



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Physical Therapy Section
May 12, 2011
10:00 a.m.

Members Present

Raymond Bilecky
Thomas Caldwell (arrived @ 10:05 am)
Sam Coppoletti, Secretary
Dale Deubler (arrived @ 1:00 pm)
Mary Kay Eastman (left @ 2:20 pm)
Karen Holtgrefe
James Lee
Marilyn Mount, Chair
Kimberly Payne (arrived @ 11:28am)

Matthew Sellers
Nick Kynyk
Kelly Mueller
Kate Dixon
Selena Eskinzai-Budge
Whittney Miller
Erin Isler
Nicole Vance
Cassandra Kujarik
Meredith Lane
Allison Gear
Laura Fisher
Kate Egbert
Kyle Egbert
Kyle Amirul
Chris Szulc
Tim Pace
Jeanne Farahay
Jeff Hegreness
Jess Nelson
Jessica Ramsey
Charles Starr
Louise Taoma
Shannon Simpson
Erica Anderson
Kristen Braemer
Bhakti Ganhli
Amanda Haddad
Joe Marulli
Allison Miller
Jim Skoczen
Preston Stoller
Jessica Lewis

Public Member

Janenne Allen (left at 11:10 am)

Legal Counsel

Yvonne Tertel, Assistant Attorney General

Staff Present

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

Guests

Katie Rogers, OPTA
Nancy Garland
Sarah Miller
Meghan McGarry
Katie Kellner
Jessica Freimark
Mark Lomer
Laurel Miller
Chelsea Ostrander

Call to Order

The meeting was called to order by the Section Chair, Marilyn Mount, at 10:02 a.m.

The Physical Therapy Section welcomed the physical therapy students from Ohio State University.

Approval of Minutes

Action: Raymond Bilecky moved that the March 10, 2011 meeting minutes be approved as corrected. Mary Kay Eastman seconded the motion. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried.

Action: Thomas Caldwell moved that the April 19, 2011 retreat meeting minutes be approved as corrected. Karen Holtgrefe seconded the motion. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried.

Executive Director's Report

- The Executive Director reported that he gave the Board’s budget testimony to the Senate Finance Committee on May 4, 2011.
- The Executive Director informed the Section he met with Senator Gillmor about her sponsoring the Joint Board Restructuring bill and a potential amendment to S.B. 141 dealing with licensure exemptions for out of state physical therapists travelling with athletic teams.
- The Executive Director informed the Section that the budget for the remainder of the fiscal year is on target.
- The Executive Director reported that he presented to the first graduating physical therapist assistant class at Edison Community College in Piqua.
- The Executive Director informed the Section that he was invited to attend the Ohio Physical Therapy Association Board Meeting on May 13, 2011.

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

Open Forum

The Ohio State University physical therapist students asked the Section various questions during the open forum segment.

Administrative Reports

Licensure Applications

Action: Dale Deubler moved that the Physical Therapy Section ratify, as submitted, the individuals approved by the Occupational Therapy, Physical Therapy, and Athletic Trainers Board to sit for the National Physical Therapy Examination for physical therapists and physical therapist assistants from March 10, 2011 through May 12, 2011, taking into account those individuals subject to discipline, surrender, or non-renewal. Ms. Deubler further moved that the following persons be licensed as physical therapists/physical therapist assistants pending passage of the National Physical Therapy Examination and Ohio laws and rules examination. Thomas Caldwell seconded the motion. Mary Kay Eastman was absent for the vote. The motion carried.

Physical Therapist – Examination

Barnes, Charnon	Bollman, Emily	Brown, Phillip
Campisano, Miranda	Cornett, Nicole	Dickerson, Sherrice
Fening, Erin	Fetters, Mandi	Gregg-Cornell, Kimberly
Gruber, Ashley	Haase, Angela	Hangen, Julie
Huesing, Heather	Klettlinger, Michelle	Koppin, Gretchen
Litmer, Amy	Little, Laura	Marlow, Jenell
Napier, Shaunic	Neff, Kathleen	Pilekic, Ante
Pirman, Allison	Porter, Jason	Root, Kara
Shirley, Krista	Spiller, Blake	Sutton, Jennifer
Sykes, Curtis	Welly, Erin	White, Kristi
Wilger, Ronald	Wright, Rebecca	Young, Kati

Physical Therapist Assistant – Examination

Ausel, Marsha	Batdorf, Stephanie	Bender, Christopher
Coppus, Shawn	Debortoli, Joseph	Debruine, Kendra
Demain, John	Dever, Jennifer	Diegel, Heather
Diehl, Whitney	Doyle, Clinton	Eckrote, Donald
Eckrote, Donald	George, Brett	Gramza, Peter
Kuebler, Steven	Long, Kathryn	Ludwig, Jennifer
Mielczarczyk, Joseph	Miller, Michael	Noftz, Wade
Otey, Barbara	Phillips, Jamie	Rose, Robin
Sergent, David	Shearer, Keith	Snyder, Ashleigh
Waddle, Stacy	Weible, Cortney	Yarbrough, Bonnie

Action: Dale Deubler moved that the Physical Therapy Section ratify, as submitted, the physical therapist and physical therapist assistant licenses issued by endorsement and reinstatement by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from March 10, 2011 through May 5, 2011, taking into account those

licenses subject to discipline, surrender, or non-renewal. Thomas Caldwell seconded the motion. Mary Kay Eastman was absent for the vote. The motion carried.

Physical Therapist – Endorsement

Briddell, Derrick	Defilippi, Justin	Egan, Kelly
Espy, Deborah	Evans, Heather	Kinney, Jared
Kirby, Kenneth	Kubacki, Sandra	Ladak, Ali
Lapid, Richard	Milburn, Anne	Moody Cessna, Tracy
Moran, Sarah	Scott, Cheryl	Sutaria, Devangkumar
Szalanski, Jacqueline	Wilburn, Jared	

Physical Therapist Assistant – Endorsement

Gerber, Annette	Glovier, Brandy	Jeffries, Aletha
Mahone, Jessica	Nicula, Christi	Thompson, Tiffanie

Physical Therapist Reinstatement

Good, Jessica	Lim, Alda	Sherman, Bridget
Weiner, Carrie		

Physical Therapist Assistant Reinstatement

Atakulu, Glenda	Barrows, Angela	Cropper, Jill
Jenne, Carolina	Ostheimer, Charlene	Valley, Amy

Testing Accommodations Requests

Dale Deubler recommended that the Section grant the testing accommodation for the National Physical Therapy Examination for physical therapist examination application file #5061084 based on the documentation provided. **Action:** Thomas Caldwell moved that the Section grant the testing accommodation for the National Physical Therapy Examination for physical therapist examination file #5061084 based on the documentation provided. James Lee seconded the motion. Dale Deubler abstained from voting. Mary Kay Eastman was absent for the vote. The motion carried. The Section granted the testing accommodation request for Jessica Fagin.

Continuing Education Approval Request

Raymond Bilecky asked the Section for clarification regarding getting CE approval for completing one segment of the through the Combined Sections Meeting of the American Physical Therapy Association. Generally, this CE activity is awarded an Ohio Approval Number for the whole CE activity.

The Physical Therapy Section will accept partial credit for individuals who have attended individual sessions of CSM. Individuals can use the original Ohio Approval Number for CMS for attending individual CSM sessions. The individual must document which sessions were attended and the actual number of contact hours earned.

Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section.

Case Review Liaison Report

Thomas Caldwell reported that the Enforcement Division closed ten and opened fifteen new cases since the March 10, 2011 meeting. There are thirty-six cases currently open. There are eight disciplinary consent agreements, one adjudication orders, and one non-disciplinary agreement being monitored.

Thomas Caldwell informed the Section that Karen Wampler and Anna Moore complied with all terms and conditions and were released from their disciplinary consent agreements.

Enforcement Actions

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-FY11-015 in lieu of going to a hearing. **Action:** Mary Kay Eastman moved that the consent agreement for case PT-FY11-015 be accepted in lieu of going to a hearing. Raymond Bilecky seconded the motion. Thomas Caldwell and James Lee

abstained from voting. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried. The Section accepted the consent agreement for Rhonda Iams, PTA.

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-LD-11-001 in lieu of going to a hearing. **Action:** Raymond Bilecky moved that the consent agreement for case PT-LD-11-001 be accepted in lieu of going to a hearing. Karen Holtgreffe seconded the motion. Thomas Caldwell and James Lee abstained from voting. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried. The Section accepted the consent agreement for Susan Kester, PTA reinstatement applicant

Thomas Caldwell recommended that a notice of opportunity for a hearing be issued for case PT-FY11-031 for falsifying employment information on the application for reinstatement. **Action:** Mary Kay Eastman moved that a notice of opportunity for a hearing be issued for case PT-FY11-031 for falsifying employment information on the application for reinstatement. Sam Coppoletti seconded the motion. Thomas Caldwell and James Lee abstained from voting. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried.

Thomas Caldwell recommended that a notice of opportunity for a hearing be issued for case PT-FY11-035 for falsifying employment information on the application for reinstatement. **Action:** Mary Kay Eastman moved that a notice of opportunity for a hearing be issued for case PT- FY11-035 for falsifying employment information on the application for reinstatement. Sam Coppoletti seconded the motion. Thomas Caldwell and James Lee abstained from voting. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried.

Thomas Caldwell recommended that a notice of opportunity for a hearing be issued for case PT- FY11-009 for inappropriate delegation. **Action:** Raymond Bilecky moved that a notice of opportunity for a hearing be issued for case PT- FY11-009 for inappropriate delegation. Mary Kay Eastman seconded the motion. Thomas Caldwell and James Lee abstained from voting. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried.

Thomas Caldwell recommended that a notice of opportunity for a hearing be issued for case PT- FY11-038 for inappropriate relationships with patients. **Action:** Karen Holtgreffe moved that a notice of opportunity for a hearing be issued for case PT-FY11-038 for inappropriate relationships with patients. Mary Kay Eastman seconded the motion. Thomas Caldwell and James Lee abstained from voting. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried.

Thomas Caldwell recommended that a notice of opportunity for a hearing be issued for case PT- FY11-055 for failure to meet the continuing education requirements for the 2011 license renewal. **Action:** Karen Holtgreffe moved that a notice of opportunity for a hearing be issued for case PT-FY11-055 for failure to meet the continuing education requirements for the 2011 license renewal. Sam Coppoletti seconded the motion. Thomas Caldwell and James Lee abstained from voting. Kimberly Payne and Dale Deubler were absent for the vote. The motion carried.

Correspondence

1. **Tina Griffiths:** Ms. Griffiths asked the Section if physical therapists can supervise and bill for massage therapy if the treatments were performed by a licensed massage therapist. **Reply:** 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 therapist are considered 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 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 Bureau of Workers' Compensation (BWC) 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. It is the position of the Physical Therapy Section that when a patient presents with a prescription or referral for both physical therapy and massage therapy, each professional shall provide services under their respective practice acts and within their professions' scope of practice. In addition, each professional should make every reasonable attempt to consult with the other and thereby coordinate the treatment program for the benefit of the patient. In accordance with rule 4755-27-03 (D) of the Ohio Administrative Code, a physical therapist may choose to refer a patient to another discipline, including a massage therapist, for services. This referral shall be documented by the physical therapist in the medical record to clearly demonstrate a referral for that service. Such referral will not be a delegation of tasks or duties of physical therapy and, therefore, the services are not provided under the supervision of the referring physical therapist.

2. **Lisa Triance:** Ms. Triance asked the Section what documentation is required in addition to the education forms for school-based physical therapists. **Reply:** It is the position of the Physical Therapy Section that the IEP does not meet the requirements of the physical therapy plan of care. The Ohio Physical Therapy Practice Act does not vary with practice setting. 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 school-based physical therapist must write a plan of care for each student indicating specific physical therapy goals and intervention to achieve those goals, any portion of the goal that will be delegated to the physical therapist assistant, as well as precautions/contraindications. The IEP is an Ohio Department of Education approved document that delineates the student's educational needs, goals, and benchmarks. The duration and frequency of the services that will be provided in order to meet the **educational** goals and benchmarks are stated in the IEP. Although related services, such as physical therapy, are included in the IEP to address the educational goals, physical therapy goals and how the physical therapy services are to be implemented as well as specific therapy related precautions/contraindications are not a part of the IEP. This is the information that must be documented in a separate physical therapy plan of care. You should be aware that the Ohio Medicaid Schools Program (MSP) accepts the IEP as a plan of care. This is part of the MSP regulations and does not change the position of the Physical Therapy Section in regard to the plan of care.
3. **Rich Wooten:** Mr. Wooten asked the Section whether physical therapist can perform nutrition counseling. **Reply:** Section 4755.40 of the Ohio Revised Code defines physical therapy as the evaluation and treatment of a person by physical measures and the use of therapeutic exercises and rehabilitative procedures. It is the position of the Physical Therapy Section that physical therapists do not have sufficient educational training to provide in depth nutritional counseling and would need to refer anyone in need of this counseling to a registered dietitian. The Physical Therapy Section also recommends that you refer to the frequently asked questions section of the Ohio Board of Dietetics website (<http://dietetics.ohio.gov>) for further guidance on this question.
4. **David Vernier, PT:** Dr. Vernier asked for the Section if physical therapist can perform dry needling. **Reply:** It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from performing dry needling techniques. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. The manner in which the training is obtained and competency demonstrated are not addressed in the Practice Act.
5. **Kary Phelps:** Ms. Phelps asked the Section for clarification regarding the physical therapy supervision ratio requirements. **Reply:** The Ohio Physical Therapy Practice Act is silent on the supervision ratio for physical therapist assistants and does not regulate caseloads. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the complexity of the patient population and the skills of the physical therapist assistants. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistant provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered.

6. **Michelle Blum:** Ms. Blum asked the Section for clarification on best practices for providing minimum physical therapy coverage/documentation in a hospital setting. **Reply:** The Code of Ethical Conduct for physical therapy personnel, established in rule 4755-27-05 (A)(2) of the Ohio Administrative Code, states that “A licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the patient.” It is the position of the Physical Therapy Section that the physical therapist should document the plan of care, including the frequency deemed necessary to reach the patients goals following completion of the examination and evaluation, regardless of staffing. If the physical therapist assistant is unable to meet the frequency in the plan of care, the reason should then be documented in the medical record. The Physical Therapy Section encourages you to work with your administration to clarify staffing needs and policies and work toward policies that are based on patient needs and not solely on reimbursement to ensure compliance with the Code of Ethical Conduct for physical therapists.
7. **Donald Williamson:** Mr. Williamson asked the Section questions regarding physician scripts and whether physical therapist can change a physicians’ plan for therapy. **Reply:** When working under a physician referral, the physical therapist does need to stay within the parameters of the referral, including frequency and duration. After completion of the initial examination, however, the physical therapist might determine the patient needs a different frequency and duration. If this occurs, the physical therapist must notify the physician by sending him a copy of the plan of care for acceptance.
8. **Juli Oatman:** Ms. Oatman asked the Section if physical therapist assistants are required to have their notes co-signed by a physical therapist. **Reply:** Yes, a physical therapist must co-sign all documentation completed by the physical therapist assistant, including daily treatment notes. Rule 4755-27-03(E)(6) of the Ohio Administrative Code states that “All documentation shall be co-signed by the supervising physical therapist” but does not specify time requirements for co-signing the physical therapist assistant’s notes. It is the position of the Physical Therapy Section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient’s condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. Signing the physical therapist assistant’s documentation indicates the therapist has read the documentation, reviewed any changes in patient status and is certifying that the documentation is correct to the best of the therapist’s knowledge. The physical therapist’s co-signature should be entered into an electronic medical record prior to the time established by the facility to close the record to further entries.
9. **Brvan Dusseau:** Mr. Dusseau asked the Section whether it is safe to perform foam rolling on clients for physical therapy. **Reply:** The Code of Ethical Conduct for physical therapy personnel, established in rule 4755-27-05 of the Ohio Administrative Code requires a licensee to conform to the standards of acceptable and prevailing practice. It is therefore the position of the Physical Therapy Section that the physical therapist must first evaluate the patient and then determine the appropriate intervention for an individual patient based on the results of this evaluation. As part of the ongoing effort to promote evidence based practice, the Physical Therapy Section does recommend that the physical therapist should select patient interventions based on reasonable rationale that includes safety and effectiveness for the selection of that procedure. We appreciate your concern about evidence based practice and encourage you to discuss this with the faculty at your school of physical therapy. Questions related to personal trainers and personal training activities do not fall under the jurisdiction of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board.
10. **Jill Dunaway:** Ms. Dunaway asked the Section if physical therapist can take orders for medication from physicians. **Reply:** A physical therapist or physical therapist assistant may record a medication or change being ordered by the physician, but the physician is responsible for submitting the order to a pharmacy or appropriately credentialed individual before the medication can be issued. Only those individuals credentialed to distribute medications should communicate a change in medication or dose to the patient except in an emergency situation, when the therapist needs to relay direct instructions from the physician to the patient. The Section recommends that you consult nursing and employer policies since they may not permit a nurse to act on orders received by non-nursing personnel.

11. **Leslie Wolf, PT:** Dr. Wolf asked the Section questions related to pro-bono physical therapy services. **Reply:** It is the position of the Physical Therapy Section that regardless of practice setting, documentation must clearly reflect the physical therapy services provided, who performed the service, and when the services were provided. The Ohio Physical Therapy Practice Act does not dictate the format of documentation. The Physical Therapy Section recommends that you consult facility or agency policies on providing pro-bono services to be sure your policies reflect physical therapy laws and regulations. You may also wish to review the American Physical Therapy Association for information on documentation.
12. **Mark Cristell, PT:** Dr. Cristell asked the Section questions regarding compliance with co-signature requirements for physical therapist assistants. **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, a hard copy of the individual's printed name and handwritten signature must be kept on file at the practice location, and 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. 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.
13. **Chris Hughes PT:** Dr. Hughes asked the Section questions regarding whether the ergonomic assessment described in his letter would be considered practicing physical therapy in Ohio. **Reply:** It is the position of the Physical Therapy Section that the service you describe is physical therapy and you need to either secure an Ohio physical therapy license or refer to a physical therapist already licensed in Ohio.
14. **Lucy Mullins:** Ms. Mullins Wolf asked the Section questions whether it is appropriate for physical therapy practitioners to use only their first initial of their first name and full last name when signing physical therapy notes. **Reply:** While laws and rules do not specify what portion of a name constitutes a signature for documentation, it is the position of the Physical Therapy Section that the signature needs to be able to be tracked to a specific individual. If necessary this may be a printed signature so the name is legible. When using an electronic signature, a hard copy of the individual's printed name and handwritten signature must be kept on file at the practice location, and the physical therapist must assure that the electronic signature can be tracked to a unique logon code used only by that individual.
15. **Rick Wickstrom, PT:** Dr. Wickstrom asked the Section questions regarding clarification on the Section's frequently asked question regarding performing health screenings at a health fair. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist or physical therapist assistant from giving health and wellness lectures, demonstrations, or general information on the benefits of different types of exercise provided the practitioner is knowledgeable in the content. In answer to your question, the physical therapist has a choice. They can either present themselves as a physical therapist providing the screening and making recommendations, and therefore must follow the regulations for physical therapy practice as outlined below, OR they may lead an exercise class, give health and wellness lectures, or perform screenings without providing specific treatment recommendations as long as these activities are not represented as an individual physical therapy evaluation. Under current Ohio law, a physical therapy practitioner providing fitness or wellness services to individual clients or groups *must follow regulations for physical therapy practice if the services are represented as physical therapy*, if the provider is identified as a physical therapist or physical therapist assistant, or if he/she signs "PT" or "PTA" after his/her name. If any of these conditions exists, the physical therapist must perform an evaluation prior to providing services, must maintain documentation of care provided, and must notify the client's primary physician if working without a physician referral. If physical therapist assistants, other licensed personnel, or students are involved in providing fitness or wellness services as physical therapy, rules in the Ohio Administrative Code for delegation and supervision apply. No part of these services may be delegated to unlicensed personnel. If fitness or wellness programs or group exercises are not represented as physical therapy, they do not fall under the jurisdiction of the Physical Therapy Practice Act. While physical therapists or physical therapist assistants providing such services may include their educational degrees in published materials, they should not use the credentials "PT" or "PTA" and should not state that the

programs are led by physical therapists or physical therapist assistants. The Physical Therapy Section recommends that the appropriate medical screenings are in place prior to exercise to ensure the safety of the participants, but the fitness/wellness records should be stored separately from physical therapy or medical records.

16. **Jared West:** Mr. West asked the Section whether physical therapists are required to meet certain requirements/certification prior to performing dry needling. **Reply:** The Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board regulates the practice of physical therapy in the state of Ohio. It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from performing dry needling, which is more appropriately termed intramuscular manual therapy. Performance of this procedure is consistent with the knowledge and skills of licensed physical therapists. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality.
17. **Joan Bitzer:** Ms. Bitzer asked the Section questions regarding discharging a patient from physical therapy services. **Reply:** 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. In direct response to your question about what is the correct process to follow when discharging a patient from physical therapy in home care, to comply with rule 4755-27-03 (B)(5) of the Ohio Administrative Code, the physical therapist should do a discharge visit to complete the discharge evaluation and summary. The Physical Therapy Section does recognize that there will be instances when this is not possible such as when the patient cancels therapy or returns to the hospital. This should be documented in the discharge summary. 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.
18. **Michael Sabatino:** Mr. Sabatino asked the Section for clarification on fitting a patient for a wheelchair in an outpatient physical therapy setting. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that would prevent a therapist from fitting a patient who has an amputation for a wheelchair in the outpatient setting. Your question relates to payer policies and not to the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association. 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.
19. **Debra Fleming:** Ms. Fleming asked the Section whether there are any restrictions for a newly licensed physical therapist with a DPT degree working in a home health. **Reply:** The laws and rules governing physical therapy practice in the State of Ohio are not setting specific. There is nothing in the Ohio Physical Therapy Practice Act that would prevent a new graduate from treating patients in the home health setting. Your question relates to payer policies and not to the Ohio Physical Therapy Practice Act. Third party

payers, including Medicare and Medicaid, may have regulations that are more restrictive than the laws and rules that govern the practice of physical therapy in Ohio. 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.

20. **Donna Caudill:** Ms. Caudhill asked the Section if there is maximum number of patients that can be scheduled for a physical therapist assistant at one time and clarification on the guidelines for a physical therapist assistant to work as a chiropractic assistant. **Reply:** Please be aware that physical therapists and physical therapist assistants may only treat pursuant to the physical therapy evaluation and plan of care and the chiropractor may only treat pursuant to the chiropractic evaluation and plan of care. Physical therapy practitioners may not treat pursuant to an evaluation and plan of care established by the other discipline. 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. In accordance with rule 4755-27-03 (D) of the Ohio Administrative Code, a physical therapist may choose to refer a patient to another discipline, including physicians, for services. This referral shall be documented by the physical therapist in the medical record to clearly demonstrate a referral for that service. Such referral will not be a delegation of tasks or duties of physical therapy. The Ohio Physical Therapy Practice Act is silent on the supervision ratio for physical therapist assistants and does not regulate caseload levels. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the complexity of the patient population. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. While any given employer or facility may establish work expectations including productivity standards, the physical therapy practitioner must ensure that the highest priority patient needs are met. If productivity expectations of an employer are such that a physical therapist is unable to meet the above standards, it is the responsibility of the physical therapist to challenge those expectations. 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.” Third party payer policies may be more restrictive than the Ohio Physical

Therapy Practice Act. The therapist must comply with payer policies, such as not billing for one-on-one procedures for more than one patient at a time being treated by any one practitioner. In response to your second question, in accordance with section 4755.40(C) of the Ohio Revised Code, a physical therapist assistant may only work under the direction of a physical therapist. Therefore, a chiropractor may not supervise a physical therapist assistant in the provision of physical therapy services. Section 4755.48(B) of the Ohio Revised Code states that no person shall practice or in any way imply or claim to the public by words, actions or the use of letters to be able to practice physical therapy or to provide physical therapy services unless the person holds a valid Ohio license to practice physical therapy. The unlicensed employee that you designate as an “unlicensed therapist” may not provide physical therapy services and must work as an unlicensed aide in the provision of physical therapy services. 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. The number of PT massages that can be performed during one time slot is dependent on your staffing and the delegation from the physical therapist to other licensed professional such as to a massage therapist. Thus, as stated, there must be documented involvement in each treatment by the physical therapist or the physical therapist assistant. When a physical therapist assistant works as a chiropractic assistant, they may not be represented as or billed as a physical therapist assistant. In accordance with Section 4755-27-02(A) of the Ohio Administrative Code a physical therapist assistant provides physical therapy treatment and related duties as assigned by the physical therapist. These duties are carried out under the supervision of the physical therapist.

21. **Tonia Campbell:** Ms. Campbell asked the Section whether it is legal for a physical therapist to work in an office that is physician owned. **Reply:** The Ohio Physical Therapy Practice Act regulates physical therapists and not the practice setting. While nothing in the Ohio Practice Act prevents a physical therapist from working in a physician owned practice, you may wish to review the Code of Ethical Conduct as outlined in rule 4755-27-05 to ensure you are in compliance.
22. **Robert Chestnut:** The Mr. Chestnut asked the Section whether physical therapists are required to meet certain requirements/certification prior to performing dry needling. **Reply:** It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from performing dry needling techniques. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. The manner in which the training is obtained and competency demonstrated are not addressed in the Practice Act. As a point of clarification, it is important to understand that the OPTA (Ohio Physical Therapy Association) is the professional organization for physical therapists and is not a regulatory agency. The Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board is the entity charged with regulating the practice of physical therapy in Ohio.

OT/PT Joint Correspondence

1. **Teresa Podracky:** Ms. Podracky asked whether occupational and physical therapists can accept a referral from a physician assistant. **Reply:** There is nothing in the Occupational Therapy Practice Act that prohibits any healthcare practitioner from making direct referrals to occupational therapy. In addition, the Ohio Occupational Therapy Practice Act does not require an occupational therapist to receive a referral prior to evaluating and treating an occupational therapy client. 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 purposes. It is the Physical Therapy Section’s position that physician assistants may refer patients to physical therapy provided that a physician has given them the authority to do so. However, physician assistants may not independently refer to physical therapy. Should a physician extend his/her authority to

the physician assistant to refer for physical therapy, then, in fact, the physician assistant has become a conduit or facilitator of the physician's actual order. Please note that the referral is initiated by the physician who is utilizing the physician assistant to extend that information to the physical therapist. The physical therapist may request verification that the physician has granted his/her authority to the physician assistant on a global basis and is not required to do that for each specific patient. If you have any questions about the extension of authority by the physician, you should contact that physician. You may want to contact the State Medical Board of Ohio regarding specific definitions that pertain to physician assistants. If a patient is seen for physical therapy without such physician authorization, the rules for practice without referral under section 4755.481 of the Ohio Revised Code must be followed.

2. **Lauren Mathot, PT:** Dr. Mathot asked for the Sections' positions on retrograde co-signature of occupational and physical therapist's documentation of a plan of care that was assumed by a second therapist. **Reply:** It is the position of the Occupational Therapy Section that for any documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. You cannot retroactively co-sign documentation prior to assuming the plan of care for the client. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational therapist is providing temporary coverage and might only evaluate a patient and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that patient and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient. In the event that the occupational therapist has abandoned the client (termination, leaving the employer without notice) meaning the relationship is severed by the therapist without reasonable notice at a time when there is still the necessity of continuing care, it is the position of the Occupational Therapy Section that occupational therapists have a legal and ethical obligation to ensure follow through with the plan of care established for any given patient. The therapist assuming the plan of care cannot retroactively co-sign documentation prior to assuming the plan of care. According to rule 4755-7-08 of the Ohio Administrative Code, "(A) The standard of ethical conduct in the practice of occupational therapy will be as follows: (1) Occupational therapy practitioner shall demonstrate a concern for the well-being of the recipients of their services. (c) Occupational therapy practitioners shall make every effort to advocate for recipients to obtain needed services through available means." Furthermore, section 4755.11 (A) of the Ohio Revised Code states, "In accordance with Chapter 119. of the Revised Code, the occupational therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board may suspend, revoke, or refuse to issue or renew an occupational therapist or occupational therapy assistant license, or reprimand or place a license holder on probation, for any of the following: (5) Negligence or gross misconduct in the pursuit of the profession of occupational therapy." The Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board met on May 12, 2011 and determined that no response can be issued until clarification of what is meant by "retrograde co-signature" is received. Once the Section receives this clarification, an addition response will be sent.
3. **Kara Farris:** Ms. Farris asked the Sections whether it is appropriate for an occupational therapist who is a part of an interdisciplinary team to provide services that appear to be out of the scope of occupational therapy practice. **Reply:** The practice of physical therapy is not affected by the setting in which the physical therapist provides services. The physical therapist, in all cases, must conduct the initial patient evaluation and develop the physical therapy plan of care regardless of the manner in which services will be

provided. As part of the evaluation and writing the plan of care, the physical therapist must select the appropriate portions of the program that may be delegated to another professional and provide instruction in the delegated functions to the Primary Service Provider. It is the position of the Physical Therapy Section that when early intervention services are provided under the primary service provider model, only services provided by the physical therapist and that are within in the scope of the practice of physical therapy may be called and billed as physical therapy. If the service requires the skill of a physical therapist or physical therapist assistant then this service may not be delegated to other professionals. This is the decision of the evaluating physical therapist. As an integral member of the early intervention team, the parent may request a review of service provision to better meet their child's needs. You will find further information about your question in the correspondence responses in the September 9, 2010 (JB Correspondence response #JB3) and January 20, 2011 (PT Correspondence response #6) minutes on the OT/PT/AT Board web site. Information about the Primary Service Provider model may also be found on the OPTA Pediatric SIG web site. Under Resources on the Pediatric SIG web site, the Looks Like/Doesn't Look Like (document describing PSP model) may give you additional information about the Primary Service Provider model. It is the opinion of the Occupational Therapy Section that collaborative teamwork, including multidisciplinary, interdisciplinary, and transdisciplinary approaches are appropriate forms of service delivery. Please refer to the *AOTA Practice Advisory on Occupational Therapy in Early Intervention* at <http://www.aota.org> for discussion of this topic. As in any work setting, an occupational therapist working in Early Intervention would be required to assume the professional responsibilities outlined in rule 4755-7-02 (A) of the Ohio Administrative Code. For example, as a part of the transdisciplinary team, the occupational therapist performs evaluations and analysis of the client and environment; identifies issues and inputs into the development of the ISFP goals and objectives; plans appropriate interventions; and assesses outcomes. An intervention plan (plan of care) is required in the Early Intervention setting. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the *AOTA Guidelines for Documentation of Occupational Therapy* (2007). An intervention plan might include identification of the IFSP goals and objectives targeted by the occupational therapy practitioner, intervention approaches and types of interventions, and outcomes. The occupational therapist determines the aspects of the occupational therapy intervention plan that may be carried out by other team members. Instructing team and family members on ways to implement appropriate activities may be part of the intervention plan. Only services provided by an occupational therapist or occupational therapy assistant may be called occupational therapy. If the occupational therapist determines that services require the skills of an occupational therapist or occupational therapy assistant, then those interventions cannot be delegated to other providers. There is nothing in the Ohio Occupational Therapy Practice Act that would prohibit an occupational therapist or occupational therapy assistant from providing an integrated service plan that includes interventions established by other professionals, such as early intervention specialists, physical therapists, or speech language pathologists, as long as those portions of the services are not represented as occupational therapy. The occupational therapy practitioner must use professional judgment to determine when training is not adequate to provide requested interventions.

4. **Sarah Dalton Ortlieb:** Ms. Dalton Ortlieb asked the Sections questions regarding the frequency of cosigning occupational therapy assistant and physical therapist assistant documentation. **Reply:** In accordance with rule 4755-7-01 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. It is the position of the Section that for any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. If needed, the occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. The Ohio Occupational Therapy Practice Act does not address frequency of documentation or the specific format. It is the position of the Occupational Therapy Section that occupational therapy practitioners should follow the *AOTA Guidelines for Documentation of Occupational Therapy (AJOT November/December 2008)* when determining documentation of occupational therapy in any setting. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. According to rule 4755-27-03(E)(6) of

the Ohio Administrative Code “All documentation shall be co-signed by the supervising physical therapist.” This rule, however, does not specify time requirements for co-signing the physical therapist assistant’s notes. It is the position of the Physical Therapy Section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient’s condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. The physical therapist’s co-signature should be entered into an electronic medical record prior to the time established by the facility to close the record to further entries. The Ohio Physical Therapy Practice Act does not dictate the format or frequency of documentation. The Physical Therapy Section recommends that you consult payer policies, facility or agency policies, or the American Physical Therapy Association for information on documentation.

5. **Bonni Buchanan:** Ms. Buchanan asked the Sections whether it is legal for occupational and physical therapy practitioners to provide fine and gross motor activities to students that would benefit from the sessions and not call it a therapy camp. **Reply:** As stated in your letter, even though you are an occupational therapy assistant working in the school system, your week long day camp will not be providing occupational therapy services. There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy assistant from designing, participating, or charging for a day camp that focuses on fine and gross motor activities. Although occupational therapy assistants providing such services may include their educational degrees in published materials, they should not use the credentials OTA or OTA/L or COTA/L, and not indicate that the activities done through the camp as occupational therapy. However, school/facility policies or malpractice coverage may have other requirements. It is the position of the Physical Therapy Section that if the summer camp and the activities provided are not represented as physical therapy, then the services do not fall under the Ohio Physical Therapy Practice Act. While physical therapists or physical therapist assistants providing such services may include their educational degrees in published materials, they should not use the credentials “PT” or “PTA” and should not state that the program is led by a physical therapist or physical therapist assistant. The Physical Therapy Section recommends that the appropriate medical screenings and emergency medical information should be in place prior to the camp to ensure the safety of the participants. As long as it is not billed or represented as physical therapy, there is nothing to prevent charging a fee to cover expenses. You may also wish to check with your liability insurance provider to determine if you would be covered in this situation when not acting as a physical therapist.
6. **Meg Justice:** Ms. Justice asked the Sections for clarification on the Board’s position paper for determining caseloads for school-based occupational and physical therapy. **Reply:** The caseloads contained in rule 3301-51-09 of the Administrative Code that limit an occupational and physical therapist from providing services to no more than 50 school-age students or no more than 40 preschool students is adopted and enforced by the Ohio Department of Education. Only the Department of Education can answer your question regarding how to calculate the caseloads under this section of the Administrative Code. Regarding the assertion that the draft paper takes a position that therapy services would best be met by therapists, the Board respectfully disagrees. The position paper merely outlines the legal roles and responsibilities for both the therapists and the assistants under the Ohio Occupational Therapy and Physical Therapy Practice Acts. Under the law, there are certain activities that an occupational therapy assistant and physical therapist assistant are legally prohibited from performing (e.g.: evaluations). Your letter states “*we cannot offer cost effective therapy service by forcing a district who services 100 students requiring physical therapy to hire three physical therapists versus one physical therapist and two physical therapist assistants.*” This is a misunderstanding of the information provided in the position paper. Under Chapter 4755. of the Revised Code, an occupational therapist (OT) and a physical therapist (PT) are responsible for the care provided by any individual whom they supervise, including occupational therapy assistants (OTAs) and physical therapist assistants (PTAs). As a result, even if the district hired one PT and two PTAs, the one PT would still be responsible for all 100 students. The number of students a therapist has responsibility for increases as each additional assistant is assigned to the therapist. A therapist caseload of 100 students or greater, with all of the responsibilities to ensure quality care for these students, as well as for any additional students who need to be evaluated throughout the school year, could easily be in violation of the occupational and physical therapy codes of ethical conduct. The Occupational Therapy and Physical Therapy Sections must also respectfully state that occupational therapy assistants and physical therapist assistants are licensed professionals who serve important roles in the provision of services in all settings. Providing inadequate supervision of these professionals is a violation of the Occupational Therapy and Physical Therapy Practice

Acts and does not serve the assistants or the students they treat with the respect and guidance the law requires. The purpose of the Occupational Therapy and Physical Therapy Sections is not to address fiscal operations but rather to protect the consumer of therapy services.

7. **Monica Heine:** Ms. Heine asked the Sections if occupational and physical therapist need to be certified in order to perform incontinence therapy/rehabilitation. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits physical therapists from performing incontinence therapy/rehabilitation provided that the physical therapist has received training and demonstrated competence in this procedure. There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from performing incontinence therapy/rehabilitation. The occupational therapist must document and demonstrate competency in the technique being administered. For additional information on the role of occupational therapy practitioners in urinary incontinence treatments, you might want to review the 2008 AOTA publication titled *Managing and Treating Urinary Incontinence, 2nd Edition*. Please contact the Ohio Occupational Therapy Association (OOTA) at www.oota.org, with your question concerning therapists practicing in this area.

PT/AT Joint Correspondence

1. **Eric Devecchis:** Mr. Devecchis asked whether athletic trainers can treat patients under a physical therapy plan of care and bill for services. **Reply:** Rule 4755-27-01 (C) of the Ohio Administrative Code defines “other licensed personnel” as “any person holding an Ohio license to practice as a health care practitioner in a profession other than physical therapy . . . who is working under the direct supervision of a physical therapist or physical therapist assistant, as delegated by the physical therapist, and is performing tasks and duties related to the delivery of physical therapy.” When acting under the direction of a physical therapist, licensed athletic trainers are considered other licensed personnel. In accordance with rule 4755-27-04 of the Administrative Code, the supervising physical therapist or physical therapist assistant is accountable and responsible at all times for the direction of the actions of the persons supervised, including other licensed personnel. A physical therapist assistant can provide direct supervision of other licensed personnel even if the physical therapist is not on-site but is available by telecommunication at all times and able to respond appropriately to the needs of the patient. However, only a physical therapist can determine that a patient may be delegated to other licensed personnel. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, “Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel’s professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient’s overall needs and medical status.” 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. It is the position of the Physical Therapy Section that when a patient presents with a prescription or referral for both physical therapy and athletic training, each professional shall complete their own evaluation. In addition, each professional should make every reasonable attempt to consult with the other and thereby coordinate the treatment program for the benefit of the patient. In accordance with rule 4755-27-03 (D) of the Ohio Administrative Code, a physical therapist may choose to refer a patient to another discipline, including physicians, for services. This referral shall be documented by the physical therapist in the medical record to clearly demonstrate a referral for that service. Such referral will not be a delegation of tasks or duties of physical therapy.
2. **Erin Fening:** Ms. Fening asked for clarification on the utilization of athletic trainers in a physical therapy plan of care and supervision requirements. **Reply:** Rule 4755-27-01 (C) of the Ohio Administrative Code defines “other licensed personnel” as “any person holding an Ohio license to practice as a health care practitioner in a profession other than physical therapy . . . who is working under the direct supervision of a physical therapist or physical therapist assistant, as delegated by the physical therapist, and is performing

tasks and duties related to the delivery of physical therapy.” When acting under the direction of a physical therapist, licensed athletic trainers are considered other licensed personnel. In accordance with rule 4755-27-04 of the Administrative Code, the supervising physical therapist or physical therapist assistant is accountable and responsible at all times for the direction of the actions of the persons supervised, including other licensed personnel. A physical therapist assistant can provide direct supervision of other licensed personnel even if the physical therapist is not on-site but is available by telecommunication at all times and able to respond appropriately to the needs of the patient. However, only a physical therapist can determine that a patient may be delegated to other licensed personnel. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, “Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel’s professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient’s overall needs and medical status.” 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. It is the position of the Physical Therapy Section that when a patient presents with a prescription or referral for both physical therapy and athletic training, each professional shall complete their own evaluation. In addition, each professional should make every reasonable attempt to consult with the other and thereby coordinate the treatment program for the benefit of the patient. In accordance with rule 4755-27-03 (D) of the Ohio Administrative Code, a physical therapist may choose to refer a patient to another discipline, including physicians, for services. This referral shall be documented by the physical therapist in the medical record to clearly demonstrate a referral for that service. Such referral will not be a delegation of tasks or duties of physical therapy.

Old Business

School-Based practice Position Paper

The Section reviewed the position paper on *Determination of Appropriate Caseload for School-Based Physical Therapist* and accepted the draft as submitted. Mary Kay Eastman, Mary Stover, and Jeffrey Rosa will work on finalizing the document and will post the position paper on the Board website as soon as possible. The final document will also be sent to the Education Service Centers (ESC). Mary Kay Eastman will forward the ESC addresses to the Executive Director.

Concussions Competency Taskforce

Thomas Caldwell reported that he had not yet communicated with representatives from the Ohio Physical Therapy Association to organize the Taskforce, which will identify the competencies that a physical therapist would need to make perform concussion management.

Calculation of CE Credit for Mentoring

As defined in rule 4755-23-08 (G)(6) of the Administrative Code, physical therapists can earn one contact hour of continuing education for each three hours of mentorship in an APTA accredited clinical residency or fellowship. The Section discussed whether partial CE credit could be earned after an individual has completed at least three hours of mentoring. The Section did not support offering partial credit for mentoring. **Action:** Dale Deubler moved that the Section approved the language for the FAQ regarding the calculation of CE credit for mentoring an APTA clinical residency or fellowship as written. Kimberly Payne seconded the motion. The motion carried.

New Business

Review of FAQ Highlights

The Executive Director has added the updated the FAQs on the Board website for continuing education for serving as a clinical instructor.

Discussion on Restricted Practice

The Section is in support of creating a restricted license for individuals participating in a fellowship or residency program which would allow them to work as a physical therapist in the State of Ohio with restrictions. The Section will look at the FSBPT Model Practice Act language regarding restricted licenses.

Ohio Physical Therapy Association (OPTA) Report

Katie Rogers gave a brief legislative report. Ms. Rogers informed the Section that physical therapy students will participate in the upcoming OPTA Advocacy Day scheduled for May 17, 2011. Ms. Rogers informed the Section that OPTA will provide training for therapists and students to discuss physical therapy issues with legislators prior to Advocacy Day. Ms. Rogers also informed the Section that the sponsor hearing for concussion management bill is scheduled for May 18, 2011. OPTA will continue to push to have physical therapists included in the bill as a health care professional qualified to make return to play decisions or athletes.

Federation of State Boards for Physical Therapy (FSBPT) Report

Mary Kay Eastman and Jeffrey Rosa will represent Ohio at the upcoming NPTE Summit. FSBPT is currently working on finalizing the five dates in 2012 for the physical therapist NPTE.

The FSBPT Annual meeting will be held in Charlotte, North Carolina in September 2011.

Kimberly Payne and Mary Kay Eastman are the 2011 Delegates. Karen Holtgreffe and Sam Coppoletti will attend the FSBPT Board member orientation.

Items for Next Meeting

- Review Frequently Asked Questions
- Review Standard Responses

Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, July 14, 2011.

Adjournment

Thomas Caldwell moved that the meeting be adjourned. Raymond Bilecky seconded the motion. The motion carried. The meeting adjourned at 3:02 p.m.

Respectfully submitted,
Diane Moore

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

Sam Coppoletti, PT, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

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

SC:jmr:dm