Members Present
Raymond Bilecky
Lynn Busdeker
Thomas Caldwell
Karen Holtgrefe, Secretary
Ronald Kleinman, Chair
James Lee
Chad Miller
Trevor Vessels, Public Member

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

Guests
Victoria Gresh, OPTA
Nicole Scherry

Members Absent
Matthew Creed

Legal Counsel
Yvonne Tertel, Assistant Attorney General

Call to Order
Ronald Kleinman, Chair, called the meeting to order at 10:01 a.m.

Approval of Minutes
Action: Ronald Kleinman moved that the minutes from the May 15, 2014, meeting be approved as amended. Lynn Busdeker seconded the motion. The motion carried.

Executive Director’s Report
• The Executive Director informed that Section FY 2014 spending was very close to the appropriation authority amounts.
• The Executive Director informed the Section that 280 candidates sat for the NPTE PTA examination and reported that as of July 9th, there are 148 candidates registered to sit for upcoming NPTE PT examination.
• The Executive Director informed the Section that the legislature formed a study committee to establish guidelines on the appropriate education needed to return a student athlete with a suspected concussion to participation.

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

Discussion of Law and Rule Changes
There were no items discussed.

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 May 15, 2014 through July 10, 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.
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<tr>
<th>Physical Therapist – Examination</th>
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<td>Acenbrak, Lauren</td>
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Alemane, Karen Ambs, Jessica
Andrews, Mariel Antill, Emily
Baker, Cody Baker, Patricia
Barr, Brandon Bell, Ryan
Beyke, Nichole Beyler, Kayla
Blanton, Jeremy Boerger, Ashton
Bower, Heather Bowling, David
Bristol, Jennifer Britt, James
Brooks, Nycole Brown, Paula
Brush, Rhonda Bucceri, Patra
Burton, Matthew Case, Brittany
Christensen, Cory Chumley, Michael
Clark Roath, Laurie Collier, Joshua
Costello, Laura Cox, Allison
Denniston, Rachel DiBacco, Rachel
Dobrozi, Bridgette Doup, Caleb
Dukes, Cody Dumas, Sarah
Ereth, Darrel Everett, Sarah
Finch, Raisa Fisher, Shawn
Frank, Casey Gacek, Dana
Garmyn, Jonathan Gasser, Andrea
George, Rachel Goddard, Stephanie
Gokhfeld, Maxim Gold, Kiersten
Grogg, Brandi Guzzetti, Neil
Hall, Evan Hall, Stephanie
Hanlon, Sara Hanson, Tyler
Harrington, Amber Harris, Jessica
Hay, James Hayes, Jessica
Hendrickson, Jennifer Henry, Jarrod
Hoffmann, Mary Hug, Chase
Irwin, McKenzie Jakmides, Jeffrey
Jubara, Dewane Kamugisha, Sabine
Key, Melinda King, Paige
Kooser, Donald Koppert, Eric
Lang, Maria Lanzendorfer, Brian
Lenhart, Karen Long, Kathryn
Lowery, Katherine Macaluso, David
Mathews, James May, Patricia
McCune, Heidi McDonald, Jennifer
McIntosh, Deborah McJoynt-Griffith, Matthew
Mestemaker, Erica Meyer, Seth
Miller, Chelsey Miller, Christopher
Morgan, Dashara Morris, Natalie
Muldowney, Matthew Mullins, Stephanie
Nichols, Jordan Okafor, Christina
Otieno, Tom Ottinger, Katelyn
Patel, Mitee Pease, Derrick
Pekar, Michael Petite, Brian
Pickens, Amy Pitzer, Madison
Pompey, Steven Portik, Nathan
Pugh, Tanessa Raddell, Mary
Rawlins, Tracy Ray, Garrett
Reville, Jacob Rexroad, Jean
Richardson, Jordan Ridout, Brennan
Riley, Emily Rindler, Jena
Robinette, Jeffrey Rollins, Helen
Amicone, Anthony Bachman, Patricia
Bachman, Patricia Barlow, David
Barlow, David Berick, Thomas
Berick, Thomas Blankenship, Desiree
Blankenship, Desiree Boron, Michelle
Boron, Michelle Brandewie, Janelle
Brandewie, Janelle Brooks, Nicole
Brooks, Nicole Brown, Tyler
Brown, Tyler Burgei, Alyssa
Burgei, Alyssa Chlebowski, Michael
Chlebowski, Michael Cibroski, James
Cibroski, James Cooper, Bethany
Cooper, Bethany Deck, Jessica
Deck, Jessica Dillow, Gavin
Dillow, Gavin Drew, Rory
Drew, Rory English, Jordan
English, Jordan Fairbanks, Chad
Fairbanks, Chad Foster, Michelle
Foster, Michelle Gaede, Alexandria
Gaede, Alexandria Gates, Shannon
Gates, Shannon Goacke, Crystal
Goacke, Crystal Granger, Jennifer
Granger, Jennifer Hale, Amber
Hale, Amber Hammond, Joel
Hammond, Joel Harness, David
Harness, David Hashbarger, Kayley
Hashbarger, Kayley Hearn, Michelle
Hearn, Michelle Herman, Kelly
Herman, Kelly Irving, Hollie
Irving, Hollie Johnson, Sarah
Johnson, Sarah Kelley, Ian
Kelley, Ian Kolner, Pamela
Kolner, Pamela Lang, Katelyn
Lang, Katelyn Leipply, Heather
Leipply, Heather Loop, Wesley
Loop, Wesley Malloy, Kevin
Malloy, Kevin McClellan, Mckinley
McClellan, Mckinley McGill, Janine
McGill, Janine Mendoza, Maribel
Mendoza, Maribel Midcap, Emily
Midcap, Emily Moore, Lena
Moore, Lena Mowery, Jesse
Mowery, Jesse Newman, Lori
Newman, Lori Ollila, Amanda
Ollila, Amanda Parsley, Chad
Parsley, Chad Peck, Angela
Peck, Angela Petrella, Monica
Petrella, Monica Polachek, Victoria
Polachek, Victoria Pronio, Andrew
Pronio, Andrew Ramsey, Andrea
Ramsey, Andrea Reichert, Jennifer
Reichert, Jennifer Rhodes, Aaron
Rhodes, Aaron Riedel, Montgomery
Riedel, Montgomery Robertson, Luke
Robertson, Luke Rollyson, Jennifer
Rollyson, Jennifer

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Santus, Olivia          Sauerwein, Taylor  Saylor, Joshua
Schellhas, Casey        Schimmoller, Nicole Schmenken, Erin
Schmidt, Damon          Schumaker, Casey   Schwarz, Bryan
Schwieterman, Stacy     Shafer, Erick      Sheets, Leann
Shellenbarger, Karen    Shimp, Alexandria Shiverdecker, Joshua
Sidoti, Vincenzo        Siefker, Ashley    Sleesman, Garrett
Sloop, William          Smith, Christopher Smith, Katina
Smith, Randy            Speece, Jason      Spieles, Hannah
Spiess, Kaitlin         St. John, Alyssa   Stahl, Susan
Stayton, Benjamin       Stead, Michael    Steele, Mary
Stefanek, Andrew        Stewart, Emily    Stewart, Scott
Sullivan, Robert        Taggart, Kara     Taylor, William
Terrill, Taylor         Thomas, Laci      Thorn, Julia
Troyer, Natalie         Utendorf, Amy     Vance, Amber
Vickers, Deanna         Villers, Justin   Vogel, Molly
Waggoner, Ashleigh      Wagner, Beth      Wallace, Christopher
Walz, Tressa            Ward, Erich       Watkins, Stacy
Weeks, Stephanie        Weis, Alyssa      White, John
Wiles, Jacquelyn        Wirrig, Marissa   Wombold, Alexis
Woodfork, Kayla         Wright, Callie    Wurster, Shannon
Zupancic, Jaime

**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 May 15, 2014 through July 10, 2014, taking into account those licenses subject to discipline, surrender, or non-renewal. Karen Holtgrewe seconded the motion. The motion carried.

### Physical Therapist – Endorsement

Bauer, Matthew       Baumann, Erin       Camilo Reyes, Ramon
Carlin, Andrew       Dietrick, Michelle   Dowler, Brianna
Duncan, Michael      Edwards, Jennifer    Elkady, Ehab
Ellerbrock, Megan    Flynn, Kaitlyn       Flynn, Trista
Gewitz, Katie        Gracik, Amy          Huffman, Matthew
Hundley, Andrew      Kennedy, Matthew     Leggett, Adam
Legget, Marline      List, Carol          Miller, Ashlin
Noteboom, Judith     Rasicci, Joseph      Rogers, Erin
Shelton, Ryan        Shineman, Dianne     Southard, Damian
Tabb, Daniel         West, Kelly          Wiska, Stefanie
Workman, Jaime       Yakopich, Robbin    Zhao, Xuan

### Physical Therapist Assistant – Endorsement

Begley, Joshua       Graham, Ryan         Mack, Jewell
McMahon, Carrie      Swihart, Laura

### Physical Therapist Reinstatement

Domyan, Jason        Erne, Kristin        Johnston, Billie
Newkirk, Devon       Seyler, William      Terry, Kelly

James Lee reported that Kelly Brzozwski complied with all terms and conditions outlined in her action plan for reinstatement of licensure.

### Continuing Education Liaison Report

Ronald Kleinman had no formal report for the Section.
**Assistant Attorney General’s Report**
Yvonne Tertel, AAG, had no formal report. Ms. Tertel informed the Section that she is being reassigned to another Section within the Attorney General’s Office and will no longer be representing the Board. The Section thanked Ms. Tertel for her service with the Board.

**Case Review Liaison Report**
Raymond Bilecky reported that the Enforcement Division closed seven and opened eighteen new cases since the May 15, 2014 meeting. There are twenty-eight cases currently open. There are three disciplinary consent agreements and two adjudication orders being monitored.

**Enforcement Actions**
Raymond Bilecky recommended that the Section accept the consent agreement for case PT-FY14-047 in lieu of going to a hearing. **Action:** Karen Holtgrefe moved that the consent agreement for case PT-FY14-047 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Raymond Bilecky and Karen Holtgrefe abstained from voting. The motion carried. The Section accepted the consent agreement for Mary Beth Romeo, PT.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY14-045 for practicing on an expired license. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY14-045 for practicing on an expired license. Ronald Kleinman seconded the motion. Raymond Bilecky and Karen Holtgrefe abstained from voting. The motion carried.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case PT-FY14-049 for practicing on an expired license. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY14-049 for practicing on an expired license. James Lee seconded the motion. Raymond Bilecky and Karen Holtgrefe abstained from voting. The motion carried.

Raymond Bilecky recommended that a notice of opportunity for a hearing be issued for case LD PT-FY14-001 for failure to meet qualifications for licensure. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case LD PT-FY14-001 for failure to meet qualifications for licensure. James Lee 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-FY15-002 for failure to obtain the required continuing education for licensure renewal. **Action:** Thomas Caldwell moved that a notice of opportunity for a hearing be issued for case PT-FY15-002 for failure to obtain the required continuing education for licensure renewal. Lynn Busdeker seconded the motion. Raymond Bilecky and Karen Holtgrefe abstained from voting. The motion carried.

Raymond Bilecky moved that the Section go into executive session to discuss proposed disciplinary action against a licensee pursuant to ORC 121.22 (G)(1) and pursuant to 121.22 (G)(5) that involve matters required to be kept confidential under ORC sections 149.43 (A)(2) and 4755.02 (E)(1) for case number PT-FY10-045. Lynn Busdeker seconded the motion.

The Executive Director called roll:

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<td>Raymond Bilecky</td>
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<td>Lynn Busdeker</td>
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<td>Ronald Kleinman</td>
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<td>James Lee</td>
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<td>Chad Miller</td>
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The motion carried. The Section allowed Board staff, the Board’s Public Member, and the Assistant Attorney General to stay in the room. The Section went into executive session at 10:36 am and came out at 10:42am.
Raymond Bilecky recommended that the Section accept the surrender consent agreement for case PT-FY10-045 in lieu of going to a hearing. **Action:** Karen Holtgreve moved that the consent agreement for case PT-FY10-045 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Raymond Bilecky and Thomas Caldwell abstained from voting. The motion carried. The Section accepted the surrender consent agreement for Eric Isakov, PT in which Mr. Isakov agrees to voluntarily surrender his license for Medicare fraud; documenting/billing for services not provided; soliciting, paying for, and trading services for patient referrals; and providing patients with items of significant value to begin and/or continue physical therapy services and the Section hereby simultaneously revokes his physical therapist license.

**Correspondence**

1. **Rebecca Riblet, PT:** Ms. Riblet asked the Section questions regarding private pay physical therapy services. **Reply:** It is the position of the Ohio Physical Therapy Section that a facility/agency may establish policies on whether the physical therapist or physical therapist assistant may continue physical therapy services after the patient has exhausted his/her insurance benefits. The Section recommends that you refer to Medicare or other payer policies for any specific requirements or policies in your setting for a patient or family to pay for therapy services by a physical therapist. However, pursuant to section 4755.47 (A)(5) of the Ohio 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)(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.” The Physical Therapy Section recommends that the primary physical therapist evaluate whether self-pay, out-of-network, or maintenance services are of “reasonable benefit to the patient.” Your questions also relate to payer policies in regards to billing practices 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.

2. **Josh Schuler, PTA:** Mr. Schuler asked the Section questions regarding requirements to become a physical therapist/physical therapy assistant clinical instructor. **Reply:** The Physical Therapy Practice Act does not dictate the requirements for a physical therapist or physical therapist assistant in become a clinical instructor. You may wish to contact the American Physical Therapy Association for further information regarding this issue.

3. **Laurie Chandler, PTA:** Ms. Chandler asked the Section questions regarding what criteria determines if a facility is skilled or not. **Reply:** Your questions relate to the licensure status of the facility and not the Ohio Physical Therapy Practice Act. You may wish to contact the Ohio Department of Developmental Disabilities, the Ohio Department of Health, or the Ohio Department of Job and Family Services for further information. 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” or “PTA” since no one may use the “PT” or “PTA” credential in Ohio without a valid license.

4. **Duany De La Cruz, PT:** Mr. De La Cruz asked the Section questions regarding wound management in physical therapy practice. **Reply:** It is the position of the Physical Therapy Section that physical therapy includes wound and burn care with appropriate dressing and administration of topical drugs. Physical therapy also includes sharp wound debridement, provided the physical therapist has been trained in the procedure. The physical therapist may delegate this component of care to a physical therapist assistant provided that both the physical therapist and the physical therapist assistant have demonstrated competency in these procedures.

5. **Christine Kress, PT:** Ms. Kress asked the Section questions regarding providing services for interdisciplinary and transdisciplinary team for early intervention. **Reply:** In response to your first question, it is the position of the Physical Therapy Section that documentation must clearly reflect who performed the service and when the services were provided. When performing physical therapy in the setting you describe, you would still be required to perform an evaluation of the child and establish a plan of care. Rule 4755-27-03 (C) of the Administrative Code identifies writing the plan of care as a
responsibility of the physical therapist that may not be delegated to other individuals. The early intervention physical therapist must write a plan of care for his/her records for each child, indicating specific physical therapy goals and intervention to achieve those goals, as well as precautions/contraindications. Although related services, such as physical therapy, are included in the IFSP, how the physical therapy services will be implemented and precautions/contraindications are not a part of the IFSP. This is the information that must be documented in a separate physical therapy plan of care. In response to your second question, the Ohio Physical Therapy Practice Act does not vary with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician’s referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient’s medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. However, if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner’s scope of practice. In addition, there is nothing in the law that requires the physical therapist to see a patient without a physician’s referral. The physical therapist does have the discretion to request a prescription. In response to your third question on telehealth, it is the position of the Physical Therapy section that the physical therapist or physical therapist assistant must be licensed in the state in which the patient resides. In addition, as with all practice settings, a physical therapy evaluation and the establishment of a physical therapy plan of care is a requirement, including when the physical therapy is provided via telehealth.

6. **Scott Brehm:** Mr. Brehm asked the Section questions requesting clarification on the code of ethical conduct pertaining to physical therapy practitioners having sexual relations with clients. **Reply:** Your question is not a matter of general correspondence. If you are aware of a potential violation of the Ohio Physical Therapy Practice Act, you should file a complaint with the Board. You can download the complaint form at: [http://otptat.ohio.gov/Consumers/Enforcement.aspx](http://otptat.ohio.gov/Consumers/Enforcement.aspx). According to rules 4755-27-05 (A)(1)(a) and (b) and (B)(1) and (7) of the Ohio Administrative Code, physical therapist and physical therapist assistants shall conduct themselves in the following manner: (A) Ethical integrity. Licensees shall use the provisions contained in paragraphs (A)(1) to (A)(10) of this rule as guidelines for promoting ethical integrity and professionalism. Failure to comply with paragraphs (A)(1) to (A)(10) of this rule may be grounds for disciplinary action pursuant to section 4755.47 of the Revised Code and in accordance with Chapter 119. of the Revised Code. (1) A licensee shall respect the rights and dignity of all patients and provide compassionate care as described in paragraphs (A)(1)(a) and (A)(1)(b) of this rule. (a) A licensee shall recognize individual differences with patients and shall respect and be responsive to those differences. (b) A licensee shall be guided by concern for the physical, psychosocial, and socioeconomic welfare of patients. (B) Ethical conduct. Ethical conduct includes conforming to the minimal standards of acceptable and prevailing physical therapy practice. Conduct may be considered unethical regardless of whether or not actual injury to a patient occurred. Failure to comply with paragraphs (B)(1) to (B)(15) of this rule may be grounds for disciplinary action pursuant to section 4755.47 of the Revised Code and in accordance with Chapter 119. of the Revised Code. (1) A licensee shall adhere to the standards of ethical practice by practicing in a manner that is moral and honorable. A licensee may be disciplined for violating any provision contained in division (A) of section 4755.47 of the Revised Code. (7) A licensee shall not engage in any sexual relationship or conduct, including dating, with any patient, or engage in any conduct that may reasonably be interpreted by the patient to be sexual, whether consensual or nonconsensual, while a therapist-patient relationship exists. The Enforcement Division of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board conducts investigations of complaints filed against physical therapists and physical therapist assistants. The Board requires that all complaints be submitted in writing. Upon receiving a written complaint, the Enforcement staff sends notification that the complaint has been received. After conducting the investigation, the Enforcement staff presents the information to the Physical Therapy Investigative Committee who then determines whether or not a violation of the laws and rules that govern the practice of physical therapy has occurred. If the individual is found to be in violation of the laws and rules, the Committee will determine whether or not disciplinary action is warranted. Please be advised that no specific information can be released regarding the outcome of the investigation unless disciplinary action is taken.

7. **Faye McNerney, PT, DPT:** Dr. McNerney asked the Section questions regarding whether a physical therapist would need to be onsite to supervise mobility staff based on described scenario. **Reply:** In the
situation you describe, the position would be that of an aide and as long as the procedures performed are not represented as physical therapy or billed as physical therapy, then this is not physical therapy and does not fall under the Ohio Physical Therapy Practice Act. The Section recommends that your position description for this position is distinctly different than that of a physical therapist assistant.

8. **Theresa Chambers, PT, DPT:** Dr. Chambers asked the Section questions regarding whether physical therapy practitioners can supervise a personal trainer. **Reply:** Under the Ohio Physical Therapy Practice Act, since they are not licensed by the state of Ohio, the personal trainer would be considered “unlicensed personnel.” Since athletic trainers are licensed in the state of Ohio, they are considered as “other licensed personnel” when providing services pursuant to a physical therapy plan of care. As an “other licensed personnel,” the supervision requirements are not the same as the supervision requirements for the personal trainer who is functioning as “unlicensed personnel.” In addition, the fact that a personal trainer has a degree in exercise science and/or the CSCS credential would not change the “unlicensed personnel” status. Rule 4755-27-01 of the Administrative Code defines unlicensed personnel as any person who is on the job trained and supports the delivery of physical therapy services. Rule 4755-27-03 of the Administrative Code describes the routine duties that assist in the delivery of physical therapy care and operations that may be assigned to unlicensed personnel. The rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient’s gait pattern. It is NOT intended that unlicensed personnel provide a component of physical therapy treatment to patient A while the physical therapist or physical therapist assistant treats patient B or performs other activities, e.g. documentation. A physical therapist or physical therapist assistant may provide administrative oversight of an unlicensed aide who is providing restorative or maintenance care in a nursing home after the termination of a physical therapy plan of care. Third party payer policies and/or federal regulations may be more or less restrictive than the Ohio Physical Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. Although Medicare regulations for skilled nursing Part A permit therapy aides to perform physical therapy services provided that a physical therapist provides “line of sight” supervision, that practice is illegal in Ohio. In Ohio, therapy aides (unlicensed personnel) are not permitted to perform physical therapy services, other than serving as the second pair of hands as described in the previous paragraph of this letter.

9. **Cheryl Burns, PTA:** Ms. Burns asked the Section questions regarding whether physical therapist assistants can write discharge summaries. **Reply:** Physical therapist assistants are not qualified to perform the discharge evaluation and complete the final discharge summary. Discharge planning and the completion of the discharge evaluation are the responsibility of the supervising physical therapist. The physical therapist assistant may provide care per that discharge assessment and plan and may document objective information about that care, but the physical therapist must then complete the final discharge summary. It is the position of the Physical Therapy Section that physical therapist assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation, but only the physical therapist may document the discharge evaluation and recommendations in the discharge summary. Even if the discharge evaluation and recommendations for follow-up care are included in the initial evaluation, a discharge summary must still be completed to document final discharge date and disposition. The discharge summary may refer to the last treatment note for patient status. The ultimate responsibility for care of the patient lies with the evaluating physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate standard of care. Likewise, the physical therapist assistant has a legal obligation, in the overall care of the patient, to make sure the review and assessment is performed by the physical therapist to meet the same standard of care.

10. **Lucas VanEtten, PT:** Mr. VanEtten asked the Section questions regarding how long a referral for physical therapy 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. The Section recognizes that third party payers may require physical therapists to following more specific requirements. In response to your second question, you are correct that you would need to begin a new episode of care and follow direct access and or payer source rules and regulations. 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. If you have a case you are dealing with under direct access, you are not required to practice pursuant to a referral.

11. Carol Bartsch, PT: Ms. Bartsch asked the Section questions regarding the CPT code for kinesiotaping. 
   
   **Reply:** Your question relates clarification/interpretation of payer policies and not to the Ohio Physical Therapy Practice Act. 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 questions. You may also get information from the Reimbursement Department or Ohio chapter of the American Physical Therapy Association (APTA).

12. Nancy Osborn, PTA: Ms. Osborn asked the Section questions regarding treating a client privately when the client has reached the insurance maximum. 

   **Reply:** It is the position of the Ohio Physical Therapy Section that a facility may establish policies on whether the physical therapist or physical therapist assistant may continue physical therapy services after the patient has exhausted his/her insurance benefits. The Section recommends that you refer to Medicare or other payer policies for any specific requirements or policies in your setting for a patient or family to pay for maintenance services by a physical therapist. However, pursuant to section 4755.47 (A)(5) of the Ohio 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)(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.” The Physical Therapy Section recommends that the primary physical therapist evaluate whether self-pay maintenance services are of “reasonable benefit to the patient.”

13. Tammie Mihaly: Ms. Mihaly asked the Section questions regarding whether physical therapy practitioners can supervise and/or delegate to an ethical massage practitioner. 

   **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. Since an “ethical massage practitioner” is not licensed in the State of Ohio, they would be considered as “unlicensed personnel” under the Ohio Physical Therapy Practice Act. 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. Third party payer policies and/or federal regulations may be more or less restrictive than the Ohio Physical Therapy Practice Act. In any situation, licenses should follow the more restrictive policies. In Ohio, therapy aides (unlicensed personnel) are not permitted to perform physical therapy services, other than serving as the second pair of hands as described in the previous paragraph of this letter.

14. Megan Perlmutter, PT: Ms. Perlmutter asked the Section questions regarding whether physical therapists can supervise and set-up a plan for a home health aide. 

   **Reply:** It is the position of the Physical Therapy Section that when the physical therapist is serving as the case manager for the patient and there is no nurse involved in the patient’s care, there is nothing in Ohio Physical Therapy Practice Act prohibiting the physical therapist from supervising the home health aide in provision of services external to physical therapy (e.g. ADLs – bathing/grooming, assisting the family in patient care). The physical therapist may
not delegate components of physical therapy services to the aide but may have an aide assist the physical therapist or physical therapist assistant while the physical therapist or physical therapist assistant is concurrently providing services to the same patient.

15. **Angela Pahl, PT:** Ms. Pahl asked the Section for clarification on orders for physical therapy services. **Reply:** In response to your question regarding if the physical therapist can continue to treat a patient with the frequency and duration stated in the evaluation, the answer is yes.

**Joint Correspondence**

**JB1. Jennifer Tama:** Ms. Tama asked the Occupational and Physical Therapy Sections questions regarding occupational therapy assistants and physical therapist assistants working in administrative roles. **Reply:** It is the position of the Occupational Therapy Section that the completion of Section O of the minimum data set (MDS) is not an evaluative task. Completion of Section O requires gathering objective data regarding the number of days and minutes of treatment provided. It does not require interpretation of the data or an assessment of the performance components impacting the client’s performance level. Completion of the MDS may be delegated to an occupational therapy assistant since it is not interpretive, nor evaluative in nature. Co-signature of the occupational therapy assistant’s documentation continues to be a requirement. It is the position of the Physical Therapy Section that when physical therapy personnel are involved in the gathering and documenting of MDS 3.0 data, the physical therapist has ultimate responsibility for the information submitted. The physical therapist must decide what MDS data requires the judgment or decision-making skills of the physical therapist. Other data, including the transfer of information already reported in the patient record, may be gathered by the physical therapist assistant. This would include Section O of the MDS. The physical therapist assistant must be able to identify from where in the patient record the data was transferred. Completion of the MDS in its entirety is interpretive and evaluative in nature and physical therapist assistants are unable to complete the MDS. All other sections of the MDS requiring any information from physical therapy would require the physical therapist to complete. This would include co-signature of the physical therapist assistant on Section O and a signature from the physical therapist on any other section.

**JB2. Sarah King, PT:** Ms. King asked the Occupational and Physical Therapy Sections questions regarding the use of electronic signatures in occupational and physical therapy practice. **Reply:** Yes, the therapist would be able to sign the evaluation as described, as long as the evaluating therapist’s signature is on file.

**JB3. Bethany Dugan, PT, DPT:** Dr. Dugan asked the Occupational and Physical Therapy Sections questions regarding occupational therapy assistants and physical therapist assistants performing modalities. **Reply:** The occupational therapist must document in the plan of care (POC) what modalities are to be included in the treatment of the client. However, parameters of the modalities to be used, may or may not be included in the POC. The parameters of the requested modality such as US/E-stim may not be included in the POC, provided that the occupational therapy assistant has documented training and demonstrated competency in delivery of the procedure. The parameters used, must be documented in the occupational therapy assistant daily treatment note. The Ohio Administrative Code allows the occupational therapist to delegate treatment procedures or services beyond the entry level scope of occupational therapy assistant practice, provided that the supervising occupational therapist and the occupational therapy assistant both demonstrate and document competency in the procedure. The physical therapist must document in the plan of care (POC) what modalities are to be included in the treatment of the patient. However, parameters of the modalities to be used, may or may not be included in the POC. The parameters of the requested modality such as US/E-stim may not be included in the POC, provided that the physical therapist assistant has documented training and demonstrated competency in delivery of the procedure. The parameters used, must be documented in the physical therapist assistant daily treatment note. The Ohio Administrative Code allows the physical therapist to delegate treatment procedures or services beyond the entry level scope of physical therapist assistant practice, provided that the supervising physical therapist has documented training and demonstrated competency in delivery of the procedure. The supervising physical therapist must also be able to demonstrate competency in any procedure or services that has been delegated to the physical therapist assistant.

**JB4. Debra Wolfe, COTA/L:** Ms. Wolfe asked the Occupational and Physical Therapy Sections questions requesting clarification on which discipline can perform the home visit in the scenario described. **Reply:** In the course of the practice of occupational therapy, a home assessment is an assessment typically performed...
prior to discharge home from an inpatient or skilled nursing rehabilitation setting. It is primarily performed
to determine equipment and environmental needs for the client's safety at home. It is not an evaluation
performed within home health services. A home assessment may be performed by an occupational therapy
assistant with a current client under an established occupational therapy treatment/intervention plan. 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 the course of the practice of physical
therapy, a home assessment is the sole responsibility of the physical therapist. However, prior to the
completion of a home assessment, the physical therapist assistant may go into the home, without patient
involvement, to perform an environmental survey (architectural barriers, floor plan, etc.). If the patient is
going into his/her home environment and his/her function in the home is being assessed, this assessment
must be performed by a physical therapist. A physical therapist assistant may continue an established
treatment plan of functional activities in the home or other non-clinical environment or may complete an
environmental checklist once the patient assessment has been completed.

JBS. Patricia Trela, OTA/L: Ms. Trela asked the Occupational Therapy and Athletic Trainers Sections
questions regarding whether athletic trainers are allowed to work under the supervision of an occupational
therapist/occupational therapy assistants. Reply: According to the Ohio Athletic Training Practice Act,
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. As a result, an occupational therapist cannot legally refer a client to an athlete trainer.
Professionals holding a license other than an occupational therapy license are considered unlicensed
personnel in the provision of occupational therapy services. There is nothing in the Ohio Occupational
Therapy Practice Act that states that a private practitioner cannot employ “other licensed personnel.” It is
acceptable for a private practice occupational therapist to employ other licensed personnel if those
individuals are practicing and billing in accordance with the rules and regulations governing their
professional license. In accordance with rule 4755-7-03 (D) of the Ohio Administrative Code, licensed
occupational therapy practitioners may delegate non-treatment tasks to unlicensed personnel. Occupational
therapy practitioners may not delegate tasks listed in paragraph (2) below to these individuals, who may
include licensed nurses, physical therapists, physical therapist assistants, athletic trainers, etc. Some
examples of allowable delegation include department maintenance, transport of clients, and preparation of
work area, assisting with client’s personal needs during treatment, assisting in the construction of adaptive
equipment and splints, and other clerical or administrative functions. (1) Unlicensed personnel may only
perform specific tasks which are neither evaluative, task selective, nor recommending in nature. The
occupational therapist, occupational therapy assistant, student occupational therapist, or student
occupational therapy assistant may delegate such tasks only after ensuring that the unlicensed personnel has
been appropriately trained for the performance of the tasks. (2) The occupational therapist, occupational
therapy assistant, student occupational therapist, and student occupational therapy assistant shall not
delegate the following to unlicensed personnel: (a) Performance of occupational therapy evaluative
services; (b) Initiation, planning, adjustment, modification, or performance of occupational therapy
services; (c) Making occupational therapy entries directly in the client’s official records; and (d) Acting on
behalf of the occupational therapist, occupational therapy assistant, student occupational therapist, or
student occupational therapy assistant in any matter related to occupational therapy treatment that requires
decision making. Pursuant to section 4755.11 (A)(11) of the Revised Code, a licensed occupational
therapist may face disciplinary action if he/she delegates the tasks indicated in rule 4755-7-03 (D)(2) of the
Ohio Administrative Code to unlicensed personnel.

Old Business
Review Other Jurisdictions Regulations regarding the Use of Credentials when Conducting Health/Wellness
Programs
The Board did not receive a lot of feedback on the use of credentials for health and wellness programs from other
physical therapy boards.

Review Other Jurisdictions Regulations regarding Offering Incentives for Referrals
The Executive Director reported that few other physical therapy boards have discussed this issue.
New Business

Public Rules Hearing
The Section held a public rules hearing from 11:20 am to 11:26 am.

Other Board’s Rules on Advertising
The Executive Director reported that there were no other physical therapy boards that had information on advertising. The Board is still waiting on a response from the Ohio Dental Board on how their laws and rules address advertising for services. The Section reviewed the Ohio Chiropractic Board’s proposed rule pertaining to advertising for services.

Discussion on Tennessee Attorney General’s Decision on Dry Needling
The Section reviewed the Tennessee Attorney General’s Decision on Dry Needling.

Open Forum
The Executive Director, Karen Holtgrefe, and the Enforcement Division Supervisor gave a presentation to the Ohio Chiropractic Board to discuss a collaborative approach on clarifying what chiropractors and aides can legally do under the Ohio Physical Therapy Practice Act and guidelines on advertising for physical therapy services. The Executive Director will work with the Chiropractic Board’s Executive Director on drafting an educational resource document that would benefit both licensees.

The Board member positions that are term limited are Raymond Bilecky and Thomas Caldwell. Board Members who are up for re-appointment are Lynn Busdeker and Ronald Kleinman.

The Section discussed bringing on a new enforcement liaison prior to the September meeting since there is a Board Member that will be term limited. The Section will add Chad Miller to the Enforcement Review Panel for the September meeting to help mentor the new Enforcement Liaison.

Ohio Physical Therapy Association (OPTA) Report
Victoria Gresh reported that the 2014 Advocacy Day held in May was very successful. OPTA is wrapping up the schedule for celebrating 10 years of direct access. The OPTA Scientific Symposium will be held in October 2014. OPTA has a new staff member Megan Cardaman.

Federation of State Boards for Physical Therapy (FSBPT) Report
Ronald Kleinman, Chad Miller, and Jeffrey Rosa attended the 2014 FSBPT Jurisdiction Board Member & Administrator Training on June 6-8, 2014. Ohio was used as an example for other Boards to follow in a positive way. Lynn Busdeker, Ronald Kleinman, Raymond Bilecky, Thomas Caldwell, and Jeffrey Rosa are attending the FSBPT Annual Meeting and Delegate Assembly in September 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
- Elections
- FSBPT Motions

Next Meeting Date
The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, September 11, 2014.
Adjournment
Lynn Busdeker moved that the meeting be adjourned. James Lee seconded the motion. The motion carried. The meeting adjourned at 12:09 p.m.

Respectfully submitted,

Diane Moore

________________________________________  ________________________________________
Ronald Kleinman, PT, Chair                        Karen Holtgrefe, PT, Secretary
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, PT Section
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