



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

*Physical Therapy Section
March 10 2011
9:30 a.m.*

Members Present

Raymond Bilecky
Sam Coppoletti, Secretary
Dale Deubler
Mary Kay Eastman
James Lee
Marilyn Mount, Chair
Kimberly Payne

Members Absent

Thomas Caldwell
Karen Holtgreffe

Public Member

Janenne Allen

Legal Counsel

Yvonne Tertel, Assistant Attorney General

Guests

Katie Rogers, OPTA
Ray Arreguin, Jr.
Megan Biehl
Tara Cain
Amber Coffman
Jamie Coulson
Stacey Gonya
Joe Jemson
Stephen Kramer
Chastity Lewis
Elizabeth Miller
Saundra Motter
Laura Petrus
Kana Sekiguchi
Steve Takacs
Kathleen Tenley

Staff Present

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

Call to Order

The meeting was called to order by the Section Chair, Marilyn Mount, at 9:31 a.m.

The Physical Therapy Section welcomed the physical therapy students from Ohio University and the physical therapist assistant students from Clark State Community College.

Approval of Minutes

Action: Raymond Bilecky moved that the January 13, 2011 meeting minutes be approved as submitted. James Lee seconded the motion. The motion carried.

Executive Committee Report

Raymond Bilecky gave a brief overview of the topics to be discussed on the Joint Board agenda later today.

Section Report for Joint Board Meeting

The Section briefly discussed items to include in the Section report for the Joint Board meeting scheduled for later today.

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

Marilyn Mount called the roll:

Roll Call

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

The section went into executive session at 9:46 am and came out at 9:54 am. There was no action taken.

Administrative Reports

Licensure Applications

Action: Dale Deubler moved that the Physical Therapy Section ratify, as submitted, the individuals approved by the Occupational Therapy, Physical Therapy, and Athletic Trainers Board to sit for the National Physical Therapy Examination for physical therapists and physical therapist assistants from January 13, 2011 through March 10, 2011, taking into account those individuals subject to discipline, surrender, or non-renewal. Ms. Deubler further moved that the following persons be licensed as physical therapists/physical therapist assistants pending passage of the National Physical Therapy Examination and Ohio laws and rules examination. James Lee seconded the motion. The motion carried.

Physical Therapist – Examination

Bacon, Michelle	Booth, Joseph	Chokshi, Prachi
Doerschuk, Cara	Faro, Brittny	Gioia, Scott
Hippler, Michele	Keller, Shira	Lee, Jennifer
Nelson, Debra	Oliveira, Juliana	Plescica, Anthony
Salvatori, Paul	Shultz, Matthew	Tomlan, Kristina
Toppin, Veronica	Trouten, Elizabeth	Walter, Alysha

Physical Therapist Assistant – Examination

Blum, Dana	Bock, Eric	Brdek, Nita
Cochran, Jason	Combs, Cynthia	Cooke, Marina
Cooper, Anya	Cuccia, Emily	Dasher, Stephanie
Douglas, Martin	Dull, Grace	Dunfee, Michael
Eckrote, Donald	Gonzalez, Judith	Gramza, Peter
Greenlese, Joy	Harmon, Kelci	Hudak, Christine
Kinnunen, Amy	Laws, Kathleen	Mason, Renee
Moore, Melissa	Muddle, Stephen	Neumann, Amanda
Ohms, Abby	Parker, Alyssa	Penniman, Andrea
Riffe, Brian	Romig, Nicole	Simonik, Amber
Skinner, Christene	Suttler, Michele	Zenz, Sarah
Zidonis, Linda		

Action: Dale Deubler moved that the Physical Therapy Section ratify, as submitted, the physical therapist and physical therapist assistant licenses issued by endorsement and reinstatement by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from January 13, 2011 through March 10, 2011, taking into account those licenses subject to discipline, surrender, or non-renewal. Kimberly Payne seconded the motion. The motion carried.

Physical Therapist – Endorsement

Alba, Rex	Anderson, Linda	Beckett, Lindsay
Brown, Dawn	Crabtree, Ilene	Graessle, Matthew
Hooks, Todd	Horton, Bethany	Jackson, Raven
Jadeja, Anandkumar	Kovalcik, Renee	Lim, Hazel

Michels, Michelle
Razavi, Jessica

Moore, Deborah
Serra, Craig

Pussel, Ross
Thoroughman, Amy

Physical Therapist Assistant – Endorsement

Denslinger, Laura
Patty, Leann

McQuade, Dana

Page, Rachelle

Physical Therapist Reinstatement

Krusing, Maryclare

Physical Therapist Assistant Reinstatement

Bedard, Virginia
Koelling, Alyssa
McEndree, Julie
Rutledge, Elizabeth
Steigerwald, Michael

Coffman, Scott
Lachance, Sol
Park, James
Sfara, Louis
Vonderhaar, Sarah

Jones, Regina
Martin, Katherine
Plitt, Mary-Ann
Sparks, Joshua

Testing Accommodations Requests

Dale Deubler recommended that the Section grant the testing accommodation for the National Physical Therapy Examination for physical therapist examination application file #4985589 based on the documentation provided. **Action:** Raymond Bilecky moved that the Section grant the testing accommodation for the National Physical Therapy Examination for physical therapist examination file #4985589 based on the documentation provided. Sam Coppoletti seconded the motion. Dale Deubler abstained from voting. The motion carried. The Section granted the testing accommodation request for Katie Young.

Continuing Education Approval Request

Kimberly Payne recommended that the continuing education approval request for file # 301011-1 be submitted to the OPTA for review and consideration based on the information provided. **Action:** Raymond Bilecky moved that the Section deny the request for continuing education approval for file #301011-1. Mr. Bilecky further moved that the applicant contact the course provider to see if the dates in question could be added to the existing Ohio Approval Number for the course in question. Dale Deubler seconded the motion. Kimberly Payne abstained from voting. The motion carried.

Assistant Attorney General's Report

Yvonne Tertel, AAG, recommend that the Section go into executive session to discuss pending and imminent court actions.

Action: Dale Deubler moved to go into executive session to discuss pending and imminent court actions. Mary Kay Eastman seconded the motion.

Marilyn Mount called the roll:

Roll Call

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

The Section went into executive session at 12:29 pm am and came out at 12:46 pm. The Section requested that the Assistant Attorney General and Board staff stay in the room. There was no action taken.

Case Review Liaison Report

James Lee reported that the Enforcement Division closed five and opened nineteen new cases since the January 13, 2011 meeting. There are thirty-one cases currently open. There are twelve disciplinary consent agreements, two adjudication orders, and one non-disciplinary agreement being monitored.

James Lee informed the Section that Margaret Drewyor, Milan Pokorny, Rue Ann Cain, and Jennifer Bizailon complied with all terms and conditions and were released from their disciplinary consent agreements.

James Lee informed the Section that in light of Governor Kasich's Executive Order 2011-01K, changes were made to the disciplinary guidelines. The Section will discuss the changes at the Section retreat in April 2011.

Enforcement Actions

James Lee recommended that the Section accept the consent agreement for case PT-FY11-020 in lieu of going to a hearing. **Action:** Dale Deubler moved that the consent agreement for case PT-FY11-020 be accepted in lieu of going to a hearing. Sam Coppoletti seconded the motion. James Lee abstained from voting. Kimberly Payne voted no. The motion carried. The Section accepted the consent agreement for James Tolin, PTA.

Correspondence

- Joy Tubbs:** Ms. Tubbs asked the Section questions regarding Section 6 of the IEP and the definition of "accessing the curriculum and if it is legal for an administrator to alter PT information and objectives on the IEP without consulting the PT or the IEP team. **Reply:** In order to provide some guidance regarding your questions, the Physical Therapy Section's standard response in this arena is stated below. Please be aware that an official response to your specific question requires action by the full Physical Therapy Section, meeting on March 10, 2011. The Section will notify of the final decision following this meeting. Your questions relate primarily to Ohio Department of Education Operating Standards but do have implications for the laws and rules that govern the practice of physical therapy. The IEP is an Ohio Department of Education approved document that delineates the student's educational needs, present levels of performance, goals and objectives/benchmarks. The Ohio Physical Therapy Practice Act does not vary with practice setting. Rule 4755-27-03(C) of the Ohio Administrative Code states, in part, that the physical therapist shall perform personally the following activities, which may not be delegated, regardless of the setting in which the service is given: Interpretation of referrals; Initial patient evaluation; Initial and ongoing treatment planning; Periodic re-evaluation of the patient; Adjustment of the treatment plan; Identifying channels of communication; Assessing the competence of physical therapist assistants or other licensed personnel; and Discharge evaluations and follow-up plans of care. Therefore, any information in the present level of performance that is derived from a physical therapy evaluation or re-evaluation is the responsibility of the physical therapist and cannot be taken on or altered by others. Section 3301-51-07 of the Ohio Department of Education Operating Standards does require that the IEP be based in part on the initial or most recent evaluation of the child. The term "accessing the general curriculum" is a term defined by education regulations including the Individuals with Disabilities Improvement Act (IDEIA) and is not defined within the laws and rules that govern the practice of physical therapy. This term is generally applied to school age children while services for preschool students are based on development of skills including gross motor skills such as those you mention. You may also wish to go to EdResources website (www.edresourcesohio.org) for information and forms related to the IEP and school services. You may also contact the Ohio Department of Education, Office for Exceptional Children at: (614) 466-2650 or toll free (877) 644-6338 to for further information in relation to your questions. ***In response to your second correspondence regarding whether is it legal for an administrator to alter physical therapy information and objectives on the IEP without consulting the physical therapist or the IEP team.*** **Reply:** The Ohio Physical Therapy Practice Act does not vary with practice setting. Rule 4755-27-03(C) of the Ohio Administrative Code states, in part, that the physical therapist shall perform personally the following activities, which may not be delegated, regardless of the setting in which the service is given: Interpretation of referrals; Initial patient evaluation; Initial and ongoing treatment planning; Periodic re-evaluation of the patient; Adjustment of the treatment plan; Identifying channels of communication; Assessing the competence of physical therapist assistants or other licensed personnel; and Discharge evaluations and follow-up plans of care. Therefore, any information in the IEP that is represented in any manner as physical therapy documentation is the responsibility of the physical therapist and cannot be altered by others. Once this information is altered, it becomes the responsibility of that person and may not be represented as or

ascribed to physical therapy. However, the IEP is a document developed by the team and much of the information will be a summary of information derived from the professionals providing services for the student and as well as information provided by the parents. Information in the Present Level of Academic Achievement portion of Section 6 is not an evaluation. Typically information presented here should be directly related to the goal that follows and include measureable baseline data for the goal. It is not a review of the student's annual progress. Some additional information about how the student performs at school may be included in the Child's Profile of Section 3. More extensive information that would assist new or unfamiliar therapists should be documented in the physical therapy files, including the physical therapy plan of care. You may wish to review IEP Annotations that can be found on the EdResources Ohio website (www.edresourcesohio.org). While the IEP is an education document, when a district bills the Medicaid for Schools Program (MSP), the IEP is the plan of care for the purpose of billing MSP but it is not a physical therapy plan of care. As stated in rule 4755-27-03(C) of the Administrative Code, only a physical therapist may develop or adjust the treatment plan, which is the plan of care. Rule 5101:3-35-05(B)(2)(c)(i) of the Administrative Code describes the services provided by a physical therapist under MSP to include evaluation and re-evaluation to determine the current functioning of the eligible child and to identify appropriate therapeutic interventions to address the findings. You may wish to check with the Ohio Medicaid for Schools Program to determine their requirements as they may be more restrictive than those of the physical therapy laws and rules. As noted above, the IEP is a team document and signing the IEP on Section 13 of the IEP indicates attendance at the meeting but not necessarily agreement with the content of the document. The IEP can be changed at the meeting at the request of any of the team members to correct errors or add information. If any member of the IEP team does not agree with the final document, they may attach a statement indicating the area of disagreement. You should also understand that the IEP is an education document and does not meet the requirements for physical therapy documentation including the physical therapy plan of care. In addition to the EdResources Ohio website, you may also wish to contact the Ohio Department of Education, Office for Exceptional Children with your concerns at (614) 466-2650 or (877) 644-6338. Other resources for information related to school-based physical therapy practice are the Pediatrics Special Interest Group of the Ohio Chapter of the American Physical Therapy Association and Idea: Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Education Act, 2nd Edition by Irene R. McEwen.

2. **Leslie Woods:** Ms. Woods asked the Section if it is legal and valid for a prescription to state "prescription is valid for up to 90 days from the date ordered by the physician." **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that dictates the length of time that a referral is valid. There is also nothing that would prohibit the physician from limiting the duration of the referral. If a patient brings in a referral that has a significant time lapse between the date the referral was written and the date the patient presents it to your company, a current referral may be requested from the physician. You may also wish to refer to Medicare and other third party payer policies to determine their requirements. Their regulations may be more or less restrictive than the Ohio Physical Therapy Practice Act. In any situation, licensees should follow the more restrictive policies.
3. **Randy Moore:** Mr. Moore asked the Section if it is legal for physical therapists to use the facility's dexamethasone supply to treat a client under a physician order for iontophoresis with dexamethasone. **Reply:** The procedure you described in your letter is permissible under the Ohio Physical Therapy Practice Act. More information on this can be found on the Board's website by going to the Publications page under the Physical Therapy dropdown menu and reviewing the "Guidelines for the Use of Pharmaceuticals in Physical Therapy." Please review that document to see if it answers your questions. If you still have additional questions after reviewing the document, please contact the Board. The Limited Category 2 Permit is granted by the Ohio State Board of Pharmacy and not by the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board. You may, therefore, wish to contact the Ohio State Board of Pharmacy to further clarify any question about dispensing dexamethasone under the Limited Category 2 Permit.
4. **Stacey Smith:** Ms. Smith asked for the Section's position on physical therapy practitioners performing PT/INR with a protime monitor. **Reply:** There have been no changes in the position of the Physical Therapy Section in relation to therapists or assistants performing PT/INR tests. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a PT/INR with a protime monitor. Even though not part of the physical therapy plan of care, finger sticks may be performed as an

administrative task by any health care professional. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure. However, it is not within the scope of physical therapy practice to interpret the results or recommend medication changes based on the results of the test. The Physical Therapy Section recommends that your agency have in place a mechanism that ensures physician notification of the results when the physical therapist or assistant is performing this activity.

5. **Deborah Givens:** Dr. Givens asked the Section questions regarding the legality of permitting an internationally educated physical therapist to assist in a selected portion of a DPT curriculum during the same time the therapist is simultaneously enrolled in a Rehabilitation Sciences PhD program. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act prohibiting this individual from participating as a facilitator or lab assistant in a physical therapy program. However, this individual would not be qualified to be the instructor of record without approval by a designated member(s) of the Physical Therapy Section.
6. **Tracey Keel:** Ms. Keel asked the Section if physical therapist assistants can complete the assessment portion of weekly progress notes. **Reply:** It is the position of the Physical Therapy Section that a physical therapist assistant may document in any section of a progress note. 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 may document this in the assessment portion of the daily or weekly progress note in the medical record. However, only the physical therapist may interpret progress or lack thereof to make appropriate revisions in the plan of care.
7. **Nancy Mullins:** Ms. Mullins asked the Section if ultrasound imaging can be used in CPT practice. **Reply:** It is the position of the Physical Therapy Section that musculoskeletal ultrasound imaging is well established as a modality within the scope of physical therapy. Performance and interpretation of this imaging technique is consistent with the knowledge and skills of licensed physical therapists. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. While a physical therapist may use the results of ultrasound imaging to identify a focus for physical therapy treatment, as a means of biofeedback to the patient, or as an objective outcome measure to track the effectiveness of treatment, the imaging results would need to be referred to a physician for the establishment of a medical diagnosis.
8. **Maria Presutti-Boyd:** Ms. Presutti-Boyd asked the Section how often an evaluator is required to co-sign 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. 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.
9. **Todd Brockman:** Mr. Brockman asked the Section if all the forms of manual therapy can be performed by a physical therapist who has been trained in these procedures. **Reply:** Ohio law does not specifically refer to whether or not a physical therapist may utilize manual therapy techniques. It is the position of the Physical Therapy Section that manual therapy procedures are an integral part of the practice of physical therapy and may be used if the procedures are in the best interest of the patient and the therapist has training and demonstrated competence in the procedure. You may also wish to refer to third party payers to determine their policies for reimbursement of manual therapy by physical therapists. Their regulations may be more or less restrictive than the Ohio Physical Therapy Practice Act.
10. **Jennifer Weber:** Ms. Weber asked the Section how long a physical therapy prescription is valid. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that dictates the 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. When working under a physician referral, the physical therapist does need to stay within the parameters of the referral, including complying with the 90-day limit. The Section recognizes that third party payers may require physical therapists to follow more specific requirements. If you have evaluated the patient and are 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.

11. **Jerilyn Inmon:** Ms. Inmon asked the Section if physical therapists can include report time in the daily billable units for a patient's functional capacity evaluation (FCE). **Reply:** Your question about billing relates to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate third party payer to address your specific question. You may also get information from the Reimbursement Department of the Ohio chapter of the American Physical Therapy Association. It is the position of the Physical Therapy Section that any service should be billed under the most descriptive intervention and diagnostic codes available. The Code of Ethical Conduct for physical therapists and physical therapist assistants as defined in rule 4755-27-05(A)(3) of the Administrative Code states that a licensee shall only seek compensation that is reasonable for the physical therapy services delivered. A licensee shall never place the licensee's own financial interests above the welfare of the licensee's patients. A licensee, regardless of the practice setting, shall safeguard the public from unethical and unlawful business practices. 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. "L" should not be used in front of "PT" since no one may use the "PT" credential in Ohio without a valid license.
12. **Karen Felty:** Ms. Felty asked the Section if a physical therapist assistant who serves as a facility rehabilitation coordinator can sign a progress not if the individual does not use the credential "PTA." **Reply:** In the situation you describe, the individual would be functioning as an assistant facility rehabilitation coordinator who also happens to be a physical therapist assistant and there is nothing that would prohibit the individual from signing a team progress report in this capacity. However, if physical therapy progress is being reported or a physical therapy plan of care is being modified, a physical therapist must sign the document. The physical therapist assistant cannot sign in lieu of a physical therapist. It is the position of the Physical Therapy Section that a physical therapist assistant working in the administrative role you described would not be governed by the Ohio Physical Therapy Practice Act provided that the physical therapist assistant was not holding himself/herself out as a physical therapist assistant, and so long as the individual was not billing or being reimbursed for physical therapy services when serving in this administrative capacity. There is nothing in the Ohio Physical Therapy Practice Act prohibiting physical therapist assistants from administratively coordinating the provisions of services external to physical therapy plan of care. In providing services other than physical therapy, the physical therapist or physical therapist assistant must make it clear to the client or family that the therapist is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. The facility must also not represent this role as being more skilled due to additional education/credentials than required for that job description. You may also wish to note that your professional liability policy (if you have one) would not cover you while acting in any capacity other than as a licensed physical therapist or physical therapist assistant. The Section recommend that you check with the facility or corporation policies as they may be more restrictive than the Ohio Physical Therapy Practice Act.
13. **Anthony DiFilippo:** Dr. DiFilippo asked the Section if a physical therapist can make physical therapy diagnoses of their patients' disabilities. **Reply:** It is the position of the Physical Therapy Section that although physical therapists cannot make a medical diagnosis of a patient's disability, the evaluating physical therapist, following the completion of a physical therapy evaluation, may determine the reason that physical therapy is appropriate for the patient and assign a physical therapy diagnosis. This is not determining the medical condition that underlies the disability, but rather determining the disability or portion of the disability that physical therapy services will address.
14. **Kathy Jackson:** Ms. Jackson asked the Section if a physical therapist that is utilizing an unlicensed aide can treat and bill for clients at the same segmented time. **Reply:** Rule 4755-27-01 of the Administrative Code defines unlicensed personnel as any person who is on the job trained and supports the delivery of physical therapy services. Rule 4755-27-03 of the Administrative Code describes the routine duties that assist in the delivery of physical therapy care and operations that may be assigned to unlicensed personnel.

The rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient’s gait pattern. It is NOT intended that unlicensed personnel provide a component of physical therapy treatment to patient A while the physical therapist or physical therapist assistant treats patient B or performs other activities, e.g. documentation. If the situation you describe is a group treatment with the unlicensed aide assisting the therapist, the aide would be considered to be functioning as a second pair of hands and this is permissible under rule 4755-27-01. It is the position of the Physical Therapy Section that any service is to be billed under the most descriptive intervention and diagnostic codes available. Therefore, two patients may not be billed under a treatment code that requires one-on-one service for the same segment of time. Your questions about billing for physical therapy relate to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate third party payers to determine their policies on paying for group services. You may also wish to consult the Reimbursement Department of the Ohio Chapter of the American Physical Therapy Association.

15. **Robert Edingfield:** Mr. Edingfield asked if a physical therapist assistant can perform the Berg Balance test if it was not initially performed on the evaluation. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist assistant from completing a weekly Berg Balance Test. The physical therapist assistant cannot, however, interpret the results, as this is the sole responsibility of the physical therapist. A physical therapist assistant must produce evidence of appropriate training and demonstrate knowledge and competency in administering the Berg Balance test or any other procedure, treatment or service that the supervising physical therapist assigns to the physical therapist assistant. The supervising therapist must also be able to demonstrate competency in any procedure or service that is delegated to the physical therapist assistant. However, performing the Berg Balance Test is not a goal but may be used as a tool to assess progress. Performing the test may be delegated to the physical therapist assistant as part of the physical therapy plan of care to perform for patients that the therapist has determined to be safe to attempt the test.

OT/PT Joint Correspondence

- JB1. **Jose Sanchez:** Ms. Sanchez asked whether individuals holding dual licensure as an occupational therapist and physical therapist can work in both positions for one employer. **Reply:** It is the position of the Occupational Therapy Section that there is no law or rule prohibiting an individual from working as both an occupational therapy assistant and a physical therapist assistant for one employer. The individual would be required to document very clearly that the appropriate plan of care was being followed when working under either license. The occupational therapy assistant may only practice pursuant to the occupational therapy plan of care, and the physical therapist assistant may only practice pursuant to the physical therapy plan of care. In addition, the person would be required to inform patients and other practitioners at each encounter which role was being filled. While there is nothing in the Ohio Practice Act that prohibits a physical therapist or physical therapist assistant from working under both licenses for an employer, when providing services other than physical therapy, the physical therapist or physical therapist assistant must make it clear to the client or family that the therapist is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. The facility must also not represent this role as being more skilled due to additional education/credentials than required for that job description. You may also wish to note that your professional liability policy (if you have one) would not cover you while acting in any capacity other than as a licensed physical therapist or physical therapist assistant.

- JB2. **Todd Lewarchick:** Mr. Lewarchick asked if it is mandatory to have short term goals in occupational and physical therapy documentation. **Reply:** While the Ohio Occupational Therapy Practice Act is not specific about the components of documentation, it is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the AOTA Guidelines for Documentation of Occupational Therapy (*AJOT November/December 2008*) when determining documentation of occupational therapy in any setting. There is nothing in the laws and rules that govern the practice of physical therapy in Ohio that requires short-term goals/objectives for each goal as a part of the plan of care. However, to meet best practice standards the plan of care must include measurable objectives for expected patient/client outcomes.

You may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer 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.

JB3. Susan DeCelle: Ms.DeCelle asked whether it is legal for occupational and physical therapists to perform PROM and not bill for the service if the client has been determined to be inappropriate for therapy by the evaluating therapist. **Reply:** It is the position of the Physical Therapy Section that there is nothing in the laws and rules that govern the practice of physical therapy in Ohio that prohibits a physical therapist or physical therapist from providing PROM when the evaluating therapist has determined that physical therapy services are not warranted for the patient. However, the service cannot be represented as physical therapy. Providing and representing PROM as physical therapy services in this situation would be a violation of the Code of Ethical Conduct for physical therapists as established in rule 4755-27-05(A)(8) of the Ohio Administrative Code, which requires a physical therapist to protect the public from overutilization of physical therapy services. The Code of Ethical Conduct for physical therapists also states in rule 4755-27-05 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 places the licensee in a position of compromise with this code of ethical conduct. This rule goes on to state that a licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the patient. Effective May 1, 2011, the Code of Ethical Conduct for occupational therapy licensees, established in rule 4755-7-08(C) of the Ohio Administrative Code, will state in part that licensees shall demonstrate concern for the well-being of the client and shall respect the rights and dignity of all clients. (1)(b) A licensee shall not provide treatment interventions that are not warranted by the client's condition or continuing treatment beyond the point of reasonable benefit to the client. (13) A licensee shall advocate for clients to obtain needed services through available means. (17)(b) A licensee shall be guided by concern for the physical, psychosocial, and socioeconomic welfare of clients. (16) A licensee shall safeguard the public from underutilization or overutilization of occupational therapy services. In addition, rule 4755-7-08(B)(2) of the Ohio Administrative Code, will state on May 1, 2011 that an occupational therapy assistant shall not provide occupational therapy services without a supervising occupational therapist. The Section recommends that you consult with your nursing leadership to assess the option of developing a functional maintenance program for passive range of motion that does not need to be provided by an occupational therapist, occupational therapy assistant or other skilled provider. Education and training may be part of the occupational therapy discharge plan. The Ohio Occupational Therapy Association's member support services may be able to assist you with many of your questions regarding your concern. You can contact the Ohio Occupational Therapy Association at www.oota.org.

Old Business

Retreat Planning

The Executive Director reported that the retreat will be held at the Grange Insurance Audubon Center, which is located at 505 W Whittier St, Columbus, OH 43215, on April 19, 2011. The retreat will be held from 9:00 am to 4:00 pm. Marilyn Mount gave an overview of the retreat topics and assignments which are: Update on fixed-date testing from FSBPT (Jeffrey Rosa); IEP not same as PT plan of care, ODE caseload language updates, Educational Service Centers' use of assistants or students (Mary Kay Eastman); Governor's request for compliance rather than punishment – change in PT Section discipline, e.g. if late in renewing license (Thomas Caldwell and James Lee); Proposed rules changes for 2012, e.g. requiring individual PT to verify current licensure by any support personnel as PTA, ATC, LMT, and specific numeric details for CEU's granted to clinical instructors or mentors (Marilyn Mount and Jeffrey Rosa); Qualifications for management of sports concussions in Ohio (Thomas Caldwell); Legislative changes for Joint Board, traveling physical therapists, licensure in emergency situations, and concept of restricted licenses (Jeffrey Rosa); Continuing competence, mandating continuing education in ethics, ProBE-PT (Kimberly Payne); Reconsideration of request for CEU approval for course taken in Missouri one month before approval date in Ohio (Marilyn Mount, Raymond Bilecky, and Kimberly Payne); Blast emails to be sent to list serve, e.g. re fixed-date testing, CEU's granted for CI or mentor (Marilyn Mount and Jeffrey Rosa); and Mark Lane's 10 potential trends for increased need for PT (Raymond Bilecky).

Standard Responses/FAQs for Clinical Instructor/Mentor Continuing Education

The Executive Director will forward the drafts of the frequently asked question to members prior to posting them on the Board website.

New Business

Calculation of CE Credit for Academic Coursework

The Section reviewed the Ohio Physical Therapy Associations: calculation for determining continuing education contact hours for academic coursework. A course is awarded 15 contact hours for each semester credit and 10 contact hours for each quarter credit.

CCAOM Position Paper on Dry Needling

The Section reviewed the CCAOM position paper on dry needling. The Section noted that the Federation of State Board for Physical Therapy (FSBPT) also has a position paper on dry needling. The FSBPT document is available on the FSBPT members-only website.

School-Based practice Position Paper

The Section reviewed the position paper on *Determination of Appropriate Caseload for School-Based Physical Therapist* and accepted the draft as submitted. The Occupational Therapy Section is working on a similar position paper.

Rules Scheduled for Five Year Review in 2012

Chapter 4755-21 is scheduled for Five Year Review in 2012. The Section did not recommend any changes.

Licensure Issues Associated with Participants in APTA Credential Residencies and Fellowships

Under the current Physical Therapy Practice Act, individuals enrolled in an APTA residency/fellowship program do not fall under the licensure exemption under section 4755.48(F) of the Ohio Revised Code. This statute only applies to individuals pursuing an entry-level physical therapy degree. The Section is in favor of exploring other licensure options for utilizing a restrictive license. The Executive Director will check with FSBPT to see if they have additional information regarding restricted license.

Ohio Physical Therapy Association (OPTA) Report

Katie Rogers gave a brief legislative report. Ms. Rogers extended the OPTA willingness to support the Board with issues related to school-based practice. Ms. Rogers also extended an invitation to the physical therapy students to participate in the upcoming OPTA Advocacy Day scheduled for May 17, 2011. Ms. Rogers informed the Section that OPTA is looking to provide training for therapists to discuss physical therapy issues with legislators prior to Advocacy Day. Sam Coppoletti will give the section report at the upcoming OPTA conference.

Federation of State Boards for Physical Therapy (FSBPT) Report

The Executive Director informed the Section that FSBPT is conducting regular maintenance on the Ohio Physical Therapy Jurisprudence Examination. FSBPT recommended that the Section modify the exam blueprint by decreasing two questions on the operations of the Board and adding two questions pertaining to the disciplinary process. The Executive Director informed the Section he reviewed and approved the proposed changes to the exam. The revised Ohio Physical Therapy Jurisprudence Examination is scheduled to go live on May 9, 2011. This will allow time for the revised Laws and Rules that go in to effect on May 1, 2011 to be posted on the Board website and be reviewed by jurisprudence examination candidates.

The FSBPT issued a newsflash stating that the Federation will implement fixed date testing for the National Physical Therapy Examination for physical therapist candidates effective July 1, 2011. The 2011 Fixed Exam Dates are September 7, October 26, and December 5. The fixed date testing does not impact physical therapist assistant NPTE examination candidates, or the Ohio Physical Therapy Jurisprudence Examination candidates.

The Executive Director informed the Section that FSBPT will block a sufficient number of seats through Prometric for the above listed fixed testing dates. The Executive Director pointed out that there are nine Prometric centers located in Ohio. There is some concern that an examination candidate may not be able to take the NPTE at their first pick of Prometric centers.

The Executive Director will forward the presentation slides from FSBPT regarding fixed date testing.

Items for Next Meeting

- Review FAQ Highlights
- Discussion on Restrictive Practice

Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, May 12, 2011. The Physical Therapy Section will also hold a strategic planning retreat on Tuesday, April 19, 2011.

Adjournment

Raymond Bilecky moved that the meeting be adjourned. James Lee seconded the motion. The motion carried. The meeting adjourned at 3:50 p.m.

Respectfully submitted,
Diane Moore

Marilyn Mount, PT, Chair
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

Sam Coppoletti, PT, Secretary
Ohio Occupational Therapy, Physical Therapy,
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SC:jmr:dm