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TITLE 435. BOARD OF MEDICAL LICENSURE AND SUPERVISION CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS SUBCHAPTER 1. GENERAL PROVISIONS

Section

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435:20-1-1. Purpose

The rules in this Chapter provide requirements for licensure as a physical therapist/physical therapy assistant and regulation of practice.

435:20-1-1.1. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Alternate Supervising Physical Therapist" means the physical therapist who temporarily provides direct or general supervision of a physical therapist assistant or applicant for licensure in the absence of the supervising physical therapist and who will be identified in the medical record as the therapist of record.

"CAPTE" means the Commission on Accreditation of Physical Therapy Education.

"Examination/Evaluation" means a comprehensive visit by the physical therapist, in the presence of the patient, to determine the plan of care, based on the physical therapist's clinical judgments, which are supported by the data gathered during the examination.

"Foreign-educated physical therapist" means a physical therapist who graduated from any physical therapy education program outside the United States.

"General supervision" means the responsible supervision and control of the practice of the licensed physical therapist assistant by the supervising physical therapist. The supervising therapist is regularly and routinely on-site, and every three months will provide a minimum of one (1) co-treatment of face to face, real time interaction with each physical therapist assistant providing services with his/her patients. These co-treatments will be documented in the medical record and on a supervision log, which is subject to inspection. When not on-site, the supervising therapist is on call and readily available physically or through direct telecommunication for consultation.

"Group Setting" means two or more physical therapists providing supervision to physical therapist assistants in the same practice setting or physical facility.

"Immediate Supervision" means the supervising physical therapist or physical therapist assistant is on the premises and in attendance when patient care is being delivered.

"On-site supervision" or "Direct supervision" means the supervising physical therapist is continuously on-site and present in the department or facility where services are provided, is immediately available to the person being supervised and maintains continued involvement in appropriate aspects of each treatment session in which assistive personnel are involved in components of care.

"Physical Therapist" means a licensed professional health care worker who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who provides physical therapy services including evaluation, treatment program design/management/ modification, and supervision of delegated portions of a treatment program.

"Physical Therapist Assistant" means a licensed technically educated health care provider who is a graduate of a program accredited by an agency recognized by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

"Physical Therapist of Record" means the physical therapist who assumes the responsibility for the provision and /or supervision of physical therapy services for a patient, and is held accountable for the coordination, continuation and progression of the plan of care.

"Physical Therapy Aide" means a person on-the-job trained and working under the immediate supervision of a physical therapist or physical therapist assistant who performs designated and supervised routine tasks as outlined in 435:20-7-1.

"Practice Setting" means the type of service delivery such as acute care, outpatient, inpatient rehabilitation, long term care, home health, educational settings or DDS.

"Re-examination/Re-evaluation/Assessment" means visits by the physical therapist, in the presence of the patient, to assess the patient's current status, gather additional data, and update the plan of care.

"Supervision" means the physical therapist is delegating portions of the patient's care to licensed personnel or applicants for licensure but remains accountable for the coordination, continuation and progression of the care of the patient.

"Supervising Physical Therapist" means the physical therapist of record who provides either direct or general supervision for a physical therapist assistant or applicant for licensure and delegates components of patient care to that person.

SUBCHAPTER 7. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS

Section

435:20-7-1. Direction and supervision of Physical Therapist Assistants

435:20-7-1. Direction and supervision of Physical Therapist Assistants

(a) Responsible supervision.

(1) Physical therapists have a duty to provide therapy services that protect the public safety and maximize the availability of their services. The physical therapist assistant is the only individual permitted to assist in selected treatment interventions. A physical therapist assistant shall be supervised by a specific physical therapist or group of physical therapists working in the same practice setting or physical facility. A physical therapist assistant may not be supervised by any other person including those licensed in other professions. The physical therapist of record is accountable and responsible at all times for the direction of the actions of the physical therapist assistant when treating his/her patient. When determining the extent of assistance the physical therapist assistant can provide, the physical therapist should consider:

- (A) the physical therapist assistant's experience and skill level
- (B) the patient/client criticality and complexity
- (C) the setting in which the care is being delivered
- (D) the predictability of the patient/client outcomes
- (E) the needed frequency of re-examination

(2) A physical therapist shall not delegate to a less qualified person any service that requires the skill, knowledge and judgment of a physical therapist. For each date of service, a physical therapist shall provide all therapeutic interventions that require the expertise of a physical therapist and shall determine when assistive personnel may be used to provide delivery of services in a safe, effective, and efficient manner for each patient.

(A) A physical therapist assistant shall work under a physical therapist's direct or general supervision. A physical therapist assistant may document care provided without the co-signature of the supervising physical therapist. The physical therapist assistant will respond to acute changes in the patient's physiological state and report these findings promptly to the physical therapist. Contact, or attempts to contact the physical therapist of record, will be documented in the medical record.

(B) A physical therapist and a physical therapist assistant may use physical therapy aides for designated and immediately supervised routine tasks. The physical therapist shall not delegate

the same type and level of duties to the physical therapy aide as are delegated to the physical therapist assistant. A physical therapy aide shall work under immediate supervision of the physical therapist or physical therapist assistant who is continuously on-site and present in the facility.

(b) Patient Care Management. Upon accepting a patient for provision of services, the physical therapist becomes the Physical Therapist of Record for that patient and is solely responsible for managing all aspects of the physical therapy plan of care for that patient. The Physical Therapist of Record shall:

- (1) Perform the initial examination and evaluation
- (2) Establish a plan of care and remain responsible to provide and/or supervise the appropriate interventions outlined in the plan of care.
- (3) Perform the re-examination/re-evaluation of the patient in light of their goals and revision of the plan of care when indicated. This will be performed no less frequently than:
 - (A) every 30 days in acute care, outpatient, inpatient rehabilitation and long term care settings with documented case consultation no less frequently than every 15 days;
 - (B) every 60 days in home health settings with documented case consultation no less frequently than every 30 days;
 - (C) every 90 days in consultative DDS with documented case consultation no less frequently than every 45 days;
 - (D) every 10th visit for DDS for patients under 21 years of age with documented case consultation no less frequently than every 5th visit;
 - (E) every 60 days in educational settings with documented case consultation no less frequently than every 30 days;
- (4) Establish the discharge plan and provide or review the documentation of the discharge summary prepared by the physical therapist assistant.
- (5) A physical therapist's responsibility for patient care management shall include oversight of all documentation for services rendered to each patient, including awareness of fees charged or reimbursement methodology used. A physical therapist shall also be aware of what constitutes unreasonable or fraudulent fees.

(c) Designation of a new Physical Therapist of Record. In the event that the Physical Therapist of Record can no longer assume these responsibilities, care must be turned over to another physical therapist who will become the new Physical Therapist of Record. The Therapist of Record must make sure that the new Physical Therapist of Record is authorized and qualified to receive the patient, must obtain acceptance from the receiving physical therapist, document the hand-over of the patient and maintain the care and responsibility of the patient until the new Physical Therapist of Record is acknowledged in the documentation.

(d) Designation and responsibilities of Supervising Physical Therapist and Alternate Supervising Physical Therapist. Both the physical therapist and physical therapist assistant are responsible for completion of the Form #5, Verification of Supervision.

- (1) A Form #5, Verification of Supervision must be completed annually for each clinical practice setting in which the physical therapist assistant works, identifying the supervising physical therapist for the physical therapist assistant. The physical therapist assistant will be responsible to inquire of their supervising physical therapist(s) or the Board, the number of persons being supervised by that physical therapist. If responsible supervision is not practiced, both the supervising physical therapist and the physical therapist assistant are in violation of this rule. Any revised or new Form #5 for a physical therapist assistant at a clinical practice setting will supersede the existing Form #5 for that setting. A physical therapist assistant will not practice in any clinical setting without the necessary Form #5. It is the responsibility of both physical therapists and physical therapist assistants to notify the Board of any changes to a Form #5 that they have signed.
- (2) A physical therapist will not supervise and utilize more than four (4) licensed personnel or applicants for licensure. Only three (3) may be physical therapist assistants or applicants for physical therapist assistant licensure. Any of the four (4) may be applicants for physical therapist licensure. This total is inclusive of all geographic locations or employing agencies.
- (3) For each practice setting in which he or she works, the physical therapist assistant and the

supervising physical therapists must indicate on the Form #5, Verification of Supervision which of the method of supervision described in (A) or (B) below will be employed in that practice setting.

(A) A physical therapist will provide direct or general supervision of a physical therapist assistant and will be listed on the Form #5 as the supervising physical therapist. In the event that he or she is unable to provide supervision, a supervising physical therapist may:

(i) temporarily delegate the supervision of up to three licensed physical therapist assistants to an alternate supervising physical therapist who agrees to provide consultation to the physical therapist assistant(s) for existing plans of care for a period of time not to exceed thirty (30) days. In this event, a new Form #5 is not required, but the alternate supervising physical therapist must be identified as the Therapist of Record in the documentation.

(ii) designate a new Therapist of Record, as in 435:20-7-1-(c) above, to assume full responsibility of the plan of care who may, if they so chose, delegate to a physical therapist assistant under their supervision as listed on their Form #5.

(B) A group of physical therapists, working in the same practice setting may provide supervision to a physical therapist assistant providing the following conditions are met:

(i) all supervising physical therapists are listed on a Form #5 for the physical therapist assistant.

(ii) the ratio of physical therapists to physical therapists assistants in that practice setting does not exceed the ratio of one (1) physical therapist to three (3) physical therapist assistants or applicants for licensure at any given time.

(iii) The group director, who must be a licensed physical therapist or physical therapist assistant, is identified and assumes responsibility for accurate information on the Form #5 and the appropriate ratio of physical therapist to physical therapist assistants. The Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules.

(e) Supervision of additional physical therapist assistants. In unique cases, a physical therapist may petition the Chair of the Physical Therapy Committee to receive permission to supervise additional physical therapist assistants or applicants for licensure, but this decision to supervise additional assistive personnel must be reviewed and approved by the committee at the next scheduled meeting..

(f) **Limits of practice for the physical therapist assistant.** The physical therapist assistant may not:

(1) Specify, other than to the Physical Therapist of Record, perform or interpret definitive (decisive, conclusive, final) evaluative and assessment procedures. Definitive evaluation procedures may not be recommended to anyone other than the patient's physical therapist, unless previously approved by the physical therapist.

(2) Alter overall treatment, goals and/or plan.

(3) Recommend adaptive equipment, assistive devices, or alterations to architectural barriers to persons other than a physical therapist.

(4) File discharge documents for permanent record until approved by a physical therapist.

(5) Perform duties or tasks for which he/she is not trained.