

Ohio Physical Therapy Section Information Access



77 South High Street, 16th Floor, Columbus, Ohio 43215

FALL 2010

Note From the Physical Therapy Section Chair

My service to the PT section of the Board began rather innocently in 2005 with an answering machine message from then Governor Taft's office asking if I could attend a meeting in Columbus in September. Of course one does not ignore a call from the Governor's office, so I called back and consented to serve on the Board. The rest, as they say, is history.

Over the years I have worn many hats and have served in many professional association capacities. I can honestly say serving the citizens of Ohio in a public protection capacity is uniquely different than any other role. It is genuinely satisfying and sometimes frustrating to ensure that the best therapy is being provided, while allowing as much latitude and interpretation of laws and rules so not to stifle the creativity that is inherently part of our profession.

Since my election as chair, our Board has evolved into a very dynamic and diverse group of therapists and a public member. We are actively moving in a direction of providing more information and education to the public and licensees, along with the enforcement and disciplinary role which we must assume.

Your Board is working to clarify rules and moving

towards a continuing competence model for continuing education (I serve as chair of the Continuing Competence Committee for the Federation of State Boards of Physical Therapy). The Board also implemented the online renewal process and established a listserv and FAQ section on the website to better communicate with licensees and other interested parties. All this has been done while downsizing the office staff and reducing the number of meetings due to state budget cuts.

As my term as Section Chair ends, I can assure you that we are listening to licensees and addressing public protection issues with a broad perspective of practice experience. I am proud to serve with this group of individuals. You have very dedicated staff and Board members.

If you have not thought about it, please consider serving on the Board. *(For addt'l info see page 7.)*

"We make a living by what we get; we make a life by what we give."

-Winston Churchill

-Ray Bilecky, PT, Chair



Updating Your Contact Information Online

Did you know that you can use your userID and password to change your contact information with the Board?

Log on today to update your address, contact phone number, and/or employer information. If you have misplaced your userID and password, please contact the Board via email at board@otptat.ohio.gov to obtain your login information.

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PT Giving a Helping Hand in Haiti

My best friend from Regis University called me one Saturday and said come to Haiti with me. She said she was going on a medical mission to Haiti with two physician assistants and wanted a fellow physical therapist to be there as well. I told her she was crazy, but by the end of the day on Sunday I was looking up flights and immunizations.

So what can a physical therapist expect to encounter in Haiti?

Anything and everything you can and can't imagine. I had heard that there were 12,000 people with amputations from the earthquake, so I had expected to work primarily with amputees. However, after I arrived I participated in every area of practice including wound care, pediatrics, ICU, emergency room, neuro, orthopedics, and post-amputation at the county hospital, General Hospital, in Port-au-Prince.

Working in Haiti brought the definition of Direct Access to a whole new level. The hospital was actually a group of filthy tents without running water and sometimes even without electricity. Within a day of working there, I was ordering x-rays to rule out possible fractures and doing triage in the emergency room. I treated a patient with CHF next to a bed where a deceased patient lay for several hours. I also worked with Woodson, a 15 year old boy who had lost his mother and two brothers in the 67 seconds of the earthquake and still was able to smile and participate in therapy.

I arrived three months after the earthquake, and I found the amputees had been fortunate to receive excellent care from the Haitian physical therapists and their staff. I was able to connect medical officials at the hospital with a contact from Hangar so that the hospital could transport amputees to a clinic to get fitted for custom prosthetics for free, including weeks of therapy.



What I did not see on my trip was proper documentation or supplies. Remember the old saying, if you don't document, it didn't happen? At General Hospital, documentation usually was one sheet of 8.5 by 11 paper that comprised the entire "chart," which was hopefully documented by each medical person who had seen the patient, but sometimes not. Each patient either had the crumpled, torn notes tucked under their pillow, taped to the wall behind them, or guarded by family members. Complicating matters further, because the

native language is a mix of Creole French, we needed to use translators to facilitate all of our communication.

As for supplies? Thank goodness in our profession most of the treatments just need the touch of our hands and the application of our minds. Supplies were either in short supply or in overabundance. There was a room full of crutches - but no wheelchairs or walkers, there were boxes and boxes of post surgery boots but no Thera-Bands or weights.

In the end, I am proud of our health care profession. I realized that we can make a difference in many areas, and for many groups of people in Haiti. For the complete story about my experience at Haiti, as well as my four day struggle to get a wheelchair for a severe stroke patient and our dealings with Sean Penn and Michelle Obama, go to: PAmomsinHaiti.blogspot.org.

Want to volunteer? University of Miami has made the commitment to organize a continual stream of therapists to the University of Miami Hospital in Haiti by the airport at Port-au-Prince. A second option to volunteer is through www.crudem.org, which runs the Hospital Sacre Coeur in Milot, and the contact is Bill Guyol at billguyol@me.com. Volunteer. You can do it. You will be glad you did.

-By Kimberly Payne, PT, MSPT

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Physical Therapists' Role in Wound Care

It is the position of the Physical Therapy Section that physical therapy includes wound and burn care with physical agents (whirlpool, pulsatile lavage, electrical stimulation, and other modalities), appropriate dressing, and administration of topical drugs. Physical therapy also includes sharp wound debridement, providing the physical therapist has been trained in the procedure. The physical therapist may delegate a component of this care to a physical therapist assistant provided that both the physical therapist and the physical therapist assistant have demonstrated competency in

these procedures. As references for specific activities included in wound care by physical therapists, the Physical Therapy Section recommends that individuals refer to section 4755.40(A) of the Ohio Revised Code regarding the use of physical agents and medications, and to the Federation of State Boards of Physical Therapy at www.fsbpt.org regarding the Practice Analysis that determines content of the National Physical Therapy Exam (NPTE). Activities performed by entry-level physical therapists include the use of physical agents, as well as the following "Procedural Interventions: Integumentary

Repair & Protection Techniques:

- Perform debridement (e.g., nonselective, enzymatic or autolytic, or sharp);
- Apply topical agents (e.g., cleansers, creams, moisturizers, ointments, sealants) and dressings (e.g., hydrogels, vacuum-assisted closure, wound coverings); and
- Recommend topical agents (e.g., pharmacological to physician, over-the-counter to patient)."

Individuals may also consult the *Guide to Physical Therapist Practice*, which describes the practice of physical therapy for integumentary impairments. This Guide is available online at www.apta.org for members of the APTA.

Can a Physical Therapy Prescription/Referral Expire?

There is nothing in the Ohio Physical Therapy Practice Act that dictates how frequently a referral for physical therapy should be renewed or length of time that a referral is valid.

If you have a case or patient where a referral is required, the Physical Therapy Section recommends that, at a minimum, referrals be renewed annually. The Section recognizes that third party payers may require physical therapists to follow more specific requirements.

If the PT has evaluated the patient and is sending the physician plans of care for review and signature, these can be considered a new referral each time the plan of care is signed.

If the patient brings in a referral that does not have a current date or there is a significant time lapse between the date the referral was written and the date the patient brings it in, it is the therapist's decision to accept the referral or request a current referral from the physician.

If a PT has a case that is under direct access, the PT is not required to practice pursuant to a referral.

For School-Based Practice: Since 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 physical therapy records.



Elimination of Pocket Identification Card

Effective May 1, 2010, the Board no longer issues pocket identification cards.

As stated in rule 4755-23-05 (C) of the Ohio Administrative Code, verification of current licensure can be obtained from the Ohio e-license center verification page (<https://license.ohio.gov/lookup>).

Don't Put Your PT/PTA License At RISK !

Based on letters received by and cases filed with the PT Section of the Ohio OT/PT/AT Board, many physical therapists have questions about the scope of their responsibility for the care of patients they evaluate, and many physical therapist assistants have asked for clarification on their responsibility in assuring that appropriate supervision is provided. Policies set by facility administrators, even if those administrators are physical therapists, don't absolve the individual evaluating therapist of his/her accountability for supervising patient care unless that care has been transferred to another physical therapist (responsibility cannot be transferred to a physical therapist assistant). Even if "just a weekend or prn therapist," as some describe themselves, the PT must assure that care of patients evaluated is transferred to another therapist if the evaluating PT is unable to oversee that care personally.

Test your compliance with Ohio laws and rules by asking the following questions:

Physical therapists: If you were to appear before the PT Section, would you be able to describe the care given, patient responses, change in status, and outcomes for each patient you've evaluated and not transferred to another therapist? Do you assure that all PTA notes are cosigned and when you co-sign a PTA note, are you prepared to take responsibility for the content of the note?

Physical therapist assistants: Can you assure that the supervising

physical therapist performs initial evaluations and development of care plans, patient reassessment, co-signing all PTA documentation, and discharge evaluations?

While there is nothing in the Ohio Physical Therapy Practice Act to give specific numbers for productivity standards, caseloads, maximum number of patients/clients per practitioner, or maximum number of physical therapist assistants that one therapist can supervise, the Section would like to provide you with licensure requirements that you can share with employers when addressing issues of minimal standards for patient care. 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. A supervising physical therapist is expected to be able to explain and support the plan of care and services provided to each patient for whom that therapist is responsible.

Acute Care, Skilled Nursing, and Home Care Physical Therapy:

If, on an ongoing basis, you are unable to meet the following minimal standards in your patient care, the Physical Therapy Section would expect you to pursue changes in the work environment since you, as the licensee, are responsible for providing safe patient care:

- Effective supervision of physical therapist assistants, other licensed personnel, or students, including co-signature for all documenta-

tion, to assure safe care of every patient.

- Assuring competence of staff in the components of patient care delegated to that staff.
 - Documentation of patient progress or lack thereof and appropriate revisions of the plan of care.
 - Active involvement of the physical therapist in the discharge decision-making, including completion of the final discharge summary after discharge.
- Physical therapy practitioners are also expected to comply with Medicare or payer definitions in coding, e.g. in defining care as individual, concurrent, or group treatment. The therapist should have authority to determine treatment intensity/duration to meet clinical needs, rather than having intensity dictated solely to maximize reimbursement.

School-Based Physical Therapy:

Therapists working in schools must make the administrators aware that in addition to the students they serve directly, the evaluating/supervising physical therapist is ultimately responsible for all of the students/patients who are served by the assistants under his/her supervision. A physical therapist who provides direct care for 40 clients and supervises 4 or 5 assistants with the same number of clients would have a total caseload of 200 to 240. Therapists, assistants, and administrators must understand the full scope of the therapist's and therapist assistant's responsibilities to all students under their care and not set unrealistic case load expectations. In addition to

Don't Put Your PT/PTA License At RISK! (cont)

the specific number of students served, the Ohio Department of Education's Operating Standards also require that the severity of the disabilities, planning and supervision time, number of buildings served and distance between buildings must also be considered when determining an appropriate case load.

Sports and Outpatient Practices That Utilize Other Licensed Personnel:

In supervising other licensed personnel (e.g. athletic trainers), the PT Section expects the evaluating physical therapist or PT of record to ensure that supervision is adequate to meet the minimal requirements outlined in the Ohio Physical Therapy Practice Act. While "direct contact" with the patient by the treating PT/PTA is the minimal expectation with each visit, the Section expects that the therapist has considered the complexity of the patient, as well as the competence of the individual(s) providing delegated components of the plan of care. In any case, the therapist should be able to demonstrate and document that he/she is actively involved with each patient visit. In the event that a patient's condition changes, requiring modifica-

tion in the plan of care, the PT needs to be immediately available to assess the patient and to provide the appropriate revisions. While the Section cannot project a specific number of other licensed personnel and/or patients whose care may be supervised at one time, the Section would closely scrutinize environments where both the supervising therapist and other licensed personnel had full caseloads or where multiple other licensed personnel were being supervised simultaneously while the supervising therapist carried his/her own caseload.

Physical therapy practitioners are also expected to comply with contractual billing requirements. Third party payer policies and/or federal regulations may be more or less restrictive than the Ohio Physical Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.

All settings:

While any given employer or facility may reasonably establish work expectations, including productivity standards, the physical therapy practitioner must ensure that patient safety and compliance with laws and rules have the highest priority. If productivity expecta-

tations 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 call this to the attention of the employer and work to develop a solution (resolve the problem).

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. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments." Rule 4755-27-05(B)(5) further states that "A licensee shall adhere to the minimal standards of acceptable prevailing practice. Conduct may be considered unethical regardless of whether or not actual injury to a patient occurred."

Ohio Approval Numbers

Ohio Approval Numbers are required for most continuing education activities used to renew your Ohio physical therapist and physical therapist assistant license. To review a list of CE activities that do not require an Ohio Approval Number, refer to rule 4755-23-08 (G) of the Ohio Administrative Code.

To verify if a course is approved or to request approval for a CE activity, please contact the Ohio Physical Therapy Association at www.ohiopt.org.

IEP Is NOT the Plan of Care

The Ohio Physical Therapy Practice Act does not vary with practice setting. Rule 4755-27-03(C) of the Ohio Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that cannot be delegated to others. In school-based practice, physical therapy is considered a related service and, as defined in the Individuals with Disabilities Education Improvement Act of 2004, is to assist a child with a disability to benefit from special education. The focus of all related services including physical therapy is to support the child's educational goals.

The IEP is an education document and frequently physical therapy services are integrated into an educational goal written in consultation with the teacher and are not stand alone physical therapy goals and objectives. For example, the educational

goal may be that the student will move between his/her classroom and the resource room independently or with distant supervision. The short term objectives may include some behavioral objectives as well as an objective that the student will be independent on the stairs. The physical therapy plan of care would then include such specific goals and objectives to support this increased independence when traveling in the halls and on the stairs depending on the child's needs. Another example of an educational goal would be that the student will demonstrate increased independence in daily routines with a short term objective to go through the lunch line without assistance. Again the physical therapy plan of care would include goals and objectives to support this educational goal. There may also be an objective relating to the routines at the beginning and end

of the day. The physical therapy plan of care could then include objectives about stair climbing to support the student getting on and off the bus. These examples demonstrate that the goals and objectives on the physical therapy plan of care should be quite different from the educational goals they support on the IEP.

The physical therapy plan of care is also to include physical therapy interventions to be implemented such as strengthening activities, balance activities or coordination activities. In instances when a physical therapist assistant will be providing services, the plan of care must also indicate the portion of the plan that is to be implemented by the assistant. Plans for follow up activities and training for teachers, education aide/attendant and parents should also be included in the plan of care.

Timeliness for Co-Signature of PTA Notes

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.

The physical therapist's co-signature should be entered into an electronic medical record prior to the time established by the facility to close the record to further entries.

2011 Physical Therapy Section Meeting Calendar



January 13
 March 10
 May 12
 July 14
 September 8
 November 10

All Section meetings are open to the public. Meetings are generally held on the 31st Floor of the Vern Riffe Center for Government and the Arts, at 77 South High Street, Columbus, Ohio 43215. Please contact the Board to verify the time and meeting room if you would like to attend. The schedule listed is tentative and subject to change.

Physical Therapy Board Members

Board Member	City	Term Expires*	Term [^]
Marilyn Mount, PT, Chair	Cleveland Heights	2013	2nd
Sam Coppoletti, PT, Secretary	Cincinnati	2012	2nd
Raymond Bilecky, PT	Columbia Station	2011	2nd
Thomas Caldwell, PT	Galena	2011	2nd
Dale Deubler, PT	Columbus	2011	1st
Mary Kay Eastman, PT	Athens	2013	2nd
Karen Holtgreffe, PT	Cincinnati	2012	1st
James Lee, PT	Wadsworth	2012	1st
Kimberly Payne, PT	Columbus	2011	1st

*All terms expire on August 27 of the designated year.

[^]Pursuant to ORC 4755.01, Board members shall not serve for more than three (3) consecutive terms.

Board Member Appointments

Have you ever wondered what goes on during a Physical Therapy Section meeting? Do you ever think that you might be able to contribute to the profession of physical therapy by serving as a member of the regulatory board?

The Governor is responsible for appointing all members of the Board. Members are appointed for three year terms and may serve for up to three consecutive

terms. There are approximately seven meetings each year and members are reimbursed for their time and travel expenses.

To be eligible to serve on the Board, each applicant must hold a current Ohio physical therapist license and have been actively engaged in or associated with the practice of physical therapy in Ohio for at least five years immediately preceding the appointment.

If you are interested in submitting your name for consideration by the Governor, please download the application from the Boards and Commissions section of the Governor's website (<http://governor.ohio.gov>).

Licensee Census

As of October 21, 2010

7503	Physical Therapists
5869	Physical Therapist Assistants
4603	Occupational Therapists
3055	Occupational Therapy Assistants
1882	Athletic Trainers

How are we
Doing?



Disciplinary Actions

Disciplinary Actions are posted on the Board website after each Section meeting. The disciplinary action posting includes the Practitioner name, License Number, Sanction, Basis for Action, and Discipline Date. To view the public records related to the disciplinary action, use the License Lookup/Verification link in the Information menu. The public record is provided in PDF format.

Searching for Expert Witnesses

The Physical Therapy Section is seeking to establish a pool of expert witnesses/and or peer reviewers. We invite all interested licensees to apply by sending their resume/curriculum vitae, specifying their specialization, years of practice, educational background, any previous experience testifying, and their willingness to function as an expert. Report writing and testifying (public speaking) are all necessary skills. The availability to take on these tasks when the need arises is also a consideration.

The Section's goal is to have enough qualified licensees to enable us to create a "grid"

with expert witness options, organized by specialization. Any licensee accepted as an expert witness/peer reviewer will be notified by the Section. You would be required to enter into a personal service contract with the Board outlining the duties and responsibilities for the expert witness/peer reviewer position.

When an expert is needed in that area of physical therapy practice, that individual would be contacted by the Board staff member and the materials to be reviewed will be sent to the expert with specific written instructions to be addressed. Experts are retained to conduct

independent review, summary, and analysis of various records and documents pertaining to an open case and, if necessary, provide a written report that will be reviewed by the Physical Therapy Enforcement Review Panel. Other services covered by the contract will include meeting with the counsel for the Board and testifying in an administrative hearing.

All interested parties may fax their qualifying information etc. to the Board at (614) 995-0816.

OTPTAT Board Contact Information

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