recognition, assessment, management and treatment of athletic injuries. If a situation exists where a patient referred to the athletic trainer by a physical therapist may benefit from athletic training services, i.e. a patient's condition is an athletic injury, then the physical therapist may refer that particular patient to an athletic trainer. If this procedure is followed, the athletic trainer must perform an injury assessment and determine the athletic training plan of care. For example, if a patient is referred for evaluation and treatment and an athletic trainer performs the initial evaluation, the patient is under athletic training care and guidelines. If the patient is initially seen by a physical therapist, the patient would be a physical therapy patient and fall under their guidelines. The prescription by the referring medical practitioners must state that the referral is for athletic training. The physical therapist may

also refer the patient to the care of the athletic trainer for athletic training services. However, the physical therapist may still continue with the patient under a separate physical therapy plan of care. If the patient is receiving services pursuant to an athletic training referral, the athletic trainer functions independently and does not need supervision or co-signature by the physical therapist and the services should be represented as athletic training. When a patient is seen in a multidisciplinary facility, the professional who performs the initial evaluation must oversee that patient's care. If the athletic trainer is providing services pursuant to a physical therapy plan of care, rule 4755-27-01 (C) of the Ohio Administrative Code applies. This rule 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, licensed athletic trainers are considered other licensed personnel. 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. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, "Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel's professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient's overall needs and medical status." The patient contact by the delegating physical therapist or supervising physical therapist assistant may be to provide portions of treatment or to assess the patient's progress within the existing plan of care. When needed, only the physical therapist may make adjustments to the plan of care. **Your second question** relates to payer policies and not the Athletic Training and Physical Therapy Practice Acts. The Physical Therapy section recommends that you refer to Medicare rules or other payer policies about reimbursement for treatment by other licensed personnel since some insurers do not cover 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. Other than 97001 and 97002 (Physical Therapy Evaluation and Re-Evaluation), CPT codes are not specific to physical therapy. The codes are developed by the American Medical Association and cover any health care professional providing physical medicine and rehabilitation services. Nothing in the Ohio Athletic Training Practice Act prevents athletic trainers from billing for services. However, employers may restrict your practice due to billing or other protocol issues. The Athletic Trainers Section suggests you contact the Ohio Athletic Trainers Association or the National Athletic Trainers Association or refer to CPT codes listed under physical medicine. **In response to your third question**, the Physical Therapy Section does not dictate the format of clinical notes. As long as the documentation by other licensed personnel is restricted to an accounting of the activities provided, descriptions of those activities and the patient's comments 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. The rule limiting the documentation by other licensed personnel to "an accounting of the activities provided" is intended to include patient comments during those activities and a description of the patient's response or ability/inability to perform specific components of the program. However, any assessment of a patient's progress must be documented by the physical therapist or physical therapist assistant, and prognosis or plan revision must be documented by the physical therapist. The signature of other licensed personnel may reflect their training or credentials, but must be countersigned by the supervising physical therapist. The countersignature must indicate that the supervising physical therapist reviewed the written note. Only a hand written or electronic signature is acceptable. If the patient is referred to the athletic trainer for athletic training services, the athletic trainer functions independently pursuant to the athletic training plan of care and does not need documentation co-signed by the physical therapist.

JB6. Scott Ritchey, PT: Mr. Ritchey asked the Occupational and Physical Therapy Sections questions regarding whether occupational therapy assistants and physical therapist assistants document patient progress toward therapy goals. **Reply:** It is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial treatment/intervention plan and goals are established, the occupational therapy assistant may update short-term goals in collaboration with the occupational therapist. Please review rule 4755-7-02 of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. The occupational therapy assistant can gather objective information and report observations, with or without the client and/or occupational therapist present. It is the responsibility of the occupational therapist to interpret the data gathered by the occupational therapy assistant and collaborate with the occupational therapy assistant to make recommendations. Any collaboration between the occupational therapist and occupational therapy assistant must be reflected in client documentation. In accordance with rule 4755-7-04 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Occupational Therapy Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. The physical therapist assistant may assess responses to treatments rendered and make statements about progress toward goals as outlined in the plan of care and document this in the assessment portion of the daily or progress note in the medical record. The physical therapist assistant cannot establish goals or perform physical therapy assessment. Goal modifications may be performed only by a physical therapist and the documentation must clearly reflect the physical therapist's revision(s). 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

None

New Business

Public Rules Hearing

The Section held a public rules hearing from 10:17 am to 10:22 am.

Review and Vote to file New Rule 4755-23-17

The Section reviewed rule 4755-23-17. **Action:** Lynn Busdeker moved that the Physical Therapy Section file rule 4755-23-17. James Lee seconded the motion. The motion carried.

Review Other Jurisdictions Regulations regarding the Use of Credentials when Conducting Health/Wellness Programs

The Executive Director will obtain additional information from other jurisdictions on the use of credentials when conducting health/wellness programs. In particular the Section would like to know what are the state's expectations for the use of physical therapists' and physical therapist assistants' credentials when conducting these services and whether the physical therapy practitioners are limited on the use of the practitioner's credentials if the practitioners is not holding out services as physical therapy.

Review Other Jurisdictions Regulations regarding Offering Incentives for Referrals

The Executive Director will research other jurisdictions regulations pertaining to advertising for review at the next Section meeting.

Open Forum

None

Ohio Physical Therapy Association (OPTA) Report

Halle Runion informed the Board that the OPTA CE committee reviewed the policy and procedures. The revised policy and procedures will be forwarded to the Section for review. Ms. Runion further reported that the direct access video was posted. Ms. Runion also reported that Lt. Governor Mary Taylor will be the speaker at OPTA Advocacy Day. Carolyn Towner gave a brief legislative report.

Federation of State Boards for Physical Therapy (FSBPT) Report

Ronald Kleinman and Chad Miller will attend the 2014 FSBPT Jurisdiction Board Member & Administrator Training scheduled for June 6-8, 2014.

Items for Next Meeting

- Review Other Jurisdictions’ Regulations regarding the Use of Credentials when Conducting Health/Wellness Programs
- Review Other Jurisdictions’ Regulations regarding Offering Incentives for Referrals
- Other Boards’ Rules on Advertising
- Rules Hearing

Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, July 10, 2014.

Adjournment

James Lee moved that the meeting be adjourned. Lynn Busdeker seconded the motion. The motion carried. The meeting adjourned at 2:00 p.m.

Respectfully submitted,
Diane Moore

Ronald Kleinman, PT, Chair
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

ABSENT

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