Call to Order
The meeting was called to order by the Chair, Thomas Caldwell, at 10:05 a.m.

Approval of Minutes
Action: Raymond Bilecky moved that the minutes from the May 24, 2012, meeting be approved as submitted. Ronald Kleinman seconded the motion. The motion carried.

Executive Director’s Report
- The Executive Director reported that he is developing the FY 2014-2015 Budget. The Board is allowed to budget up to 100 percent of FY 2013 appropriation authority.
- The Executive Director informed the Section that the State is moving towards a new workforce planning model. The new planning model will allow agencies more flexibility in hiring, which should allow the Board to fill the vacant clerk position.
- The Executive Director informed the Section that FSBPT released the 2013 NPTE test dates.
- The Executive Director informed the Section that the concussion bill passed out of the House of Representatives.
- The Executive Director informed the Section that the Joint Board bill will be introduced late this summer.

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

Discussion Law and Rule Changes
The Section has one rule up for 5-Year Review. The Section will review rule 4755-29-01 at the September 2012 Section meeting. The Section will look at fitness and wellness services and physician reporting requirements. The Executive Director and Thomas Caldwell will work on revisions.

Administrative Reports
Licensure Applications
Action: James Lee 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 24, 2012 through, July 19, 2012, taking into account those individuals subject to discipline, surrender, or non-renewal. Mr. Lee 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. Thomas Caldwell seconded the motion. The motion carried.
### Physical Therapist – Examination

<table>
<thead>
<tr>
<th>Name</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alden, Abigail</td>
<td>Baute, Daniel</td>
<td>Behm, Abby</td>
</tr>
<tr>
<td>Blahovec, Andrea</td>
<td>Bobinger, Nicholas</td>
<td>Borowske, Christine</td>
</tr>
<tr>
<td>Brink, Joshua</td>
<td>Brown, Sarah</td>
<td>Buettner, Jennifer</td>
</tr>
<tr>
<td>Carr, Justin</td>
<td>Cetina, Patrick</td>
<td>Cowen, Jeffrey</td>
</tr>
<tr>
<td>Craig, Kevin</td>
<td>Creager, Tara</td>
<td>Davies, Mark</td>
</tr>
<tr>
<td>DeChellis, Regina</td>
<td>DeStefano, Nicole</td>
<td>Deters, Lindsay</td>
</tr>
<tr>
<td>DiClaudio, Stacy</td>
<td>Dietsch, Bryan</td>
<td>Dus, Meghan</td>
</tr>
<tr>
<td>dus, Meghan</td>
<td>Falcioni, Katherine</td>
<td>Fanning, Amy</td>
</tr>
<tr>
<td>Flora, Christa</td>
<td>Foster, Eric</td>
<td>Frederick, Mathew</td>
</tr>
<tr>
<td>Giblin, Lauren</td>
<td>Gray, Patrick</td>
<td>Greiner, Courtney</td>
</tr>
<tr>
<td>Grisak, Nicole</td>
<td>Hass, Daniel</td>
<td>Hewitt, Elizabeth</td>
</tr>
<tr>
<td>Hohl, Jeffrey</td>
<td>Holder, Hannah</td>
<td>Horsfield, Stephanie</td>
</tr>
<tr>
<td>Jones, Bret</td>
<td>Kahle, Nicole</td>
<td>Kramer, Erin</td>
</tr>
<tr>
<td>Kuharik, Amanda</td>
<td>Kunkle, Cambra</td>
<td>Larocca, Neil</td>
</tr>
<tr>
<td>Larson, Alexandra</td>
<td>Larson, Chad</td>
<td>Linsenmayer, Matthew</td>
</tr>
<tr>
<td>Long, Thomas</td>
<td>Lyons, Katherine</td>
<td>Mako, James</td>
</tr>
<tr>
<td>Manno, Christina</td>
<td>Martin, Robert</td>
<td>McGuire, Matthew</td>
</tr>
<tr>
<td>McIntosh, Stephanie</td>
<td>Metzger, Christina</td>
<td>Metzinger, Michelle</td>
</tr>
<tr>
<td>Miracle, Tiffany</td>
<td>Mitchell, Charlene</td>
<td>Mitchell, Lisa</td>
</tr>
<tr>
<td>Motley, Briania</td>
<td>Myos, Katherine</td>
<td>Orr, Chelsey</td>
</tr>
<tr>
<td>Parrott, Joshua</td>
<td>Perna, Michelle</td>
<td>Pickett, Richard</td>
</tr>
<tr>
<td>Poole, Sarah</td>
<td>Quinn, Jessica</td>
<td>Rodriguez, Carmen Patricia</td>
</tr>
<tr>
<td>Ross, Andrew</td>
<td>Rowan, Todd</td>
<td>Ruthemeyer, Christopher</td>
</tr>
<tr>
<td>Schiffbauer, Sara</td>
<td>Schmid, Vanessa</td>
<td>Schuman, Leann</td>
</tr>
<tr>
<td>Schwing, Terrence</td>
<td>Sheppard, John</td>
<td>Sigmund, Heather</td>
</tr>
<tr>
<td>Simendinger, Allison</td>
<td>Simyak, Nicole</td>
<td>Sirak, Brittany</td>
</tr>
<tr>
<td>Smith, Rachel</td>
<td>Tierney, Daniel</td>
<td>Valek, Katherine</td>
</tr>
<tr>
<td>Waite, Brian</td>
<td>Walter, Timothy</td>
<td>Ward, Erin</td>
</tr>
<tr>
<td>Warner, Vanessa</td>
<td>Weaks, Lindsay</td>
<td>Welly, Erin</td>
</tr>
<tr>
<td>Wheeler, Jason</td>
<td>Williams, Blain</td>
<td>Wilms, Angela</td>
</tr>
<tr>
<td>Wilson, Darla</td>
<td>Winiesdorffer, Samantha</td>
<td>Yanek, Daniel</td>
</tr>
<tr>
<td>Yoder, James</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical Therapist Assistant – Examination

<table>
<thead>
<tr>
<th>Name</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams, Crystal</td>
<td>Adams, Justin</td>
<td>Adams, Leah</td>
</tr>
<tr>
<td>Alexander, Joseph</td>
<td>Allard, Matthew</td>
<td>Allen, Miranda</td>
</tr>
<tr>
<td>Aplin, Matthew</td>
<td>Armstrong, Sara</td>
<td>Azzarello, Samantha</td>
</tr>
<tr>
<td>Baker, Alex</td>
<td>Ballhaus, Eric</td>
<td>Barger, Beth</td>
</tr>
<tr>
<td>Barnett, Gretchen</td>
<td>Barr, Yolanda</td>
<td>Beavers, Ronnie</td>
</tr>
<tr>
<td>Beck, Bryan</td>
<td>Becker, Shane</td>
<td>Bentley, Jeri</td>
</tr>
<tr>
<td>Bisignano, Nicole</td>
<td>Bowlby, Carrie</td>
<td>Boyd, Macey</td>
</tr>
<tr>
<td>Bragg, Tracy</td>
<td>Braun, Jaime</td>
<td>Breitenbach, Lauren</td>
</tr>
<tr>
<td>Briggs, Moriah</td>
<td>Bruns, Holly</td>
<td>Bruns, Mark</td>
</tr>
<tr>
<td>Bryant, Stephanie</td>
<td>Buchan, Anna</td>
<td>Bullinger, April</td>
</tr>
<tr>
<td>Bunce, Kristie</td>
<td>Burchett, Trent</td>
<td>Burdett, Olivia</td>
</tr>
<tr>
<td>Burke, Holly</td>
<td>Burton, Heather</td>
<td>Campbell, Darlene</td>
</tr>
<tr>
<td>Campbell, Jessica</td>
<td>Campbell, Leslie</td>
<td>Campbell, Morgan</td>
</tr>
<tr>
<td>Carey, Rachel</td>
<td>Cartee, Kathryne</td>
<td>Carver, Danielle</td>
</tr>
<tr>
<td>Cary, Richard</td>
<td>Casey, Carla</td>
<td>Cice, Richard</td>
</tr>
<tr>
<td>Clay, Jeremy</td>
<td>Coates, Trisha</td>
<td>Combs, Amanda</td>
</tr>
<tr>
<td>Cook, Alex</td>
<td>Courtright, Elizabeth</td>
<td>Cousino, Joel</td>
</tr>
<tr>
<td>Crawford, Taylor</td>
<td>Croft, Stephanie</td>
<td>Crothers, Clifton</td>
</tr>
<tr>
<td>DeBruine, Kendra</td>
<td>DeLoye, Kaitlin</td>
<td>Dennis, Tyler</td>
</tr>
<tr>
<td>DiGiovanni, Christina</td>
<td>Dilworth, Erica</td>
<td>Distel, Jenelle</td>
</tr>
</tbody>
</table>
Duke, Adam
Etling, Kathryn
Fanello, Whitney
Fite, Kayla
Forgacs, Elizabeth
Fox, Heather
Frazee, Ashley
Friesz, Megan
Galloway, Catherine
Gardner, Jaime
Gillis, Joseph
Gratz, Nikole
Gutschalk, Rebekah
Hall, Amanda
Harter, Dustin
Hillery, Joseph
Holland, Larry
Hunterman, Emily
Jack, Christy
Jones, Ruth
Keith, Jody
Kintz, Charlotte
Klotzle, Meredith
Lauder, William
Leon, Claudia
Loesch, Lauren
Lowdermilk, Ann
Malott, Leigh Anne
Matheson, Nichole
McElroy, Paige
Meek, Robert
Miller, Jessica
Mitchely, Irvin
Myers, Ambre
Newell, Sember
Owens, Hannah
Parry, Heidi
Perkins, Mikyla
Petersen, Michael
Pizer, Amanda
Popa, Dan
Puse, Rick
Reed, Brett
Rickel, Kerry
Riggs, Amber
Rooks, Matthew
Rowland, Brandon
Schrein, Meredith
Seman, Amanda
Shehor, Richard
Skiba, Justin
Smith, Jessica
Smith, Patricia
Snyder, Peter
Steen, Meagan
Stivison, Jeffery

Dyer, Sheila
Etter, Kent
Fillman, Wendy
Florence, Deandre
Foster, Jamie
Francis, Jackie
Frazier, Roland
Fullen, Billy
Galloway, Robert
Garver, Shane
Goeckerman, Nicole
Grimes, Cassandra
Guzzi, Jerrica
Hardy, Brittany
Hickman, Phil
Hoffman, Thad
Holhaus, Lauren
Hyland, Ariel
Jennings, Kimberly
Kaelin, Theresa
Kerr, Todd
Kitchen, Steven
Krempa, Aaron
Lehman, Jessica
Lewis, Mayland
Longberry, Brittany
Lukezie, Christine
Manfull, Angela
Matthieu, Courtney
McFarland, Jeremy
Mercado, Michael
Miller, Kelli
Moomaw, Emily
Nearhood, Jessica
Obringer, Kristy
Pahl, Rachael
Payne, Kimberly
Perkowski, Christian
Petitte, Joshua
Podrasky, Carol
Porter, Andrea
Rahrig, Melissa
Reed, Curtis
Ridenour, Dru
Riley, Charles
Rose, Alicia
Sanderson, Tammy
Schulte, Kristin
Sereno, Crystal
Shields, Candice
Smith, Dusty
Smith, Lori
Smith, William
Stambaugh, Paula
Stevens, Christopher
StuMarisa
Swanson, Jessica

Ebersole, Andrew
Falk, Ryan
Finton, Sady
Floyd, Daniellle
Fowler, Steven
Franczek, Stanley
Freeman, Sarah
Gademer, Cheryl
Garber, Hannah
Gerlick, Lee
Graham, Martha
Grobmyer, Robert
Haas, Christy
Harper, Matthew
Hill, Terry
Hogan, Matthew
Horning, Stephanie
Ignath, Leah
Jones, James
Keeping, Emily
Kimmel, Jordan
Klenke, Chelsea
Laman, Todd
Lentini, Paul
Locke, Lauren
Longstreet, Garth
Maibach, Mitchell
Martz, Spencer
Maynard, Vivian
McPherson, Laura
Miller, Bryan
Miller, Sarah
Moore, Elizabeth
Neff, Lisa
Otto, Jennifer
Parker, Christie
Pecci, Melissa
Perry, Heidi
Pickering, Lana
Pohl, Anna
Price, Melissa
Rebic, John
Reedy, Megan
Riff, Haley
Roberts, Jessica
Rothenberg, Jessica
Schaeffer, Lauryn
Seifert, Kevin
Shackelford, Ryan
Sidwell, Shaya
Smith, Jessica
Smith, Myles
Snyder, Jeffery
Steckman, April
Stewart, Marisa

Physical Therapy Section
July 19, 2012
Page 3
Action: James Lee 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 24, 2012 through, July 19, 2012, taking into account those licenses subject to discipline, surrender, or non-renewal. Thomas Caldwell seconded the motion. The motion carried.

Physical Therapist – Endorsement
Baldridge, Jennifer Barbour, Mary Bernacchi, Paul
Cartwright, Candace Casey, Diane Chilson, Todd
George, Alyssa Harper, Abigail Henry, Jennifer
Janiszewski, Barbara Jennings, Heather Kaminskas, Lynn
Keenan, Maggie Knoblauch, Shannon Kontras, Luke
Mitchell, Susan Muir, Nancy Onderdonk, Matthew
Point, Mattie Powell, Ashley Sherwood, Walter
Van Sluyters, Nicholas

Physical Therapist Assistant – Endorsement
Burley, Denise Dombek, Stephen Garrett, Ashley
Houchens, Hannah Lang, Andrew McDonald, Michele
Salyers, Connie

Physical Therapist Reinstatement
Cameron, Martha Hogan, Richard Klein, Robert
Seyler, William

Physical Therapist Assistant Reinstatement
Bush, Cristi Higgins, Breann

Request for Waiver of English Equivalency Examinations for Licensure
James Lee recommended that the Section to grant a waiver of the TOEFL requirement for the physical therapist endorsement file #5151732 based on the documentation provided. Action: Karen Holtgrefe moved that the Section to grant a waiver of the TOEFL requirement for the physical therapist endorsement file #5151732 based on the documentation provided. Lynn Busdeker seconded the motion. James Lee abstained from voting. The motion carried. The Section granted a waiver of the TOEFL requirement for Lynette T. Dela Cruz.

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 nine and opened three new cases since the May 24, 2012 meeting. There are fifteen cases currently open. There are six disciplinary consent agreements and two adjudication orders being monitored.

Thomas Caldwell informed the Section that Patricia Strazar complied with all terms and conditions and was released from her disciplinary consent agreement.

Enforcement Actions
Thomas Caldwell recommended that the notice for opportunity for hearing for case PT-FY12-030 be rescinded in light of new information. **Action:** James Lee moved that Section rescind the notice of opportunity for hearing for case PT-FY12-030 in light of new information. Lynn Busdeker seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Correspondence
1. **Amy McMillin, PT:** Ms. McMillin asked the Section for guidance for using negative pressure cupping method as a manual therapy tool in physical therapy practice. **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 negative pressure cupping. 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 part of the ongoing effort to promote evidence based practice, the Physical Therapy Section suggests that when undertaking a new treatment method, you should be able to present a reasonable rationale that includes safety and effectiveness for the selection of that procedure.

2. **Jennifer Bluck, PT:** Ms. Bluck asked the Section for if a physician’s order is required to provide physical therapy services in a school system. **Reply:** The Ohio Physical Therapy Practice Act does not vary with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician’s referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient’s medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. However, if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner’s scope of practice. In addition, there is nothing in the law that requires the physical therapist to see a patient without a physician’s referral. The physical therapist does have the discretion to request a prescription.

3. **Ivan Nassif:** Mr. Nassif asked the Section if acupuncture/dry needling is included in the physical therapy scope of practice. **Reply:** Intramuscular manual therapy (“dry needling”) is a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments including, but not limited to: scarring, myofascial pain, motor recruitment, and muscle firing problems. Goals of treatment may include the following: pain relief, increased extensibility of scar tissue, and/or the improvement of neuromuscular firing patterns. The term “dry needling” may be confusing. It refers to the fact that nothing was injected with the needle. Physical Therapists using intramuscular manual therapy: Do not and cannot claim to practice acupuncture; Do not use traditional Chinese medicine theories, meridian acupoints, and terminology; and Do not use acupuncture diagnoses like tongue and pulse. It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from performing intramuscular manual therapy 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.

4. **Chris Perry, PT:** Mr. Perry asked the Section if physical therapists can accept a prescription with an electronic signature from a physician. **Reply:** It is the position of the Physical Therapy Section that there is nothing in the law prohibiting a physical therapist from accepting a stamped signature, or a referral that arrives via electronic mail, from a person who is licensed in Ohio or another state to practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery, or to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife,
or certified nurse practitioner, within the scope of such practices, and whose license is in good standing. However, the physical therapist always has the discretion to require original signatures for documentation, prescriptions, orders, or referral needs. Please keep in mind that accrediting bodies, third party payers, or facility may have requirements that prohibit you from accepting a stamped signature. 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.

5. **Angie Curtis, PT**: Ms. Curtis asked the Section whether physical therapist assistants can complete the objective status on functional tests such as Tinetti/TUG and discharge summaries. **Reply**: It is the position of the Physical Therapy Section that physical therapist assistants may gather and summarize objective information, including functional tests such as Tinetti/TUG; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of goal achievement and 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 plan 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.

6. **Danielle Lawrence, PT**: Ms. Lawrence asked the Section if all practice settings require a physician’s order for the physical therapist to check a patient’s pulse ox. **Reply**: Nothing in the Physical Therapy Practice Act requires a specific physician order for a physical therapist to document a patient’s oxygen level (rate of flow or pulse oximetry reading) in any setting. An order is necessary to administer oxygen. The Physical Therapy Section recommends that you refer to payer and agency policies as either may have more specific requirements.

7. **Lynn Willford, PT**: Ms. Willford asked the Section if physical therapist assistants can address a goal independently on a re-evaluation. **Reply**: No, the physical therapist assistant cannot document if a goal is met or not. 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. This is the solely the responsibility of the physical therapist.

8. **Maura Ferdinand, PTA**: Ms. Ferdinand asked the Section if physical therapist assistants can perform trigger point therapy/dry needling. **Reply**: Intramuscular manual therapy (“dry needling”) is a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments including, but not limited to: scarring, myofascial pain, motor recruitment, and muscle firing problems. Goals of treatment may include the following: pain relief, increased extensibility of scar tissue, and/or the improvement of neuromuscular firing patterns. It is the position of the Ohio Physical Therapy Section that physical therapists assistants cannot legally perform intramuscular manual therapy under the Ohio Physical Therapy Practice Act. However, they can perform non-intramuscular techniques in order to treat trigger points.

9. **Kyle Paladino, PT**: Mr. Paladino asked the Section for clarification on options for patients that have reached a plateau and the patient’s family wants treatment to continue. **Reply**: It is the position of the Ohio Physical Therapy Section that a facility may establish policies on whether the physical therapist or physical therapist assistant may continue physical therapy services after the patient has exhausted his/her insurance benefits. The Section recommends that you refer to Medicare or other payer policies for any specific requirements or policies in your setting for a patient or family to pay for maintenance services by a physical therapist. However, pursuant to section 4755.47 (A)(5) of the Ohio Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants.
10. Deborah Pettit, PT: Ms. Pettit asked the Section a follow up question regarding whether physical therapist assistants can perform tracheostomy suctioning. Reply: Thank you for your comments. A physical therapist may not delegate suctioning to the physical therapist assistant as a part of the physical therapy plan of care. You may, however, want to address this issue through competencies outside the physical therapy plan of care. Finally, as stated in the Section’s June 5, 2012, response, under rule 4755-27-07 of the Administrative Code, physical therapists are required to use the letters PT following the person’s name since PT is the regulatory designation authorizing practice. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS.

11. Kim Hounshell: The Section reviewed the response from the Activator Methods to an Ohio licensed athletic trainer which outlined which healthcare professionals were legally able use the Activator within their profession’s scope of practice. Reply: Ohio law does not specifically refer to whether or not a physical therapist may utilize manual therapy techniques, such as manipulation. It is the position of the Physical Therapy Section that manual therapy procedures are an integral part of the practice of physical therapy and may be used if the procedures are in the best interest of the patient and the therapist has training and demonstrated competence in the procedure. It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from using an Activator. 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 part of the ongoing effort to promote evidence based practice, the Physical Therapy Section suggests that when undertaking a new treatment method, licensees should be able to present a reasonable rationale that includes safety and effectiveness for the selection of that procedure.

12. Amber Goodwin, PTA: Ms. Goodwin asked the Section questions regarding physical therapy evaluations and reassessments. Reply: There is nothing in the Ohio Physical Therapy Practice Act that dictates the length of time that a referral is valid. If you have a case or patient where a referral is required, the Physical Therapy Section recommends that, at a minimum, referrals be renewed annually. When working under a physician referral, the physical therapist does need to stay within the parameters of the referral, including complying with the 90-day limit. The Section recognizes that third party payers may require physical therapists to follow more specific requirements. If you have evaluated the patient and are sending the physician plans of care for review and signature, these can be considered a new referral each time the plan of care is signed. If the patient brings in a referral that does not have a current date or there is a significant time lapse between the date the referral was written and the date the patient brings it in, it is the therapist’s decision to accept the referral or request a current referral from the physician. The Ohio Physical Therapy Practice Act is silent on how often the supervising physical therapist must treat or re-evaluate patients delegated to physical therapist assistants. It is the position of the Physical Therapy Section that the frequency of re-evaluation of a patient must be individualized and based upon that patient’s impairments and response to treatment, regardless of the setting in which the patient receives physical therapy services. Please refer to the payer since payer policies may have specific rules on frequency of re-evaluation and the use of a re-evaluation code.

13. Theresa Chambers, PT, DPT: Dr. Chambers asked the Section questions regarding physical therapy diagnosis. Reply: It is the position of the Physical Therapy Section that although physical therapists cannot make a medical diagnosis of a patient’s disability, the evaluating physical therapist, following the completion of a physical therapy evaluation, may determine the reason that physical therapy is appropriate for the patient and assign a physical therapy diagnosis. This is not determining the medical condition that underlies the disability, but rather determining the disability or portion of the disability that physical therapy services will address. It is the position of the Physical Therapy Section that any service should be billed under the most descriptive intervention and diagnostic codes available. Please check with Medicare, third-party payers and, and insurance policies to address your specific questions. You may also get information from the Reimbursement Department or Ohio chapter of the APTA. While the physical therapy services will address. It is the position of the Physical Therapy Section that any service should be billed under the most descriptive intervention and diagnostic codes available. Please check with Medicare, third-party payers and, and insurance policies to address your specific questions. You may also get information from the Reimbursement Department or Ohio chapter of the APTA. While the physical conditions underlying the disability, the physical health care provider is responsible for making the medical diagnosis.
therapist’s scope of practice in Ohio does not include the diagnosis of medical conditions, the physical therapy evaluation should identify impairments (i.e. rehab or physical therapy diagnoses) requiring physical therapy.

14. **Danielle Johnson, PT:** Ms. Johnson asked the Section for clarification on direct access for physical therapists. **Reply:** Regarding your first question, in accordance with the laws governing provision of physical therapy services under direct access, a physical therapist may see a patient who does not wish to have a physician or other practitioner notified. It should not, however, be considered an option. If the patient does not wish their physician to be notified, it is the recommendation of the Physical Therapy Section that the patient be asked to sign a document declining notification of the physician. Regarding your second question, while the law is silent on how to handle direct access for someone who does not have a primary care physician (PCP), the Physical Therapy Section also recommends the patient be asked to sign a document stating they do not have a PCP to whom the evaluation could be sent. Having signed documentation from the patient in either case demonstrates that the physical therapist is following the law. In addition, if the patient has made no substantial progress after 30 days of treatment, the physical therapist has an obligation to provide the patient with recommendations for follow up care with an appropriate healthcare provider. Your third 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. Regarding your final question, when working under a physician referral, the physical therapist does need to stay within the parameters of the referral, including frequency and duration of treatment. The Physical Therapy Section would expect the physical therapist to contact the physician regarding extending the patient’s plan of care.

**OT/PT Joint Correspondence**

**JB1. Erika Stutts, OT:** Ms. Stutts asked the Occupational and Physical Therapy Sections questions regarding providing occupational therapy consultative services and if physical therapist assistants can gather information for an occupational therapy screen and determine a need for an occupational evaluation. **Reply:** In response to your first question, individuals administratively managing a therapy department (minutes management, attending team meetings, and other employee-related duties) do not require an Ohio license. However, if the occupational therapist also performs clinical supervision of occupational therapy assistants, or client-specific assessment or treatment, the therapist would be required to have a valid Ohio occupational therapy license. In response to your second question, it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. As a reminder, however, the Code of Ethical Conduct applies across all practice settings, including skilled nursing and long term care. In response to your scenario, occupational therapy practitioners may encounter situations in which they feel a client would benefit from further intervention, but other interdisciplinary team members, and/or managers disagree. Rule 4755-7-08 (C)(1)(d) of the Ohio Administrative Code states that an occupational therapist or occupational therapy assistant shall not abandon the client by inappropriately terminating the practitioner-client relationship, and rule 4755-7-08 (C)(13) states an occupational therapy practitioner shall advocate for clients to obtain needed services through available means. If the occupational therapy practitioner communicates and documents their professional opinion, and the interdisciplinary team members, and/or managers choose to discharge the client, the occupational therapy practitioner would not be in violation of rules 4755-7-08 (C)(1)(d) and 4755-7-08 (C)(13). In response to your third question, rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code states that an occupational therapy practitioner shall not provide treatment interventions that are not warranted by the client’s condition or continue treatment beyond the point of reasonable benefit to the client. As noted above, if the occupational therapy practitioner communicates and documents their professional opinion regarding appropriate intensity of treatment for their client, and the interdisciplinary team members, and/or managers choose to disregard that opinion, the occupational therapy practitioner would not be in violation of rule 4755-7-08 (C)(1)(b). In response to your fourth question, occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. Screens may be completed by other licensed or unlicensed healthcare personnel that result in a referral for occupational therapy. As such, a physical therapist assistant under the direction of a physical therapist can perform a screen. According to rule 4755-27-03 (E)(5) of the Ohio Administrative Code, when practicing within the scope of physical therapy, a physical therapist assistant may gather data about a patient to perform a screening that is non-evaluative in nature. Screens include a
review of the patient’s medical information and/or verbal contact with other health care practitioners, family, or the patient to review the patient's medical history and past functional ability but do not include physical contact with the patient. Interpretation of this information, including the need for a physical therapy evaluation and or referral to occupational therapy, is the responsibility of the physical therapist. Any screen conducted by a physical therapist assistant must be cosigned by the physical therapist.

JB2. **Debra Farley:** Ms. Farley asked the Occupational and Physical Therapy Sections for clarification occupational and physical therapy documentation requirements for clinical settings to meet state and federal guidelines. **Reply:** The Occupational Therapy Section recommends that you refer to the American Occupational Therapy Association’s *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). The Physical Therapy Section recommends accessing the American Physical Therapist Association’s Defensible Documentation. Information can be found at www.apta.org. There is also a wealth of information related to billing, coding, and compliance, but access to most information is restricted to APTA members only.

JB3. **Carol Kline:** Ms. Kline asked the Occupational and Physical Therapy Sections questions regarding whether it is legal for occupational and physical therapists to treat students that are not receiving special education services. **Reply:** It is legal for occupational therapists to provide services to students who are not receiving special education services. As in any area of occupational therapy practice, an occupational therapist participating in the RTI process would perform assessments, plan and implement interventions, and collect data on outcomes; appropriate documentation of those steps is a requirement. If an occupational therapist is observing a student on an individual basis and making recommendations, then the therapist should complete an occupational therapy evaluation and establish an occupational therapy treatment/intervention plan. The Occupational Therapy Section strongly recommends having signed parent permission for the occupational therapy services under RTI. According to rule 4755-7-02 (A) of the Administrative Code, occupational therapists shall assume professional roles and responsibility for the following activities, which shall not be wholly delegated, regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services; (2) Interpretation and analysis for evaluation purposes; (3) Development, interpretation, and modification of the treatment/intervention plan and the discharge plan. The Ohio Physical Therapy Practice Act does not vary with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician’s referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient’s medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. It is legal for therapists to provide services under RTI with no jeopardy to their physical therapist license. The Physical Therapy Section strongly recommends having a signed parent permission for the physical therapy services under RTI. As is true in all practice settings, the physical therapist must perform a physical therapy evaluation and write a physical therapy plan of care. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association’s pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org.

JB4. **Leah Clendening, PT:** Ms. Clendening asked the Occupational and Physical Therapy Sections where occupational and physical therapist should file the plan of care for a school-based practice. **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. Although the Section does not have a policy for records retention, it is the position of the Occupational Therapy Section that the student records, such as IEPs and MFEs, ultimately belong to the school district. It is recommended that occupational therapists retain a copy of their therapy logs and intervention plans. There is nothing in the Ohio Physical Therapy Practice Act that specifies where a physical therapy plan of care is maintained. However, “best practice” would be to keep a copy within the physical therapy files for ease of accessibility. It is the school district’s decision if they would like to keep a copy of the physical therapy plan of care in the student’s main file.

JB5. **Tonya Fish, OT:** Ms. Fish asked the Occupational and Physical Therapy Sections whether a physician referral/prescription is required for occupational and physical therapy practice in a school-based setting.
**Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, 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. You may also wish to discuss your question with your legal counsel or your malpractice provider. Ohio Physical Therapy Practice Act does not vary with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician’s referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient’s medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. However, if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner’s scope of practice. In addition, there is nothing in the law that requires the physical therapist to see a patient without a physician’s referral. The physical therapist does have the discretion to request a prescription.

**JB6. Katie Warnecke, PT:** Ms. Warnecke asked the Sections whether an occupational therapist’s and physical therapist’s license is a part of the employer’s license, and whether variance from an established plan of care constituted a licensure concern. **Reply:** Any treatment provided by an occupational therapy licensee in Ohio is provided under that individual’s professional license. An employer may or may not carry a professional license. Therefore provision of occupational therapy services is the responsibility of the occupational therapy practitioner. As stated in Rule 4755-7-02(A)(3) of the Ohio Administrative Code, the occupational therapist shall assume professional responsibility for development, interpretation and modification of the treatment/intervention plan and the discharge plan. However, rule 4755-07-02(B)(9) states that an occupational therapy practitioner shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice, and regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments, and strive to effect changes that benefit the client. In the scenario you described, adequate provision of services during staffing fluctuations would be the responsibility of both the occupational therapy practitioner and the employer. Inability to provide services at the frequency established in the plan of care can create issues with billing and reimbursement. While 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. It is the position of the Ohio Physical Therapy Section that the statement is false. An individual’s license is personal to that individual, and is not transferrable in any type of employment situation. The plan of care does not change based on your employment staffing situation.

**Old Business**

*Update on Dry Needling*
There are no new updates.

*Update on Concussion Management*
The Section will post a FAQ on the Board website dealing with concussions.

*Continuing Competence Taskforce Update*
There are no new updates.

**New Business**

*APTA House of Delegates Motion regarding Therapy Extenders*
The Section discussed the APTA House of Delegates Motion regarding therapy extenders. The Section will post a reminder on the Board website that under the Ohio Physical Therapy Practice Act, licensees are prohibited from delegating physical therapy services to unlicensed personnel, even if it is allowed under APTA polices. Ohio licensed physical therapy practitioners must follow the most restrictive policies.

**Open Forum**
The Section welcomed guest Jessica Donovan, a geriatric resident at Ohio State University.
Ohio Physical Therapy Association (OPTA) Report
Adam Miller informed the Section that:
- OPTA Continuing Education audit will begin in August. The audit will cover applications received in the first half of 2012.
- OPTA is conducting face to face interviews with 3-4 candidates for the vacant Executive Director position and is looking to fill the position in September 2012.
- The Continuing Competence Taskforce meetings have been pushed back until the end of August.

Adam Miller gave a legislative report.

Federation of State Boards for Physical Therapy (FSBPT) Report
- Raymond Bilecky informed the Section that there were three motions forwarded to the resolutions committee. The Section briefly discussed the motions pertaining to areas of focus, conflict of interest, and minimum data set.
- Raymond Bilecky informed the Section that he will attend the Leadership Conference in August 2012.

Items for Next Meeting
- Elections
- Competency Demonstration

Next Meeting Date
The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, September 6, 2012.

Adjournment
Karen Holtgrefe moved that the meeting be adjourned. Lynn Busdeker seconded the motion. The motion carried. The meeting adjourned at 11:40 a.m.

Respectfully submitted,
Diane Moore

Thomas Caldwell, 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