Members Present
Lynn Busdeker
Erin Hofmeyer
Karen Holtgreve
Ronald Kleinman, Chair
James Lee, Secretary
Timothy McIntire
Chad Miller
Trevor Vessels, Public Member
Jennifer Wissingher

Legal Counsel
Melissa Wilburn, AAG

Members Absent
Matthew Creed

Staff Present
Diane Moore, Executive Assistant
Jeffrey Rosa, Executive Director

Call to Order
Ronald Kleinman, Chair, called the meeting to order at 9:30 a.m.

Approval of Minutes
Action: Timothy McIntire moved that the retreat minutes from the April 8, 2015, meeting be approved as submitted. Erin Hofmeyer seconded the motion. The motion carried.

Action: Karen Holtgreve moved that the minutes from the May 7, 2015, meeting be approved as submitted. James Lee seconded the motion. The motion carried.

Executive Director’s Report
- The Executive Director informed the Section that this will be his last report.
- The Executive Director informed the Section that occupational therapist renewal just ended.
- The Executive Director and Executive Assistant have participated in user acceptance testing for the new e-licensing system.
- The Executive Director informed that Section that he provided proponent testimony on HB169 on behalf of the Physical Therapy Section.
- The Executive Director informed the Section that HB200 is related to the epi-pen and inhaler bill.
- The Executive Director informed the Section that he is working on the transition memorandum for his successor.
- The Executive Director informed the Section that the new licensing staff worked one day and resigned. The new employee as offered another position. The Executive Director further informed the Section that the investigator interviews will be held in the last week of July.

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

Action: Ronald Kleinman moved that the Section go into executive session pursuant to section 121.22 (G)(1) of the Ohio Revised Code to discuss personnel matters related to appointment, employment; dismissal; discipline, promotion; demotion; compensation of a public employee. Lynn Busdeker seconded the motion.

The Executive Director called roll:
The motion carried.

Discussion of Law and Rule Changes

The Executive Director informed the Section draft rule language on concussion management and the BIA are ready to be filed. The Section will need to do an emergency rule filing.

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 7, 2015 through July 16, 2015, 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. Jennifer Wissinger seconded the motion. The motion carried.

Physical Therapist – Examination

Adams, Michelle
Arnold, Scott
Beekman, Kimberly
Birchfield, Kasey
Bonadies, Allyson
Boyd, Iva
Brauer, Julia
Brownfield, Jill
Burgei, Alyssa
Carson, Michael
Cho, Minna
Close, Christin
Conti, Maria
Cox, Meische
Cvengros, Joseph
Dalton, Bryan
De La Garza, Audrey
Deville, Jared
Dille, Caleb
Dobaria, Nirali
Downey, Merissa
Feist, Joel
Ford, Meghan
Foster, Stephanie
Frazier, Jaimie
Gargano, Jonah

Aldrich, Brianne
Asman, Kristen
Beinlich, Courtney
Bishop, Amanda
Bond, Cody
Boyne, Theresa
Brown, Dana
Buirley, Rachel
Bush, Karah
Castleman, Kimberly
Cichocki, Victoria
Collins, Amy
Copley, Jessica
Crouch, Grace
D’Agostino, Rachel
Dawson, Zackery
Depp, Jacob
Devore, Kaimee
Dippold, Sarah
Dobaria, Nirali
Ely, Matthew
Ferbrache, Faith
Forman, Lauren
Fox, Hannah
Frazier, Jaimie
Gerez, Toby
Alexander, Sarah
Bailey, Kelly
Bigelow, Michael
Bizjak, Julia
Box, Natalie
Brackett, Emily
Brown, Kevin
Bundus, Hannah
Carlo, Nikki
Catania, Liza
Close, Angela
Collins, Kevin
Cox, Haylie
Curtis, Brittany
D’Agostino, Rachel
Dayton, Brandon
Deville, Jared
Dey, Shounak
Do, Kevin
Dossman, Frank
Farell, Lauren
Fimognari, Kathryn
Foster, Harmonie
Franley, Keenan
Frysinger, Lindsay
Golding, Jonathan
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<td>Yoak Kathryn</td>
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**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 7, 2015 through July 16, 2015, taking into account those licenses subject to discipline, surrender, or non-renewal. Lynn Busdeker seconded the motion. The motion carried.

**Physical Therapist – Endorsement**

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Reinking, Sarah  
Stewart, Adam  
Thomas, Chelsea  
Waite, Brian  
  
Sniezek, Thomas  
Stump, Andrea  
Tuttle, Rebecca  
Williams, Heather  
  
Stanek, Lindsey  
Summers, Ryan  
Ullom, Sarah  
  
Physical Therapist Assistant – Endorsement  
Antill, Emily  
Egloff, Ashley  
Price, Michelle  
  
Baer, Laurie  
Janson, Hailey  
Priester, Kathryn  
  
Decatur, Laura  
Lededbuhr, Amy  
Shah, Kalindi  
  
Physical Therapist Reinstatement  
Archambeau, Michael  
Shenk, Heidi  
  
Klinedinst, Alaina  
Stanley, Amanda  
  
Misiak, Aaron  
White, Daryl  
  
Physical Therapist Assistant Reinstatement  
Chapman, Coral  
Kirkbride, Joan  
Vargo, Walter  
  
Giancaterino, Jennifer  
Long, Jenna  
  
Hahn, Gregory  
Mack, Jewell  
  
Testing Accommodations Requests  
Action: Chad Miller moved that the Section ratify, as submitted, the testing accommodation of additional 30 minutes and separate room for physical therapist examination file #5474623 based on the documentation provided. Erin Hofmeyer seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Christopher Ruthemeyer.

Chad Miller recommended that the Section grant the testing accommodation of additional time: time and a half, and large print (zoom text) for physical therapist examination file #20150519 based on the documentation provided. Action: James Lee moved that the Section approve the testing accommodation of additional time: time and a half, and large print (zoom text) for physical therapist examination file #20150519 based on the documentation provided. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Kaliegh Elizabeth Cole.

Chad Miller recommended that the Section grant the testing accommodation of additional time: double time for physical therapist assistant examination file #5479273 based on the documentation provided. Action: Timothy McIntire moved that the Section approve the testing accommodation of additional time: double time for physical therapist assistant examination file #5479273 based on the documentation provided. Karen Holtgrefe seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Grant Hoyt.

Continuing Education Liaison Report  
Erin Hofmeyer informed the Section that OPTA was looking student involvement with auditing charts.

Assistant Attorney General’s Report  
Melissa Wilburn, AAG, informed the Section of the impact of the appeals process based on a new 10TH District case.

Case Review Liaison Report  
Chad Miller reported that the Enforcement Division closed six and opened three new cases since the May 7, 2015, meeting. There are eighteen cases currently open. There are thirteen disciplinary consent agreements and one adjudication order being monitored.

Enforcement Actions  
James Lee recommended that a notice of opportunity for a hearing be issued for case PT-FY15-052 for engaging in an inappropriate relationship with a patient, including highly sexualized emails and sexual touching. Action: Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY15-052 for engaging in an
inappropriate relationship with a patient, including highly sexualized emails and sexual touching. Timothy McIntire seconded the motion. James Lee and Chad Miller abstained from voting. The motion carried.

Correspondence

1. **Dominic Irwin, PT, DPT:** Dr. Irwin asked the Section regarding the length of time for which a physician prescription is valid. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that dictates how long a physician prescription is valid. As per section 4755.481 of the Ohio Revised Code, a physician prescription is not required for a physical therapist to examine a patient, although third party payor restrictions may apply.

2. **Kathy Grubbe PT:** Dr. Strickland asked the Section questions regarding physical therapist assistants can take a verbal order from a physician. **Reply:** It is the position of the Physical Therapy Section that physical therapy services may be initiated by a telephone referral, electronic mail, or verbal order. Individuals other than physical therapists are not prohibited from receiving verbal or telephone orders for physical therapy. All verbal or telephone orders, prescriptions, or referrals must be followed up in writing with the referring practitioner’s signature for inclusion in the patient’s official record.

3. **Casey Arman PT, DPT:** Dr. Arman asked the Section questions regarding physical therapists co-signing notes for other licensed personnel. **Reply:** You are correct that a physical therapist assistant or the physical therapist must have direct care time with the patient being seen by the licensed massage therapist. Only a licensed physical therapist or physical therapist assistant may provide physical therapy services. Services provided by a licensed massage therapist are not physical therapy services. Rule 4755-27-01 (C) of the Ohio Administrative Code defines “other licensed personnel” as “any person holding an Ohio license to practice as a health care practitioner in a profession other than physical therapy . . . who is working under the direct supervision of a physical therapist or physical therapist assistant, as delegated by the physical therapist, and is performing tasks and duties related to the delivery of physical therapy.” When acting under the direction of a physical therapist, licensed massage therapists are considered other licensed personnel. In accordance with rule 4755-27-04 of the Administrative Code, the supervising physical therapist or physical therapist assistant is accountable and responsible at all times for the direction of the actions of the persons supervised, including other licensed personnel. A physical therapist assistant can provide direct supervision of other licensed personnel even if the physical therapist is not on-site but is available by telecommunication at all times and able to respond appropriately to the needs of the patient. However, only a physical therapist can determine that a patient may be delegated to other licensed personnel. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, “Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel’s professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient’s overall needs and medical status.” The patient contact by the delegating physical therapist or supervising physical therapist assistant may be to provide portions of treatment or to assess the patient’s progress within the existing plan of care. When needed, only the physical therapist may make adjustments to the plan of care. Please refer to Medicare rules or other payer policies about reimbursement for treatment by other licensed personnel since some insurers do not cover services other than those provided by a physical therapist or physical therapist assistant. You may also get information from the Reimbursement Department or Ohio chapter of the APTA. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person’s name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS.

4. **Andrea Nadai, PT:** Ms. Nadai asked the Section questions regarding whether physical therapists are permitted to use class 4 laser devices for pain management. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits the use of class 4 laser devices for pain. As with any procedure, the
physical therapist must demonstrate competence. Only services provided by a physical therapist or a physical therapist assistant may be represented and billed for as physical therapy services.

5. **Kim Reed, PT:** Ms. Reed asked the Section if physical therapist assistants can write discharge summaries and co-sign notes. **Reply:** In response to your first question, you are correct that the physical therapist assistant cannot write the discharge evaluation. Rule 4755-27-03 (B)(5) of the Ohio Administrative Code states that 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 and may be performed and documented by the physical therapist in a reasonable timeframe prior to discharge. 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. The physical therapist does not need to see the patient on the patient's last visit to write a discharge evaluation, however in certain physical therapy settings this may be required, ex: home health care. In response to your second question, there should not be a CPT code charge completed for billing without proper documentation to support the use of the CPT code.

6. **Derek Delamotte:** Mr. Delamotte asked the Section if physical therapists can perform wound care and asked if wound care can be delegated to physical therapist assistants. **Reply:** In response to your first question, yes wound care is within the scope of physical therapy practice. 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 providing 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. Physical therapists do receive wound care instruction in the entry-level curriculum. You may also wish to contact the various CAPTE-accredited physical therapy schools to determine their particular curriculum in Ohio regarding wound care. In response to your third, fourth, and fifth questions, yes physical therapists can manage wound vacs if they are competent in this procedure. The facility may wish to determine via policy who can and cannot perform wound care procedures, however wound care is within the scope of physical therapy practice. In response to your last question, yes a physical therapist assistant can be delegated wound care procedures as long as the PTA shows competence in such procedure and the supervising physical therapist is competent as well in said procedures.

7. **Don Radlinski, PT, DPT:** Dr. Radlinski asked the Section questions regarding electronic medical records co-signatures. **Reply:** In accordance with rule 4755-27-07 of the Administrative Code, a handwritten or electronic signature is acceptable by a physical therapist or physical therapist assistant. When using an electronic signature, the physical therapist or physical therapist assistant must assure that the electronic signature can be tracked to a unique logon code used only by that individual. The initial log-in and password into an electronic documentation system is not considered an electronic signature, the physical therapist or physical therapist assistant must have another way to identify that this is the therapist's electronic signature. Logging on to the computer/documentation program with a personalized code or password cannot be considered an appropriate means of signing/co-signing Physical Therapy documentation. However, the initial personalized log on code/password that was used to log on to the
computer/documentation system, can be used as a signature if it is able to be re-entered after review or completion of a document verifying you have reviewed or completed the document. Should your computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then you need to make arrangements with your vendor for the computer system to be revised or improved to permit such counter-signature. Should you not electronically be capable of dual signatures, you may enter a separate note within the same documentation system, referencing the date of the note(s) being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan or you may produce a hard paper copy that is co-signed by the physical therapist.

8. **Tom Lopienski, PT:** Mr. Lopienski asked the Section if earning a green belt in 6 Sigma would count for CE credit for licensure renewal. **Reply:** Only approved continuing education activities can be counted toward license renewal. You can contact the Ohio Physical Therapy Association (OPTA) to locate courses that have a valid Ohio Approval Number or to request approval for a continuing education activity. The website for OPTA is www.ohiopt.org.

9. **Teres Carlson, OTR/L:** Ms. Carlson asked the Section questions regarding whether physical therapist assistants can perform home assessments. **Reply:** 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.

10. **Susan Decker, PT:** Ms. Decker asked the Section questions regarding transfer of care and co-signature requirement. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that requires a physical therapist to cosign notes of a physical therapist assistant for a patient who has transferred to the physical therapist’s caseload without knowledge of the patient. It is the supervising therapist’s responsibility to determine the level of supervision required of the patient and determine what portions of the plan of care can be delegated to the physical therapist assistant. Each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient’s medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation.

11. **Staci Harr, PT:** Ms. Harr asked the Section questions regarding transfer of care. **Reply:** Pursuant to section 4755.47 (A)(5) of the Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Paragraph (B)(5)(h) of this rule cites “Abandoning the patient by inappropriately terminating the patient practitioner relationship by the licensee” as a “failure to adhere to the minimal standards of acceptable prevailing practice.” It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist’s sole responsibility is to evaluate a patient and, due to temporary coverage or as terms of their employment. The evaluating physical therapist must determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient’s medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another
physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient. If the employer is not able to hire another physical therapist to fill this position to transfer care to, then this physical therapist has a responsibility to refer physical therapy patients elsewhere to a licensed physical therapist. The physical therapist should make every attempt to transfer his/her patients to eligible providers. If you have given appropriate notice to your employer, you have fulfilled your responsibility in this transfer of care process. It is up to your employer to ensure that the patient caseload is appropriately covered.

12. **Kelleigh Allen, PT:** Ms. Allen asked the Section questions regarding whether a skilled nursing facility can prevent physical therapist from discharging a Medicare or managed care client. **Reply:** 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.” It is the position of the Physical Therapy Board, that providing physical therapy services beyond what is warranted by the patient’s condition are a violation of section 4755.47 of the ORC and could constitute disciplinary action. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code also states that “An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that place the licensee in a position of compromise with this code of ethical conduct.” The rule further requires that “Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments.”

13. **Abena Holben, PTA:** Ms. Holben asked the Section if physical therapist assistants can start a home assessment business. **Reply:** 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. If you will be providing physical therapy service, all of the laws and rules of physical therapy practice apply, including physical therapy examination, plan of care, and supervision of the physical therapist assistant.

14. **Erin Slates, PT:** Ms. Slates asked the Section if physical therapists can use gait belts. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that specifies procedures for the use of gait belts with patients throughout the course of physical therapy services.

15. **Janice Bowman, PT:** Ms. Bowman asked the Section questions regarding IEP and physical therapy services. **Reply:** In response to your first question, only a licensed physical therapist (PT) or licensed physical therapist assistant (PTA) can provide physical therapy services. If a student’s Individualized Education Program (IEP) specifies that a student requires physical therapy services to meet his/her IEP goals, then the services must be provided by a licensed PT or PTA. If a non-licensed person could help the child meet the goal, there would not be a need for physical therapy as a related service on the IEP. In response to your second question, the IEP team develops the goals for the student on the IEP. The IEP goals are for the educational and functional performance of the child in school. In the absence of the occupational therapist (OT) or physical therapist at the IEP team meeting, the rest of the team can technically make a change if all are in agreement, since the OT and PT are not required members of the Team. However, since the OT and PT are the providers with the greatest knowledge in the content area, best practice would be to have their input before making any change to these goals. Also, goals can be addressed by more than one provider. It is up to the individual provider to ensure they keep a therapy plan of care to outline the skilled service (for Ohio Physical Therapy Practice Act requirements) and medically necessary goals and services (for Medicaid School Program requirements) that may be in addition to the educational goals outlined in the IEP. For more resources on procedures for developing an IEP and related service providers, please contact the Ohio Department of Education www.education.ohio.gov.
16. **Hanna Simms:** Ms. Simms asked the Section if physical therapists can be an independent contractor or employee of a non-professional service organization corporation when rendering physical therapy services. **Reply:** Yes a physical therapist can be an independent contractor for a non-professional organization or corporation when rendering physical therapy services. Please be advised that the laws and rules regarding physical therapy will apply in all settings.

17. **Krissey Vanderwall, PT, DPT:** Dr. Vanderwall asked the Section if nurse practitioners can bill for physical therapy visits. **Reply:** It is the position of the Physical Therapy Section, that if you are billing for and describing services as a physical therapy procedure then it is physical therapy and all the laws and rules governing the practice of physical therapy would apply. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that “An individual licensed by the physical therapy section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that place the licensee in a position of compromise with this code of ethical conduct.” The rule further requires that “Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments.” The physical therapist would have to discharge all patients as they are no longer physical therapy patients and the nurse practitioner would then have to evaluate and establish his/her own plan of treatment. The nurse practitioner cannot bill under the CPT codes 97001 and 97002. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person’s name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, DPT, OCS.

**Joint Correspondence**

**JB1. Jeffrey Angeline, PT, AT:** Mr. Garrett asked the Athletic Trainers and Physical Therapy Sections questions regarding advertising and offering incentives physical therapy and athletic training practice. **Reply:** The following statement is in the code of ethical conduct for both physical therapy (OAC 4755-27-05) and athletic training (OAC 4755-41-01) licensees. A licensee shall not intentionally or knowingly offer to pay or agree to accept any compensation, directly or indirectly, overtly or covertly, in cash or in kind, to or from any person or entity for receiving or soliciting patients or patronage, regardless of the source of the compensation. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person’s name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS.

**JB2. Michael Mazak, OTR/L:** Ms. Mazak asked the Occupational and Physical Therapy Sections questions regarding whether it is ethical for physical therapists to discharge occupational orders and only provide physical therapy orders in the scenarios described. **Reply:** It is the position of the Physical Therapy Section, that when working under a physician referral, the physical therapist does need to stay within the parameters of the referral. The Physical Therapy Section would expect the physical therapist to contact the physician regarding treatment procedures that the therapist considers inappropriate for that patient and to recommend alternative treatment. If the physician continues to insist on the disputed treatment, the therapist’s only recourse may be to decline to treat the patient. The physician may refer to other care providers. Within a facility where the patient has no choice in selecting the physician or therapy team, the physical therapist may be able to present the dilemma to facility or medical administrators to explain the rationale for not providing the requested treatment. Physical therapists are able to assess the functional status of a patient in regards to activities of daily living. They are able to assess/evaluate if the patient is able to dress themselves, transfer and ambulate. Your questions are being forwarded to the Enforcement Division for further review.

**JB3. Janene Mazanec PT, DPT:** Dr. Mazanec asked the Occupational and Physical Therapy Sections questions regarding school-based occupational and physical therapy services. **Reply:** The Ohio Physical Therapy Practice Act does not specifically address the frequency of standardized testing or parental consent for testing for annual reviews of Individualized Education Programs (IEP). In response to your first question, if the parent has given consent to the evaluation as part of the Evaluation Team Report (ETR), as indicated
on the planning form, then the parent has given consent for that area of development to be evaluated. It is the physical therapist’s discretion to use standardized testing for annual IEP reviews, as needed, to reassess the student’s current status. However, if the physical therapist or occupational therapist wanted to use a standardized test in an area that had not previously been tested in the ETR, then parental consent should be obtained and the new evaluation of the new area would need to be addressed with the ETR team. In response to your second question, if you want to obtain consent to test a new area, you must follow the appropriate procedures as outlined by the Ohio Department of Education. Section 7 of the IEP indicates the services on the IEP and should not be implied to indicate anything else. It is the position of the Ohio Occupational Therapy Section that the parent signature on the IEP which includes written information regarding further assessment being performed during IEP time period indicates parental consent. However, the Section recommends informing the parent at the time of the evaluation so that communication channels may be kept open in case the parent has any concerns. There is nothing in the Ohio Physical Therapy Practice Act that indicates a physician needs to be notified each time a standardized test is administered to a student on an IEP. Best practice is to treat IEP annual reviews as a new episode of care, so the physical therapist should follow Ohio Revised Code, section 4755.481 regarding parental consent for physician notification of physical therapy services. Since the children are growing and maturing, best practice does suggest that a minimum of an annual physician notification should be done to ensure that changes in the child’s medical status are documented in the physical therapy records.

JB4. **Kelly Susey, PT:** Ms. Susey asked the Occupational and Physical Therapy Sections questions regarding occupational and physical therapists joint evaluations for completing the Bayley III Development Evaluation. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist from contributing to a team evaluation for a child in a developmental follow-up clinic. The physical therapy examination and evaluation should clearly reflect the findings and recommendations. It is the physical therapist’s responsibility to develop a plan of care to appropriately reflect the individual services to be provided by the licensed physical therapy practitioner. There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from contributing to the team evaluation as described in your scenario.

JB5. **G. Brenda Coey:** Ms. Coey asked the Occupational and Physical Therapy Sections if occupational and physical therapists and/or the therapist supervisor can add documentation to a client’s medical record two years after the last date of treatment. **Reply:** The Occupational and Physical Therapy Sections do not have jurisdiction to give a legal opinion.

JB6. **Tim Murphy, PT:** Mr. Murphy asked the Occupational and Physical Therapy Sections questions regarding records retention requirements for occupational and physical therapists. **Reply:** The Occupational Therapy Section does not have policy for records retention. The Section suggests that you contact your Medical Information Department and/or legal counsel regarding an appropriate record retention policy. The Ohio Physical Therapy Practice Act does not specify the length of time for document retention for the practice of physical therapy. Third party payer policies, Medicare and Medicaid, may be more restrictive that the Ohio Physical Therapy Practice Act. The therapists must comply with payer policies. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person’s name. Academic degrees may then follow the regulatory credential. For example, a name tag or signature might read Pat Doe, PT, MS, OCS. The Athletic Trainers Section also wants you to be aware of rule 4755-42-03 of the Administrative Code. Under this rule, all licensees are required to use the initials “AT” to indicate licensure. If you are currently certified by the BOC and want to use your ATC, that must be in addition to the initials AT.

JB7. **Kerri Romes, OTR/L:** Ms. Susey asked the Occupational and Physical Therapy Sections questions regarding license display requirements for occupational and physical therapists. **Reply:** According to the Physical Therapy Section, pursuant to section 4755.48(D) of the Ohio Revised Code, the certificate of license shall be conspicuously displayed in the primary clinic/office where the therapist practices. According to the Occupational Therapy Section, pursuant to Section 4755.08 of the Revised Code requires all licensees to display the wall certificate “in a conspicuous place at the licensee’s principal place of business.” In addition to a treatment room, the “principal place of business” can be the administrative office location for your practice (e.g. corporate office for a home health company, an office at the

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educational service center/school for whom the licensee works, etc.) or the licensee's private office area in the clinic or facility. "Conspicuous" means visibly displayed in some way within the principal place of business. It is not acceptable to file the original wall license out of sight.

**JB8. Phillip Boarman, OTR/L:** Mr. Boarman asked the Occupational and Physical Therapy Sections questions regarding how long a physician's order for occupational and physical therapy is valid. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that dictates how long a physician prescription is valid. In accordance with section 4755.481 of the Ohio Revised Code, a physician prescription is not required for a physical therapist to examine a patient, though third party payor restrictions may apply. Third party payers, Medicare and Medicaid, maybe more or less restrictive than the Ohio Physical Therapy Practice Act. The Section recommends you contact the reimbursement department at the Ohio Physical Therapy Association. Occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. Also, there would be a need to determine if the prescription continues to have an accurate description of the client’s needs. You may wish to discuss your question with your legal counsel or your malpractice provider. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.

**Old Business**
None

**New Business**

**FSBPT Continuing Competence Presentation**
FSBPT gave a presentation regarding Continuing Competent, ProCert, and Jurisprudence Assessment Module. Continuing Competence tools can be viewed on the FSBPT website at [www.fsbpt.org](http://www.fsbpt.org).

**Licensure Compact**
The Section reviewed OPTA’s comments regarding continuing competence. The Section discussed the disciplinary component and renewal requirements under the licensure compact.

**Open Forum**
The Section presented Jeffrey Rosa with a resolution from the Governor’s office for his service with the Board. Mr. Rosa is the longest serving Executive Director with the Board.

**Ohio Physical Therapy Association (OPTA) Report**
Victoria Gresh reported that the OPTA conference was well attended and received. Ms. Gresh reported that OPTA won Chapter of the year. In May 2015, OPTA updated its policy and procedures.

**Federation of State Boards for Physical Therapy (FSBPT) Report**
Lynn Busdeker, Jennifer Wissing and Timothy McIntire gave a brief recap on the Board Member orientation. The upcoming FSBPT activities are: Leadership Forum August 1-2, 2015 and the Annual Conference October 15-17, 2015.

**Items for Next Meeting**
- Elections
Next Meeting Date
The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, September 10, 2015.

Adjournment
There being no further business and no objections, Ronald Kleinman adjourned the meeting at 2:37 pm.

Respectfully submitted,
Diane Moore

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

James Lee, PT, DPT, Secretary
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, PT Section

Jeffrey M. Rosa, Executive Director
Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board

JL:jmr:dm