



PHYSICAL THERAPY EXAMINING BOARD
Room 121C, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
December 11, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-3)**
- B) Approval of Minutes of September 11, 2014 (4-6)**
- C) Administrative Updates**
 - 1) Staff Updates
- D) National Physical Therapy Exam (NPTE) Eligibility Requirements Update (7-9)**
- E) Legislative/Administrative Rule Matters**
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) Candidate Testing – Discussion **(10-15)**
 - 4) Update on PT 1, 2, 3, and 8 Relating to Temporary Reentry License **(16-21)**
- F) Education and Examination Matters**
 - 1) Continuing Education – APPEARANCE – Mike Edwards, Wisconsin Physical Therapy Association Continuing Education Task Force, Chair **(22)**
- G) aPTitude and Related Matters – Board Discussion (23-46)**
- H) Federation of State Boards of Physical Therapy (FSBPT) Matters**
 - 1) Examination, Licensure and Disciplinary Database (ELDD) – Board Discussion **(47-50)**
 - 2) FSBPT Online Jurisprudence Exam
 - 3) FSBPT Call for Comments Draft Telehealth Policy Recommendations – Board Discussion **(51-64)**

- 4) 2014 Annual FSBPT Meeting – Report from Sarah Olson and Michele Thorman **(65-70)**
- 5) FSBPT Membership Task Force Meeting in Alexandria, VA, January 9-10, 2015 – Board Discussion **(71)**

I) Criminal Background Checks

J) Informational Item(s)

- 1) Chiropractors – Drugs and Medical Procedures **(72-74)**

K) Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Education and Examination Matters
- 4) Credentialing Matters
- 5) Practice Matters
- 6) Legislation/Administrative Rule Matters
- 7) Liaison Report(s)
- 8) Informational Item(s)
- 9) Disciplinary Matters
- 10) Presentations of Petition(s) for Summary Suspension
- 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 12) Presentation of Proposed Decisions
- 13) Presentation of Interim Order(s)
- 14) Petitions for Re-Hearing
- 15) Petitions for Assessments
- 16) Petitions to Vacate Order(s)
- 17) Petitions for Designation of Hearing Examiner
- 18) Requests for Disciplinary Proceeding Presentations
- 19) Motions
- 20) Petitions
- 21) Appearances from Requests Received or Renewed
- 22) Speaking Engagement(s), Travel, or Public Relation Request(s)

L) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

M) Oral Examination of Candidate(s) for Licensure

- 1) **10:45 A.M. – APPEARANCE – Rocelon Guerra (75)**

N) Case Status Report (76)

O) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters

- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Case Closings
- 12) Case Status Report
- 13) Petition(s) for Extension of Time
- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases
- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

P) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Q) Open Session Items Noticed Above not Completed in the Initial Open Session

R) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

S) Ratification of Licenses and Certificates

ADJOURNMENT

**PHYSICAL THERAPY EXAMINING BOARD
MEETING MINUTES
September 11, 2014**

PRESENT: Shari Berry, PT; Lori Dominiczak, PT; Thomas Murphy, Sarah Olson, PTA; Michele Thorman, PT

STAFF: Tom Ryan, Executive Director; Taylor Thompson, Bureau Assistant; and other Department staff

CALL TO ORDER

Michele Thorman, Chair, called the meeting to order at 8:29 A.M. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Shari Berry moved, seconded by Thomas Murphy, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Shari Berry moved, seconded by Lori Dominiczak, to approve the minutes of May 29, 2014 as published. Motion carried unanimously.

CORRESPONDENCE FROM MATTHEW W. O'NEILL REGARDING DRY NEEDLING

MOTION: Shari Berry moved, seconded by Lori Dominiczak, to reject Acupuncture Center, Inc. d/b/a Midwest College of Oriental Medicine's request, dated May 29, 2014, to initiate rulemaking under Wis. Stat. § 227.12 regarding trigger point dry needling/acupuncture. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

**REVIEW OF SCOPE STATEMENT REGARDING PT 1, 2, 3 AND 8, RELATING TO
TEMPORARY REENTRY LICENSURE**

MOTION: Shari Berry moved, seconded by Sarah Olson, to appoint Lori Dominiczak as the board liaison to work with DSPS staff in drafting PT 1, 2, 3, and 8, relating to temporary reentry licensure. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

CONTINUING EDUCATION RECEIVED FROM ONLINE COURSES

Shari Berry recused herself and left the room for the discussion and voting on Continuing Education Received from Online Courses.

MOTION: Lori Dominiczak moved, seconded by Sarah Olson, to invite a representative of the WPTA Continuing Education Committee to a future meeting to discuss their methodology for evaluating and awarding CEUs for online courses. Motion carried.

CONTINUING EDUCATION AUDIT

MOTION: Lori Dominiczak moved, seconded by Shari Berry, to request Office of Education and Examinations conduct a CE audit for the 2013-15 biennium for PT and PTA licensees. Motion carried unanimously.

MOTION: Sarah Olson moved, seconded by Thomas Murphy, to appoint Shari Berry and Lori Dominiczak as audit liaisons. Motion carried unanimously.

FOREIGN TRAINED EDUCATION EVALUATION DISCUSSION

MOTION: Lori Dominiczak moved, seconded by Shari Berry, to accept the report from Office of Education and Examinations on foreign trained education evaluation procedures. Motion carried unanimously.

CLOSED SESSION

MOTION: Shari Berry moved, seconded by Sarah Olson, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Shari Berry - yes; Lori Dominiczak - yes; Thomas Murphy - yes; Sarah Olson - yes; Michele Thorman - yes. Motion carried unanimously.

The Board convened into Closed Session at 10:34 A.M.

RECONVENE TO OPEN SESSION

MOTION: Sarah Olson moved, seconded by Lori Dominiczak, to reconvene in Open Session at 11:50 A.M. Motion carried unanimously.

PRESENTATION AND DELIBERATION OF PROPOSED STIPULATION AND FINAL DECISION AND ORDER

13 PHT 010 JAMES L. SMITH, P.T.

Michele Thorman recused herself and left the room for the deliberation and voting in the matter concerning James L. Smith, Respondent – DLSC case number 13 PHT 010.

MOTION: Shari Berry moved, seconded by Sarah Olson, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Final Decision and Order, in the matter of 13 PHT 010 – James L. Smith, P.T. Motion carried.

14 PHT 013
ELAINE MARTIN, P.T.A.

MOTION: Sarah Olson moved, seconded by Lori Dominiczak, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Final Decision and Order, in the matter of 14 PHT 013 – Elaine Martin, P.T.A. Motion carried unanimously.

PRESENTATION AND DELIBERATION ON ADMINISTRATIVE WARNINGS

MOTION: Shari Berry moved, seconded by Lori Dominiczak, to issue an Administrative Warning in the matter of DLSC case number **13 PHT 025 (D.F.)**. Motion carried unanimously.

CASE CLOSING

13 PHT 021 (C.A.K.)

MOTION: Shari Berry moved, seconded by Sarah Olson, to close case 13 PHT 021, against C.A.K., for no violation. (NV) Motion carried unanimously.

14 PHT 002 (F.C.F.)

Thomas Murphy recused himself and left the room for deliberation and voting in the matter concerning F.C.F – DLSC case number 14 PHT 002.

MOTION: Shari Berry moved, seconded by Sarah Olson, to close case 14 PHT 002, against F.C.F., for insufficient evidence. (IE) Motion carried.

14 PHT 003 (P.J.V.)

MOTION: Sarah Olson moved, seconded by Thomas Murphy, to close case 14 PHT 003, against P.J.V., for no violation. (NV) Motion carried unanimously.

**VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION,
IF VOTING IS APPROPRIATE**

MOTION: Shari Berry moved, seconded by Lori Dominiczak, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Sarah Olson moved, seconded by Lori Dominiczak, to delegate ratification of examination results to DSPS staff and to delegate and ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Thomas Murphy moved, seconded by Shari Berry, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:52 A.M.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 10/23/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 12/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? National Physical Therapy Exam (NPTE) Eligibility Requirements Update	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



National Physical Therapy Exam (NPTE) Eligibility Requirements Update

October 22, 2014

BACKGROUND

At the FSBPT 2014 Annual Meeting in San Francisco, FSBPT shared a timeline for implementation of the new NPTE eligibility requirements. This News Flash is to ensure that all stakeholders are aware of the timeline for the requirements.

The concept of the additional requirements was originally brought forward by the Board of Directors in 2013, both at the Leadership Issues Forum and the Delegate Assembly where the concept was endorsed by FSBPT members.

The Board's recommendations were based on extensive data analysis and the findings of a taskforce. Notice of the upcoming requirements has been posted on the FSBPT website for approximately 10 months.

IMPLEMENTATION

Lifetime limit – The lifetime limit will go into effect as of January 1, 2016.

Candidates will be able to take the exam a maximum of six (6) times. An individual can take the NPTE for PTs six times and also take the NPTE for PTAs six times if he or she is otherwise qualified to do so.

Candidates will still be allowed up to three attempts per year but now will have a six-time total limit.

As of January 1, 2016, any candidate who has already tested six times will no longer be allowed to test unless a jurisdiction chooses to appeal this policy on a specific candidate's behalf (see "appeals process" below).

Candidates who have not yet passed the exam will receive a notice from FSBPT in 2014 explaining the new requirement and implementation date. This notice period will allow candidates to take up to three attempts in 2015.

There will be no "grandfathering" for candidates who registered prior to this requirement going into effect. All candidates who do not have a passing score and have tested in the last three years will be notified of the changes and have one year to pass the exam prior to the new requirements going into effect.

Low score limit – The low score limit will go into effect as of January 1, 2016.

Candidates who receive two very low scores on the exam, currently defined as performing at or close to chance level (scale scores 400 and below), will not be allowed to test again.

Currently, candidates who receive a very low score on the exam are notified that their performance is so far away from the minimal competence level that they need to engage in serious remediation, such as enrolling in another PT educational program, before attempting the NPTE again and that another score that is very low (400 or below) may result in further action by FSBPT.

Starting January 1, 2016, the letter sent to candidates who receive a score of 400 or less will be

modified to indicate that a second score of 400 or less will result in a lifetime ban. No scores prior to January 1, 2016 will be considered, which means all candidates will have a “clean slate” with regard to this eligibility requirement.

Additional eligibility requirements

The two remaining eligibility requirements that were endorsed in 2013, English language proficiency and determination of substantial equivalence using the FSBPT coursework tool, will go into effect in 2017.

APPEALS PROCESS

Over the course of the last 18 months FSBPT and its members have been communicating about the requirements and how best to implement them. One thing that was clear is that there needs to be a mechanism for a state board to appeal one or more requirement on a candidate's behalf.

The exact process for the appeal is being designed in concert with the system changes to implement the new requirements. States making an appeal will be asked to thoughtfully consider a candidate's request for an appeal and take into consideration whether they are the state where the individual intends to practice.

Reasons a state might appeal the lifetime limit or low-score limit on behalf of a bona fide candidate for licensure in their state would likely be related to additional preparation/education the candidate has undertaken.

COMMUNICATION

Candidates who are subject to the new eligibility requirements will be notified individually by email, no later than November 30, 2014, to explain the new requirements.

Member boards will receive a spreadsheet of all their candidates who have been notified and an example of all emails used to communicate the new requirements.

At the same time the notices are sent to candidates and member boards, www.fsbpt.org/eligibility will be updated with the timeline for implementation.

NEXT STEPS

If you have questions regarding the implementation of the new eligibility requirements, please contact communications@fsbpt.org.

Distribution:

PT and PTA Program Directors, Educators
FSBPT Committees, Task Forces, Honorary Members, Associate Members

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Administrative Rules Coordinator		2) Date When Request Submitted: October 23, 2014 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 08 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: December 11, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion of candidate testing	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>The Board will review and discuss the amount of times applicants ay retake a licensure exam and decide whether to request staff to draft a scope statement.</p>			
11) Shawn Leatherwood		Authorization October 23, 2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Chapter PT 2

EXAMINATIONS

PT 2.001 Authority and purpose.
PT 2.01 Panel review of applications; examinations required.

PT 2.02 Conduct of examinations.
PT 2.03 Failure and reexamination.

PT 2.001 Authority and purpose. (1) The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 448.53 (1) and 448.54, Stats.

(2) The rules in this chapter are adopted to govern examination of applicants for licensure of physical therapist and physical therapist assistants under ss. 448.53, 448.535, 448.54, and 448.55, Stats.

History: CR 12-002: cr. Register August 2012 No. 680, eff. 9-1-12.

PT 2.01 Panel review of applications; examinations required. (1) All applicants shall complete written examinations. In addition, an applicant may be required to complete an oral examination if the applicant:

(a) Has a medical condition which in any way impairs or limits the applicant's ability to practice physical therapy with reasonable skill and safety.

(b) Uses chemical substances so as to impair in any way the applicant's ability to practice physical therapy with reasonable skill and safety.

(c) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(d) Has within the past 2 years engaged in the illegal use of controlled substances.

(e) Has been subject to adverse formal action during the course of physical therapy education, postgraduate training, hospital practice, or other physical therapy employment.

(f) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

(g) Has been convicted of a crime the circumstances of which substantially relate to the practice of physical therapy.

(h) Has not practiced as a physical therapist or physical therapist assistant for a period of 3 years prior to application, unless the applicant has been graduated from a school of physical therapy or a physical therapist assistant educational program within that period.

(i) Has been graduated from a physical therapy school or a physical therapist assistant educational program not approved by the board.

(j) Has voluntarily limited the scope of his or her practice as a physical therapist or physical therapist assistant after being the subject of an investigation by a credentialing authority or employer.

(2) An application filed under s. PT 1.03 shall be reviewed by an application review panel consisting of at least 2 board members designated by the chairperson of the board. The panel shall determine whether the applicant is eligible for a regular license without completing an oral examination.

(3) All examinations shall be conducted in the English language.

(4) Where both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(5) The board shall notify each applicant found eligible for examination of the time and place scheduled for that applicant's examination. Failure of an applicant to appear for examination as scheduled will void the applicant's examination application and

require the applicant to reapply for examination unless prior scheduling arrangements have been made with the board by the applicant.

(6) (a) The score required to pass each written physical therapy or physical therapist assistant examination shall be based on the board's determination of the level of examination performance required for minimum acceptable competence in the profession and on the reliability of the examination. The passing grade shall be established prior to giving the examination.

(b) The passing scores for the national physical therapy examination and the national physical therapist assistant examination are those scores recommended by the Federation of State Boards of Physical Therapy.

(c) To pass the examination on statutes and rules, the applicant shall receive a score determined by the board to represent minimum competence to practice after consultation with subject matter experts who have received a representative sample of the examination questions and available candidate performance statistics.

(7) Members of the board shall conduct oral examinations of each candidate and are scored as pass or fail.

(8) Any applicant who is a graduate of a school for physical therapists or an educational program for physical therapist assistants in which English is not the primary language of communication shall take and pass each of the following in order to qualify for a license:

(a) The test of English as a foreign language as administered by the educational testing service.

(b) The test of written English as administered by the educational testing service.

(c) The test of spoken English as administered by the educational testing service.

Note: Under 2001 Wisconsin Act 70, physical therapist assistants are not required to be licensed until April 1, 2004.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am. (6) (a), r. and recr. (6) (b) and (c), Register, June, 1998, No. 510, eff. 7-1-98; am. (8) (intro.), cr. (8) (a) to (c), Register, April, 2000, No. 532, eff. 5-1-00; CR 03-020: am. (1) (h), (i), (6) (a), (b) and (8) (intro.) Register April 2004 No. 580, eff. 5-1-04; CR 12-002: cr. (1) (j) Register August 2012 No. 680, eff. 9-1-12.

PT 2.02 Conduct of examinations. At the start of the examinations, applicants shall be provided with the rules of conduct to be followed during the course of the examinations. Any violation of these rules of conduct by any applicant may be cause for the board to withhold the applicant's grade and to find after a hearing that the applicant has failed the examination.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am. Register, June, 1998, No. 510, eff. 7-1-98.

PT 2.03 Failure and reexamination. An applicant who fails to achieve passing grades on the examinations required under this chapter may apply for reexamination on forms provided by the board. For each reexamination, the application shall be accompanied by the reexamination fee. If an applicant for reexamination fails to achieve passing grades on the second reexamination, the applicant may not be admitted to further examination until the applicant reapplies for licensure and presents to the board evidence of further professional training or education as the board may consider appropriate in the applicant's specific case.

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS
PART 1340 ILLINOIS PHYSICAL THERAPY ACT
SECTION 1340.40 EXAMINATION

Section 1340.40 Examination

- a) The examination for a physical therapist license shall be the National Physical Therapy Examination (NPTE) of the Federation of State Boards of Physical Therapy for physical therapists.
- b) The examination for a physical therapist assistant license shall be the National Physical Therapy Examination (NPTE) of the Federation of State Boards of Physical Therapy for physical therapist assistants.
- c) The passing grade on the physical therapy and physical therapist assistant examination shall be a scaled score of 600. The scores shall be submitted to the Division from the testing entity.
- d) An applicant who has 3 failures of the examination shall be ineligible to retake the examination in Illinois until such time as he/she submits certification of remedial training on forms supplied by the Department, to the Committee that, subsequent to the third failure, the applicant has successfully completed a structured clinical training program of not less than 3 months on a full-time basis. The training shall be under the direct, on site, personal supervision of a licensed physical therapist, as approved by the Committee.
- e) Any person licensed in Illinois as a physical therapist or physical therapist assistant shall not be admitted to the examination. However, in no way shall this provision limit the Division's ability to require reexaminations for restoration or enforcement purposes.
- f) The provisions of this Section shall apply to all applicants regardless of where the applicant is in the application process.

(Source: Amended at 38 Ill. Reg. 19686, effective October 10, 2014)

200.2(2) The applicant shall complete the application form according to the instructions contained in the application. If the application is not completed according to the instructions, the application will not be reviewed by the board.

200.2(3) Each application shall be accompanied by the appropriate fees payable by check or money order to the Board of Physical and Occupational Therapy. The fees are nonrefundable.

200.2(4) No application will be considered by the board until official copies of academic transcripts sent directly from the school to the board of physical and occupational therapy have been received by the board. An applicant shall have successfully completed a physical therapy education program accredited by a national accreditation agency approved by the board.

200.2(5) Notification of eligibility for the examination shall be sent to the applicant by the board.

200.2(6) The candidate shall have the examination score sent directly from the testing service to the board.

200.2(7) Licensees who were issued their initial licenses within six months prior to the renewal date shall not be required to renew their licenses until the renewal date two years later.

200.2(8) Incomplete applications that have been on file in the board office for more than two years shall be:

- a. Considered invalid and shall be destroyed; or
- b. Maintained upon written request of the candidate. The candidate is responsible for requesting that the file be maintained.

645—200.3(147) Requirements for practice prior to licensure. Rescinded IAB 12/19/07, effective 1/23/08.

645—200.4(147) Examination requirements for physical therapists and physical therapist assistants. The following criteria shall apply to the written examination(s):

200.4(1) The applicant shall take and pass the National Physical Therapy Examination (NPTE) or other nationally recognized equivalent examination as defined by the board.

200.4(2) The applicant shall abide by the following criteria:

a. For examinations taken prior to July 1, 1994, satisfactory completion shall be defined as receiving an overall examination score exceeding 1.5 standard deviations below the national average.

b. For examinations completed after July 1, 1994, satisfactory completion shall be defined as receiving an overall examination score equal to or greater than the criterion-referenced passing point recommended by the Federation of State Boards of Physical Therapy.

200.4(3) Before the board may approve an applicant for testing beyond three attempts, an applicant shall demonstrate evidence satisfactory to the board of having successfully completed additional coursework. The Federation of State Boards of Physical Therapy (FSBPT) determines the total number of times an applicant may take the examination in a lifetime. The board will not approve an applicant for testing when the applicant has exhausted the applicant's lifetime opportunities for taking the examination, as determined by FSBPT.

200.4(4) The applicant shall be notified by the board in writing of examination results.
[ARC 0094C, IAB 4/18/12, effective 5/23/12; ARC 1659C, IAB 10/15/14, effective 11/19/14]

645—200.5(147) Educational qualifications.

200.5(1) The applicant must present proof of meeting the following requirements for licensure as a physical therapist or physical therapist assistant:

a. *Educational requirements—physical therapists.* Physical therapists shall graduate from a physical therapy program accredited by a national accreditation agency approved by the board.

(1) If the degree is granted on or before January 31, 2004, the degree must be equivalent to at least a baccalaureate degree.

(2) If the degree is granted on or after February 1, 2004, the degree must be equivalent to a postbaccalaureate degree.

document entitled "Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists," effective January 1, 2006. Copies of the evaluative criteria are available at no cost from the Commission on Accreditation in Physical Therapy Education, 1111 North Fairfax St., Alexandria, VA 22314, at the Commission's website at <http://www.apta.org>. Copies of the evaluative criteria also are available for inspection and distribution at no cost from the Board of Physical Therapy, Bureau of Health Professions, Department of Community Health, 611 West Ottawa, P.O. Box 30670, Lansing, MI 48909.

(2) Any educational program for physical therapists that is accredited by the commission on accreditation in physical therapy education qualifies as a physical therapist educational program approved by the board.

History: 2010 MR 22, Eff. Nov, 29, 2010.

R 338.7132 Licensure by examination; physical therapist; requirements.

Rule 32. An applicant for a physical therapist license by examination shall submit a completed application on a form provided by the department, together with the requisite fee. In addition to meeting the requirements of the code and these administrative rules, an applicant shall meet all of the following requirements:

(a) Graduate from an accredited physical therapist educational program that meets the standards adopted by the board under R 338.7131.

(b) Pass a physical therapist licensure examination that is approved by the board.

(c) Pass the examination on laws and rules related to the practice of physical therapy in Michigan which is administered by the department.

History: 2010 MR 22, Eff. Nov, 29, 2010.

R 338.7133 Examinations; physical therapist; adoption and approval; passing scores.

Rule 33. (1) The board approves and adopts the national physical therapist examination that was developed, administered, and scored by the federation of state boards of physical therapy (fsbpt). The board adopts the passing score recommended by the fsbpt.

(2) The board approves the examination on laws and rules related to the practice of physical therapy in Michigan which is administered by the department. The passing score on the laws and rules examination is a converted score of not less than 75.

History: 2010 MR 22, Eff. Nov, 29, 2010.

R 338.7134 Physical therapist examination; eligibility.

Rule 34. (1) To ensure eligibility for the physical therapist licensure examination, an applicant shall submit a completed application on a form provided by the department, together with the requisite fee. To be eligible for examination, an applicant shall meet 1 of the following requirements:

(a) Graduate from an accredited physical therapist educational program that meets the standards adopted by the board in R 338.7131.

(b) Comply with the requirements of R 338.7135.

(c) Submit documentation acceptable to the board verifying that the applicant is currently enrolled in the final semester, term, or quarter of an approved physical therapist educational program and is expected to graduate.

(2) An applicant who fails to achieve passing scores on the examinations required in R 338.7133 may retake either or both of the examinations without limitation.

History: 2010 MR 22, Eff. Nov, 29, 2010.

R 338.7135 Graduate of non-accredited postsecondary institution; physical therapist; examination; eligibility.

Rule 35. To ensure eligibility for examination, an applicant who graduated from a non-accredited postsecondary institution shall submit a completed application on a form provided by the department, together with the requisite fee. To be eligible for examination, an applicant shall comply with both of the following requirements:

(a) Verify that the applicant has completed a physical therapist educational program that is substantially equivalent to a physical therapist program that is accredited by the commission on accreditation in physical therapy education (capte), as provided in R 338.7131. Evidence of having completed a substantially equivalent physical therapist educational program includes an evaluation of the applicant's non-accredited education by the foreign credentialing commission on physical therapy (fccpt), 124 West Street South, Alexandria, VA 22314-2825, <http://www.fccpt.org>, or a substantially equivalent evaluation that utilizes the fsbpt's course work evaluation tool or the standards that were utilized by the fccpt at the time the applicant graduated.

(b) Demonstrate a working knowledge of the English language if the applicant's physical therapist educational program was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant shall establish either of the following:

(i) The applicant has obtained a score of not less than 550 on the test of English as a foreign language (toefl) administered by the educational testing service and obtained a score of not less than 50 on the test of spoken English administered by the educational testing service.

(ii) The applicant has obtained a total score of not less than 89 on the test of English as a foreign language internet-based test (toefl ibt) administered by the educational testing service and obtained the following section scores:

(A) Not less than 21 on the reading section.

(B) Not less than 18 on the listening section.

(C) Not less than 26 on the speaking section.

(D) Not less than 24 on the writing section.

History: 2010 MR 22, Eff. Nov, 29, 2010.

R 338.7136 Licensure by endorsement of physical therapist; requirements.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Administrative Rules Coordinator		2) Date When Request Submitted: December 1, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: December 11, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Update on PT 1, 2, 3, 8 Temporary reentry license	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review and approve of PT 1, 2, 3, 8 relating to temporary reentry license for posting of EIA comments and submission to the Clearinghouse.			
11) Signature of person making this request Shawn Leatherwood		Authorization	Date December 1, 2014
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
PHYSICAL THERAPY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PHYSICAL THERAPY EXAMINING
PHYSICAL THERAPY EXAMINING	:	BOARD
BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Physical Therapy Examining Board to *

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

ss. 448.53 and 448.55, Stats.

Statutory authority:

ss. 15.08 (5) (b), 227.11 (2) (a), 448.53 (2), and 448.55 (3), Stats.

Explanation of agency authority:

Pursuant to ss. 15.08 (5) (b) and 227.11 (2) (a), Stats., the Physical Therapy Examining Board (Board) is generally empowered to promulgate rules that will provide guidance within the profession and that interpret the statutes it enforces or administers. The legislature granted express authority to the Board to, “promulgate rules providing for various classes of temporary licenses to practice physical therapy,” in accordance with section 448.53 (2), Stats. Express authority was also granted pursuant to s. 448.55 (3), Stats., which provides that an, “examining board shall promulgate rules that require an applicant for renewal of a license to demonstrate continued competence as a physical therapist or physical therapist assistant.” These proposed rules will give guidance within the profession regarding a class of temporary license as well as the means for renewing a license. Therefore, the Board is empowered both generally and specifically to promulgate the proposed rule.

Related statute or rule:

Wis. Admin Code chs. PT 1, 2 and 8

Plain language analysis:

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Illinois allows restoration of license which has been expired or on inactive status for more than 5 years. Ill Admin. Code tit. 68 §1340.60 a). Licensees must do one of the following to restore their license: (1) submit certification of current licensure from another state or territory, (2) submit an affidavit attesting to military service, (3) pass the National Physical Therapy Examination, or (4) submit evidence of recent attendance at an educational program in physical therapy.

Iowa: Iowa allows reactivation of a license that has been on inactive status for more than five years. Licensees must provide verification of a license from every jurisdiction in which the licensee was licensed or has practiced during the time period that the licensee's Iowa license was inactive. The licensee must also provide verification of completion of 80 hours of continuing education within 2 years of the application for reactivation. 645 Iowa Admin. Code 200.15.

Michigan: Michigan allows relicensure of a license that has lapsed for 3 years or more. Licensees must: (1) submit a completed application on a form provided by the department, (2) pass an examination of Michigan laws and rules related to the practice of physical therapy, and (3) either establish that licensee has been employed as a physical therapist in another jurisdiction or pass the National Physical Therapy Examination. Mich. Admin. Code R.338.7137 (2).

Minnesota: Minnesota does not renew, reissue, reinstate, or restore a licensed that has lapsed or has not been renewed within two annual license renewal cycles. A licensee whose license has been cancelled for nonrenewal must obtain a new license and fulfill all the current requirements for licensure at that time. Minn. Statutes 148.737.

Summary of factual data and analytical methodologies:

The methodologies used in developing this proposed rule include reviewing administrative rules and statutes of other states and comparing them to current Wisconsin Administrative Code.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.L Leatherwood@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Shancethea.L Leatherwood@wisconsin.gov. **Comments must be received on or before * to be included in the record of rule-making proceedings.**

TEXT OF RULE

SECTION 1. PT 1.02 (1) is renumbered PT 1.02 (1m).

SECTION 2. PT 1.02 (1) is created to read:

“Active practice” means

SECTION 2. PT 1.02 (2) is amended to read:

PT 1.02 (2) “Candidate for reentry” means a physical therapist of physical therapist assistant who has a license, that has not been surrendered or revoked, and has not practiced in the past 3 5 years immediately preceding the application for licensure, and who has been issued a temporary reentry license for purposes of establishing clinical competence to reenter active clinical practice.

SECTION 2. PT 1.02 (3m) is created to read:

PT 1.02 (3m) “Clinical practice” means

SECTION 3. PT 1.04 is amended to read:

PT 1.04 Application deadline and fees. The completed application and all required documents must be received by the board at its office not less than 30 days prior to the date of the examination. ~~The along with the~~ required fees specified in s. 440.05 (1), Stats., shall accompany the application.

SECTION 4. PT 2.01 (1) (h) is amended to read:

PT 2.01 (1) (h) Has not practiced as a physical therapist or physical therapist assistant for a period of ~~3~~ 5 years prior to application, unless the applicant has been graduated from a school of physical therapy or a physical therapist assistant educational program within that period.

SECTION 5. PT 3.02 (intro.) is repealed and recreated to read:

PT 3.02 Temporary reentry license. A candidate for reentry seeking to renew or reinstate a license to practice as a physical therapist or physical therapist assistant who has met all other requirements for licensure, except the candidate for reentry has not been engaged in active practice as a physical therapist or physical therapist assistant for at least 5 years or more immediately preceding their application may apply to the board for a temporary reentry license to practice as a physical therapist or physical therapist assistant.

SECTION 6. PT 3.02 (1) is repealed and recreated to read:

PT 3.02 (1) PRACTICE. A candidate for reentry may practice under the temporary reentry license as a physical therapist or physical therapist assistant as defined in s. 448.50 (4), Stats., providing that the entire practice is under the supervision of a professional mentor.

SECTION 7. PT 3.02 (3) is repealed.

SECTION 8. PT 3.02 (4) is amended to read:

PT 3.02 (4) TERM OF LICENSE. A temporary reentry license shall be valid for a period not to exceed 1 year, or until the holder of the temporary reentry license receives ~~either a failing evaluation or~~ a regular license to practice as a physical therapist or physical therapist assistant whichever is shorter. A temporary reentry license ~~expires after 1 year and~~ may not be renewed.

SECTION 9. PT. 8.02 is amended to read:

PT 8.02 Renewal required; method of renewal. Each licensee shall renew his or her license biennially with the department. On or before February 1 of each odd-numbered year the department shall mail to each licensee at his or her last known address as it appears in the records of the board an application form for renewal. Each licensee shall complete the application form and return it with the required fee to the department prior to the next succeeding March 1. A licensee who allows their license to lapse may apply to the board for renewal of the license as follows:

SECTION 10. PT 8.05 (1) and (2) are renumbered PT 8.02 (1) and (2) and are amended to read:

PT 8.02 (1) RENEWAL BEFORE 5 YEARS. If the licensee applies for renewal of the license less than 5 years after its expiration, the license shall be renewed upon payment of the renewal fee.

PT 8.02 (2) RENEWAL AFTER 5 YEARS OR MORE. If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on ~~reinstatement~~ renewal of the license, including oral examination, as the board deems appropriate. All applicants under this paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

SECTION 11. PT 8.05 is repealed and recreated to read:

PT 8.05 Requirements for reinstatement. A licensee whose license has been surrendered, revoked, or has unmet disciplinary requirements which has not been renewed within 5 years or more after the renewal date may be reinstated by filing with the board all of the following:

- (a) Evidence of the completion of the requirements under s. PT 8.02 (2).
- (b) Evidence of completion of disciplinary requirements, if applicable.
- (c) Evidence of rehabilitation or change in circumstances warranting reinstatement of the credential.

SECTION 12. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Physical Therapy Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson		2) Date When Request Submitted: 9/25/14	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Continuing Education - APPEARANCE - Mike Edwards, Wisconsin Physical Therapy Association Continuing Education Task Force, Chair	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: CONTINUING EDUCATION RECEIVED FROM ONLINE COURSES MOTION: Lori Dominiczak moved, seconded by Sarah Olson, to invite a representative of the WPTA Continuing Education Committee to a future meeting to discuss their methodology for evaluating and awarding CEUs for online courses. Motion carried.			
11) Authorization			
Taylor Thompson			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 10/14/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 12/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? aPTitude and Related Matters - Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Board will discuss aPTitude and related matters. Jill Remy should be called into the meeting for this discussion, and any other follow up discussions in future meetings.			
11) Authorization			
Taylor Thompson		10/14/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Browser: <https://pt.fsbpt.net/aPTitude/licenses/Lice...> My Recorded Activities

Navigation: My Recorded Activities | Find Activities | Browse Activities

My Recorded Activities

Buttons: Create & Record Activity | Find an Activity

ACTIVITY	COMPLETED	UNITS
School-Based Ethics - Playing Nice in the Sandbox Upload Completion Certificate	8/26/2014	2.00
DSPTS Board and Council Training Upload Completion Certificate	7/18/2014	5.00
WPTA Issues Forum Upload Completion Certificate	4/10/2014	1.50
Collaborative Goal Writing for IEP Teams Upload Completion Certificate	3/24/2014	6.25
WPTA Legislative Day Upload Completion Certificate	11/12/2013	2.00
American Academy for Cerebral Palsy and Developmental Medicine conference Upload Completion Certificate	10/19/2013	8.00

System tray: 10:34 AM 12/2/2014

Browser: <https://pt.fsbpt.net/aPTitude/licenses/Lice...> Activity Profile Recorded

Navigation: My Recorded Activities | Find Activities | Browse Activities

You recorded this activity on 8/26/2014.

School-Based Ethics - Playing Nice in the Sandbox
Effective Dates: 8/26/2014 – 8/26/2014 | Practitioner Type: PT

Buttons: Remove Activity

DESCRIPTION

Ethics of working as a PT in a school based setting

CCU Assignment: CCU Assignment

Recording Details

Wisconsin 2714-24			
CCU DEADLINE 2/28/2015	CCUS 2.00	REQUIREMENT Option - General Continuing Education Courses	CERTIFICATE STATUS Upload Certificate

Buttons: [Edit](#) | [Remove From License](#)

Info Sheet

DURATION	FEE	CCUS
2 Hours	Contact Vendor	2.00

ACTIVITY TYPE

Continuing Education Coursework

TOPICS

Ethics

System tray: 10:35 AM 12/2/2014

Activities

My Recorded Activities

Find Activities

Browse Activities

My Recorded Activities

Create & Record Activity

Find an Activity

ACTIVITY	COMPLETED	UNITS
Employment Law Update 2013: The Year in Review Upload Completion Certificate	11/27/2013	1.00
For the Record: Which Documents You need to Keep and need to get Rid of Upload Completion Certificate	4/3/2014	1.00
Employment Law Update 2014: The Year in Review Upload Completion Certificate	11/25/2014	1.25
Navigating Transitions from Mergers to Exit Strategies Upload Completion Certificate Claimed by Vendor Attendance Verified FSBPT CERTIFIED	6/18/2014	1.00
PREVIOUS	1 2	NEXT

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Navigation: Google, YAHOO!, Yahoo Search, Search, LIVE, eBay, Michelle Obama, Sign In

User: Welcome Lori Dominiczak | My Account | My Notifications (5) | Help | Logout

Menu: aPTitude | My Licenses | Activities | Resources

My Licenses TRACKED | UNTRACKED Add a License

<p>Wisconsin 2714-24</p> <p>Manage License</p>	<p>LICENSE CYCLE 2/28/2013 - 2/28/2015 88 Days Remaining</p>	<p>CCU DEADLINE 2/28/2015 View Requirements</p>	<p>42 / 99 UNITS APPLIED</p> 
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Taskbar: Windows, Internet Explorer, Microsoft Word | 10:37 AM 12/2/2014

License Cycle Expires: 2/28/2015 Competency Deadline: 2/28/2015 Sharing: On [Edit License](#)

Wisconsin | 2714-24 | 99.00 UNITS REQUIRED | Recorded Activities | [Competence Requirements](#)

Wisconsin PT and PTA Competence Requirements

Effective Dates: 1/1/2009 – Current | Status: Active | Practitioner Type: PT & PTA

DESCRIPTION

Wisconsin is not available in aPTitude at this time, for more information on continuing education for Wisconsin please visit the following link to their web page.

<http://drl.wi.gov/profession.asp?profid=37&locid=0>

The state licensing board is the final authority on requirements and whether or not activities meet requirements. Please check with the state board if you have any questions about the currency or accuracy of aPTitude's information.

RENEWAL CYCLE RULES

Wisconsin is not available in aPTitude at this time, for more information on continuing education for Wisconsin please visit the following link to their web page.

CC CYCLE RULES

Wisconsin is not available in aPTitude at this time, for more information on continuing education for

Requirements

Option - General Continuing Education Courses

REQUIREMENT

Minimum 99.00 Units

DESCRIPTION

Wisconsin is not available in aPTitude at this time, for more information on continuing education for Wisconsin please visit the following link to their web page.

<http://drl.wi.gov/profession.asp?profid=37&locid=0>

ACTIVITY TYPES

Other

Browser window showing aPTitude website with navigation tabs (Google, Yahoo!), search bars, and a sidebar with 'ACTIVITY TYPES' list. The main content area contains text about state licensing boards and sections for 'RENEWAL CYCLE RULES', 'CC CYCLE RULES', and 'CCU DEFINITION'. The footer includes navigation links and copyright information.

https://pt.fsbpt.net/aPTitude/licenses/Lice... Federation Of Sta... Model Details

Google Search

YAHOO! Yahoo Search Search LIVE eBay Michelle Obama

http://drl.wi.gov/profession.asp?profid=37&locid=0

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CC CYCLE RULES
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CCU DEFINITION
Wisconsin is not available in aPTitude at this time, for more information on continuing education for Wisconsin please visit the following link to their web page.

Wisconsin is not available in aPTitude at this time, for more information on continuing education for Wisconsin please visit the following link to their web page.
<http://drl.wi.gov/profession.asp?profid=37&locid=0>

ACTIVITY TYPES

- Other
- Assessment Tool
- Authoring a publication
- Book/Article/Journal
- Certificate Course
- Certification
- Committee Chair
- Committee Member
- Continuing Education Coursework
- Degree Coursework
- [And 23 More Items](#)

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10:38 AM 12/2/2014

Subject: Re: FW: Follow-up - aPTitude and Continuing Competence - DO NOT FORWARD

OK - I have had a chance to read the string of emails and review my notes from our discussion regarding aPTitude and ProCert in 2012. I think there was some semantic confusion initially - with us thinking the aPTitude was a CE Certifying resource when in fact, it is ProCert who does the CCU determinations for courses submitted to them at FSBPT. aPTitude is a system licensees can choose to use to keep track of all of their CE in one location (among other functions). It is then supposedly easy to just send that file/record to the state licensing board in the event of an audit (as long as the state accepts it - which Jill Remy appeared to be hesitant to allow). I did sign up for it and tried to list a few courses (I still find it easier to just keep the course certificates for the biennial period).

So here are my thoughts on the requests from FSBPT in the emails below:

1. I have no problem with them listing our CE requirements on their website as they have shared in your attachment, Tom. If we need to have the Board approve this, I would be in favor of adding it to our December agenda. I see no harm in it.
2. Heidi suggests posting a link on our website to the above information on the FSBPT site. We already have a link to PT 9 on the Continuing Education Requirements page of the licensing section of the website. Not sure why we would need a duplication by sending applicants to the FSBPT site, too.
3. I would be in favor of Heidi or another representative from the Education and Exams Office at FSBPT coming to one of our meetings to discuss the 3 points Heidi made in her October 1, 2014 email to Tom.

From Lori Dominiczak

###

In terms of continuing competence tools that the WI isn't yet utilizing and where opportunities exist, I would say that you could explore:

1. The FSBPT Continuing Competence Model (although yours is fairly close to ours)
2. Awarding credit to the PRT and promoting its use as a periodic self-assessment tool
3. Completion of a jurisprudence assessment tool (periodically, as determined by the board)

From Heidi Herbst-Paakonnen

###

Subject: FW: PT/PTA Continuing Competence Model in aPTitude for Your Review and Approval

The key things to keep in mind about aPTitude in regard to usage by licensees:

1. It's free.
2. It's optional. We think licensees should be able to pick the tracking method that works best for them.
3. It's multi-state. Licensees can track and record information for more than one state following the same basic principles while also adhering to state specific rules.
4. It's more than just a tracking system. Licensees can find opportunities for CE/CC and eventually will be able to see how the activity has been rated by other participants.

The key benefits for aPTitude for the physical therapy board:

1. It's free...including its compliance reports.
2. It's optional.
3. FSBPT will do the maintenance in consultation with the board.
4. It's another method of reaching licensees. Extending your reach at no additional cost seems like a reasonable approach to communication with your licensees.
5. Compliance reports can be generated and you can get insight as to how licensees are choosing to fulfill their CE requirements when the licensees choose to release information.

We've looked at Jill Remy's concerns and responded to those that we think may be the most significant objections.

Concern 1: Against mandatory use of tracking service.

Response: aPTitude is voluntary. Its use by licensees would be optional. We are not seeking your endorsement; FSBPT wants you to simply not prevent your licensees from having the choice to use aPTitude. We recognize that the Wisconsin board and its staff are the experts on your continuing competence rules and sought your review of our summary to ensure that it accurately reflected your rules & regulations.

Concern 2: aPTitude is complicated.

Response: aPTitude is not simply a tracking system and there is, consequently, more complexity than some systems. However, users are reporting that they are happy with aPTitude. We are continuing to enhance the system and user-friendliness is very important to us.

Concern 3: Reliance on a third party.

Response: FSBPT is not your typical third party. We are a not-for-profit organization. We do not represent the licensees that you regulate. The Federation of State Boards of Physical Therapy is your partner. Your mission is our mission. The states—our members—told us to develop a continuing competence system to assist them in their mission—public protection.

Concern 4: Department staff is the most knowledgeable and best equipped for answering CE questions.

Response: Participating states will have contact information displayed—website, phone number, e-mail—for licensees to reach the information experts on your staff. Also, each model in aPTitude states “The state licensing board is the final authority on requirements and whether or not activities meet requirements. Please check with the state board if you have any questions about the currency or accuracy of aPTitude’s information.”

Concern 5: Licensees may think that aPTitude is a DRL system.

Response: aPTitude is personalized to the user and displays their license information and continuing competence activities. To the licensee, the jurisdiction’s continuing competence models--while accessible and essential to its operation--are de-emphasized. Thus, there is little chance that licensees will think aPTitude is an individual state’s system.

Concern 6: aPTitude’s tracking and reporting capabilities may confuse licensees and differs from how audits are currently conducted.

Response: We are happy to work with you to make sure the wording on the Wisconsin model makes it clear to your licensees that aPTitude is not a reporting system. A benefit of the system is that we can communicate what the correct process is and when it is time to do it. Again, extending your reach is a communication plus that will hopefully increase licensee adherence to your requirements.

The board, as the licensing authority, has exclusive right and responsibility to set and enforce its requirements. We would like to be of service to you in helping licensees understand and comply with your requirements. The public is better served when that information is widely known and disseminated. To its credit, aPTitude does provide value by presenting each of our member states’ requirements in a uniform, comparable format.

We also are endeavoring to provide a more comprehensive review of compliance and increased detection of non-compliance for jurisdictions that use the compliance reporting features of aPTitude. In random audits of licensees, boards find some non-compliance. Presumably, outside the random sample, similar levels of non-compliance escape detection. We believe that through the compliance report feature, aPTitude can help boards fulfill their public safety roles more completely by identifying licensees who are not keeping up with continuing education requirements.

Whether or not the PTEB chooses to use the resources available to it, we would ask that Wisconsin’s physical therapy practitioners be allowed to benefit from aPTitude by making the Wisconsin model (and its consequent functionality) available in aPTitude. At a minimum, we hope that the PT board considers taking the approach of the Optometry board, “that the OE tracker may be helpful for licensees to keep track of their CE.”

From Susan Layton

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End User License Agreement

IMPORTANT-PLEASE READ CAREFULLY: This is an agreement between you and the Federation of State Boards of Physical Therapy ("FSBPT"). Please read this agreement carefully before using this Internet site, its database(s), associated software and services (collectively, the "aPTitude Services"). Your use of the aPTitude Services constitutes your acceptance of the terms of this agreement. If you are not willing to be bound by these terms, you should NOT confirm your registration and you may not access or otherwise use the aPTitude Services. By inputting your confirmation code into aPTitude and continuing to use the aPTitude Services, you acknowledge that you have read, understand and accept these terms and conditions.

This End User License Agreement, as may be modified from time to time, (the "Agreement") constitutes legally binding terms and applies to your use of the aPTitude Services. By accessing and/or using the aPTitude Services, you agree to be bound by this Agreement. You are authorized to use the aPTitude Services only if you agree to abide by all applicable laws, rules and regulations and the terms of this Agreement. In addition, in consideration for becoming a member and/or making use of the aPTitude Services, you must indicate your acceptance of this Agreement during the registration process.

The FSBPT reserves the right to modify this Agreement at any time, and each such modification shall be effective upon posting on the aPTitude Services website. All material modifications will apply prospectively only. Your continued use of the aPTitude Services following any such modification constitutes your agreement to be bound by and your acceptance of the Agreement as so modified. It is therefore important that you review this Agreement regularly. If you do not agree to be bound by this Agreement you must discontinue use of the aPTitude Services immediately.

1. **Limited Nonexclusive License.** The FSBPT grants to you, and you accept, a nonexclusive, nontransferable license to use the aPTitude Services. You agree that you will not (a) assign, sublicense, transfer, give, disclose, pledge, lease, rent or share any portion of the aPTitude Services or your rights under this Agreement; (b) modify or prepare derivative works of the aPTitude Services; or (c) use the aPTitude Services in a competing business.

2. **FSBPT's Rights.** You acknowledge and agree that the aPTitude Services are proprietary to the FSBPT and protected under United States laws and international treaty. You further acknowledge and agree that all right, title and interest in and to the aPTitude Services, including all associated intellectual property rights in the aPTitude Services, are and shall remain with the FSBPT. This Agreement does not convey to you an interest in or to the aPTitude Services, but only a limited right to use, revocable in accordance with the terms of this Agreement.

3. **Term and Termination.** This Agreement becomes effective and binding when you input your confirmation code into the system. The Agreement shall then remain in full force and effect while you have an account to use the aPTitude Services. You may terminate your account at any time, for any reason. Likewise, the FSBPT may terminate your account at any time, for any reason, without prior notice or explanation, and without liability. Furthermore, the FSBPT reserves the right, in its sole discretion, to reject, refuse to post or remove any posting by you, or to deny, restrict, suspend, or terminate your access to all or any part of the aPTitude Services at any time, for any reason, with or without prior notice or explanation, and without liability.

4. **Eligibility.** Use of the aPTitude Services and registration for the aPTitude Services is void where prohibited. By using the aPTitude Services, you represent and warrant that (a) all registration information you submit is truthful and accurate and (b) you will maintain the accuracy of such information. Your account may be deleted and your access terminated without warning, if the FSBPT determines that you have violated this Agreement in any way. When you create an account, you will also be asked to choose a password. You are entirely responsible for maintaining the confidentiality of your password. You agree not to use the account, username, email address or password of any account other than your own at any time. Further, you agree to notify the FSBPT immediately if you suspect any unauthorized use of your account or access to your password. You are solely responsible for any and all use of your account. FSBPT may periodically review and modify certain user eligibility terms and requirements.

5. **Authorized Use.** The aPTitude Services are for the personal use of account holders and may only be used for commercial purposes upon prior specific authorization by the FSBPT. The FSBPT reserves the right to remove commercial content in its sole discretion. Illegal and/or unauthorized use of aPTitude Services, including, without limitation, collecting usernames, user id numbers, and/or email addresses of members by electronic or other means for the purposes of sending unsolicited email or unauthorized framing of or linking to the aPTitude Services is prohibited.

6. **Proprietary Rights in content you post on the aPTitude Services.** You represent and warrant that: (1) you own the content posted by you on, through or in connection with the aPTitude Services, or otherwise have the right to post such content, and (2) the posting of your content on, through or in connection with the aPTitude Services does not violate the privacy rights, publicity rights, copyrights, contract rights or any other rights of any person or entity. You agree to pay for all royalties, fees, and any other monies owing any person or entity by reason of the use of any content posted by you on or through the aPTitude Services.

7. **The FSBPT has absolute discretion to delete content you post.** Please choose carefully the information that you post on, through or in connection with the aPTitude Services and that you provide to other users. The FSBPT may reject, refuse to post or delete any content for any reason, including, without limitation, content that in the sole judgment of the FSBPT violates this Agreement or which may be offensive, illegal or violate the rights of any person or entity, or harm or threaten the safety of any person or entity. The FSBPT, however, assumes no responsibility for monitoring the aPTitude Services for inappropriate content or conduct.

8. **Content/Activity Prohibited.** The following are examples of the kind of content that is unacceptable. The FSBPT reserves the right to investigate and take appropriate legal action against anyone who, in the FSBPT's sole discretion, violates this provision, including, without limitation, removing the offending Content from aPTitude Services, terminating the membership of such violators and/or reporting such content or activities to law enforcement authorities. Prohibited content includes, but is not limited to, content that in the sole discretion of the FSBPT:

- a) Disparages any person, entity or the aPTitude Services;
- b) Is patently offensive or promotes or otherwise incites racism, bigotry, hatred or physical harm of any kind against any groups or individual;
- c) Harasses or advocates harassment of another person;
- d) Exploits another person in a sexual or violent manner;
- e) Contains nudity, excessive violence, or offensive subject matter or contains a link to any website that contains the same;
- f) Solicits, or is designed to solicit, personal information from anyone under 18;
- g) Poses or creates a privacy or security risk to any person;
- h) Constitutes or promotes information that you know is false or misleading or promotes illegal activities or conduct that is abusive, threatening, obscene, defamatory or libelous;
- i) Constitutes or promotes an illegal or unauthorized copy of another person's copyrighted work;
- j) Furthers or promotes any criminal activity or enterprise or provides instructional information about illegal activities including, but not limited to, making or buying illegal weapons, violating someone's privacy, or providing or creating computer viruses;
- k) Solicits or is designed to solicit passwords or personal identifying information for commercial or unlawful purposes from other users;
- l) Involves commercial activities and/or sales without prior written consent from the FSBPT
- m) Includes a photograph or video of another person that you have posted without that person's consent;
- n) Modifies, copies, distributes, downloads, scrapes, or transmits in any form or by any means, in whole or in part, any content from the aPTitude Services other than your content which you legally post on, through or in connection with the aPTitude Services;
- o) Interfering with, disrupting, or creating an undue burden on the FSBPT or the networks or services connected to the aPTitude Services;

p) Impersonating or attempting to impersonate the FSBPT or a FSBPT employee, administrator or moderator, another member, or person or entity.

9. Dispute Resolution. This Agreement shall be governed by, and construed in accordance with, the laws of the Commonwealth of Virginia, without regard to its conflict of law provisions. You agree to submit to the exclusive jurisdiction of the courts located within the Commonwealth of Virginia to resolve any dispute arising out of the Agreement or the aPTitude Services.

10. Disclaimer of Warranty. The FSBPT makes no representation that any of the classes listed or otherwise made available on this service meet the licensing requirements of any particular jurisdiction and makes no representation as to the content or quality of any class. The state licensing jurisdictions are the final authority on which classes are eligible for continuing education/continuing competence credit. Furthermore, the aPTitude Services are PROVIDED AS IS, WITHOUT WARRANTIES OF ANY KIND AND FSBPT DISCLAIMS ANY AND ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OF ORIGINALITY, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. FSBPT DOES NOT WARRANT THAT THE SERVICES OR FUNCTIONS CONTAINED IN THE APTITUDE SERVICES WILL BE UNINTERRUPTED OR ERROR FREE, THAT ALL DEFICIENCIES, ERRORS, DEFECTS OR NONCONFORMITIES WILL BE CORRECTED OR THAT THE PRODUCT WILL MEET YOUR SPECIFIC REQUIREMENTS.

11. Your Warranty and Indemnification. You represent and warrant to the FSBPT that your use of the aPTitude Services will at all times comply with this License Agreement and all applicable law rules and regulations. You hereby agree to indemnify and hold harmless the FSBPT, its subsidiaries, and affiliates, subcontractors and other partners, and their respective officers, agents, partners and employees, from and against any and all loss, costs, liability, claim, or demand, including, but not limited to, reasonable attorneys' fees, made by any third party due to or arising out of your use of the aPTitude Services in violation of this Agreement and/or arising from a breach of this Agreement and/or any breach of your representations and warranties set forth in this Agreement and/or any content that you post on, through or in connection with the aPTitude Services. You shall cooperate fully in the defense of any claim. The FSBPT reserves the right to assume the exclusive defense and control of any matter otherwise subject to indemnification by you and you shall not in any event settle any matter without the written consent of the FSBPT.

12. Limitation of Liability. IN NO EVENT SHALL FSBPT BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL, EXEMPLARY OR PUNITIVE DAMAGES OR LOST PROFITS, EVEN IF FSBPT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

13. Other. If any portion of this Agreement is found to be unenforceable, the remaining portion will remain in full force and effect. If the FSBPT fails to enforce any of this Agreement, it will not be considered a waiver. All of the FSBPT's rights and obligations under this Agreement are freely assignable. This Agreement represents the entire agreement concerning aPTitude between you and FSBPT, and it supersedes any prior proposal, representation or understanding between the parties.

Please contact FSBPT at 703-299-3100, and press "5" with any questions regarding this Agreement.

LET US KNOW WHAT YOU THINK OF APTITUDE

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User Agreement Addendum

Please note that the *aPTitude* Continuing Education (CE) Tracker is a product produced by the Federation of State Boards of Physical Therapy (FSBPT). It does not report your continuing education requirements to the Wisconsin Department of Safety and Professional Services for CE compliance or audit purposes and may not be used in lieu of a report to the Department of Safety and Professional Services for CE compliance or audit purposes.

DSPS REQUIRED AUDIT INFORMATION AND AUDIT PROCEDURES

For each license holder in the audit, we will require the following specific documentation:

1. the department provided table, which should have their contact information, license number, and a listing of all contact hours being claimed
2. For each course/seminar/item being claimed, we need a supporting document (usually a certificate of completion) that lists the individual who took the course, the name/title of the course, the provider who sponsored the course, the date of the course, and the number of contact hours.

If it is difficult to determine whether the course was appropriate based on the original submission, we can go back to the auditee and ask for additional supporting materials to assist us or the liaison in making sure that the topic was acceptable. That said, the two items I listed above are the minimum we would accept from a license holder to determine compliance.

Our standard audit procedures that we will follow for the PT/PTA audit next year. The general procedure is as follows:

- Determine the percentage of licensees that will be audited. A representative sample size is selected depending on several factors, including the active number of license holders in a particular profession.
- Consult with the Division of Legal Services and Compliance for a list of any disciplined licensees that should be audited in addition to the randomly selected list if that particular profession's administrative code calls for it.
- Request appointment of a Board liaison to be consulted in situations of questionable CE submissions.
- Request a random list of licensees from IT meeting the audit parameters.
- Mail out audit notification letters to selected licensees providing them with a first deadline to **submit verification of CE completion**. The deadline may differ depending on the size of the audit pool.
- **Review documents as they are submitted to determine compliance with the administrative code**. If staff cannot determine if a course is acceptable, materials will be forwarded to the Board liaison for determination.
- If **insufficient documentation is submitted**, licensee will be notified via email of the reasons for noncompliance and will have opportunity to submit additional documentation to bring them into compliance by the final deadline date, which is the same as the second notice letters.
- Shortly after the first deadline, send out second notice letters via certified mail to those licensees who have not submitted any documentation. The final deadline may vary depending on the number of non-responsive license holders.
- Final audit report is created and presented at the next Board meeting. The report contains the following information: total number of licensees audited, number of

licensees not in compliance, and reasons for noncompliance. Board makes a motion to refer non-compliant auditees to the Division of Legal Services and Compliance.

- The final audit report, with licensee specific information, is presented to the Division of Legal Services and Compliance. All non-compliant files are scanned, organized by license holder, and made available to DLSC electronically.
- At this stage of the audit, the Division of Legal Services and Compliance works with the Board to determine disciplinary actions for those licensees not in compliance.

I cannot identify any system-based barriers or potential problems relative to a licensee electing to respond to an audit notice using aPTitude. The system can capture and present to your staff all of the data that is required – including the supporting documentation (usually a completion certificate) meeting all of those elements mentioned below. In other words, all of the information that you would require a licensee to report – course/seminar/activity title and supporting documentation reporting the taker’s name, title of the activity, the sponsor, the approver, the completion date, and the hours/units – would be available for review by the auditor in aPTitude.

The caveat to this, of course, is the degree of completeness that the licensee accomplishes with what they record in aPTitude. However – this is as true as when a licensee mails in pieces of paper to your office. Ultimately it is the licensee’s responsibility to furnish complete information in response to a notice of audit. We have to assume that if a licensee requests the audit be performed through the sharing of their recorded information in aPTitude that the licensee took care to ensure that the recording is complete.

Even if WI is not yet ready to use aPTitude for auditing purposes, we think there is merit alone in allowing FSBPT to publish WI’s model so that licensees can voluntarily opt to use it to store what they complete for their own purposes.

I hope this makes sense but let me know if you need me to clarify anything.

Heidi Herbst Paakkonen, MPA
Continuing Competence Product Manager
Federation of State Boards of Physical Therapy

The CE compliance audit is our process and the license holders will need to provide whatever we tell them is necessary to determine compliance, whether a FSBPT/aPTitude user agreement includes a listing of the CE audit documentation requirements or not. As Heidi says in her message: “Ultimately it is the licensee’s responsibility to furnish complete information in response to a notice of audit.” If we decide it is needed in the future and is approved by Greg Gasper/Mike Berndt, I could ask Pete to add text to the PT/PTA ‘CE Information’ page of the DSPTS website listing the specific documentation requirements for verification of CE compliance.

Jill M. Remy

AZ Board of PT Utilizing aPTitude for CC Audits

In October of 2012, the Arizona Board of Physical Therapy notified PT licensees selected for random audit of completion of their continuing competence activities for the 2010-2012 licensure period of the following: aPTitude users may elect to respond to the audit notice by sharing their record of activities and verifying documentation through aPTitude. Several Arizona licensees elected to utilize aPTitude for this purpose, resulting in a reduced audit processing time for the Arizona Board as well as an highly simplified and expedited process for the licensees who exercised this option.

Source: aPTitude website

- * The FSBPT Continuing Competence Model (although yours is fairly close to ours)
- * Awarding credit to the PRT and promoting its use as a periodic self-assessment tool
- * Completion of a jurisprudence assessment tool (periodically, as determined by the board)

Our Exams Office Director says she is not familiar with the board's intent regarding any of these specific items and is not sure how they would fit into the current 'Standards for approval' table in PT 9.04. For instance, how would the number of contact hours be credited for license holder's taking the PRT or for completing the jurisprudence assessment tool?

The intent is best explained with a presentation explaining the purpose of each. On a very high level, the Model was developed by the FSBPT Continuing Competence Committee following review of the literature, all other state PT models, and models of other professions. It proposes a balance of activities that are evaluated for quality using a comprehensive set of standards, and also offers licensees numerous choices of engagement-based activities through which to demonstrate their competence as the research links professional engagement to competence. There are many more nuances to the model that are covered in the presentation that we share with member boards and other stakeholders. The literature also states that practitioners should periodically reassess their knowledge and use the results of that assessment to guide them in their professional development and address their deficiencies -- that is the purpose of the PRT. States can award the level of credit they deem appropriate to completion of a PRT. And finally, a jurisprudence assessment tool is an objective measurement of licensees' knowledge of the law under which they are licensed to practice; this is increasingly an area of continuing competence that states are addressing.

There is nothing in PT 9 clearly assigning contact hours for those activities or indicating how to convert completion of those activities into contact hours (i.e., "Each PRT = 2 contact hours, etc.). In addition, FSBPT is not specifically mentioned in PT 9 as an approved sponsor (although there was a motion passed at the June 28, 2012 meeting recognizing "aPTitude as an acceptable health-related and credentialing organization for purposes of Wis. Admin. Code sec PT 9.04 (2))." So are you asking that the Board change its rule? If so, how?

It is very likely that the WI board would need to promulgate rule changes to modify its model, award credit to the PRT, and require successful completion of a jurisprudence assessment tool. This is the process that ~30 states are currently working on because the resources we have developed (the Model, the PRT, jurisprudence assessment tools, etc.) are relatively new - most were launched starting in 2009 and many states' models predate these tools.

I hope this is helpful, but the continuing competence presentation that we bring to the boards does the most effective job of illuminating everything. Of course the overall intent and purpose behind all of the continuing competence tools and services is public protection and a commitment to assist our member boards in terms of providing better assurance to the public that renewing licensees continue to practice with skills and safety.

Let me know if I missed anything or if this is unclear. Thanks!

Heidi Herbst Paakkonen, MPA

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Heidi,

e-mail #3 today, I believe. Our Education and Exams Office Director is asking some questions regarding the other items on your list (below).

1. The FSBPT Continuing Competence Model (although yours is fairly close to ours)

1. Awarding credit to the PRT and promoting its use as a periodic self-assessment tool

1. Completion of a jurisprudence assessment tool (periodically, as determined by the board) Our Exams Office Director says she is not familiar with the board's intent regarding any of these specific items and is not sure how they would fit into the current 'Standards for approval' table in PT 9.04. For instance, how would the number of contact hours be credited for license holder's taking the PRT or for completing the jurisprudence assessment tool? There is nothing in PT 9 clearly assigning contact hours for those activities or indicating how to convert completion of those activities into contact hours (i.e., "Each PRT = 2 contact hours, etc.). In addition, FSBPT is not specifically mentioned in PT 9 as an approved sponsor (although there was a motion passed at the June 28, 2012 meeting recognizing "aPTitude as an acceptable health-related and credentialing organization for purposes of Wis. Admin. Code sec PT 9.04 (2))." So are you asking that the Board change its rule? If so, how?

In addition, would no action be sought regarding #1? And, for #3, is that an additional CC/CE program you would be offering?

I have provided several screen-shots of sample recordings and data with explanations. This is easier to communicate through a live demo where I can show you:

- * What happens when a licensee records a completed course/activity
- * What happens when a licensee uploads a completion certificate
- * What happens when the board/department staff reviews a licensee's recordings and uploaded documentation

I can arrange a 15-20 minute WebEx demo if you think that will be helpful?

Heidi Herbst Paakkonen, MPA

This is what a licensee sees when they log in to their account and view their recordings. Below the title of each course is a link that says “View Completion Certificate”. This is the verification document/certification the licensee has uploaded to validate that the course was completed. It opens the file according to the file type (usually a PDF, Word document, .GIF or JPEG):

The screenshot shows the 'My Licenses' page in the aPTitude system. At the top, there is a navigation bar with 'aPTitude' and tabs for 'My Licenses', 'Activities', and 'Resources'. Below this, the 'My Licenses' section includes a 'TRACKED' filter and an 'Add a License' button. A green notification bar states 'Document successfully uploaded.' The main content area features a license card for 'Wisconsin 123456789' with a 'Manage License' button. The license details include a 'LICENSE CYCLE' of 1/1/2014 - 12/31/2015 (442 Days Remaining) and a 'CCU DEADLINE' of 12/31/2015 with a 'View Requirements' link. A progress bar shows '34 / 99 UNITS APPLIED'. Below the license card is a 'Recorded Activities' section with a 'View Detailed Report' link and a 'Find an Activity' button. The activities table lists two courses: 'Part A: Mechanical Diagnosis and Therapy - The Lumbar Spine (Erie, PA - Jun 6-8, 2014)' with 20.00 units completed on 6/8/2014, and 'High Functioning Autism Spectrum Disorder' with 14.00 units completed on 10/14/2014. Both activities include a 'View Completion Certificate' link and are marked as 'Claimed by Vendor'. A 'Hide Details' button is located at the bottom right of the activities table.

ACTIVITY	UNITS	COMPLETED
Part A: Mechanical Diagnosis and Therapy - The Lumbar Spine (Erie, PA - Jun 6-8, 2014) View Completion Certificate Claimed by Vendor	20.00	6/8/2014
High Functioning Autism Spectrum Disorder View Completion Certificate Claimed by Vendor	14.00	10/14/2014

This is detail about the Lumbar Spine course the licensee recorded. Note that it is very complete because it is certified by FSBPT and also because the vendor has elected to publish a lot of information for licensees to review:

You recorded this activity on 6/8/2014.

Part A: Mechanical Diagnosis and Therapy - The Lumbar Spine (Erie, PA - Jun 6-8, 2014)
 Effective Dates: Ongoing | Practitioner Type: PT & PTA

Remove Activity

Info Sheet

DURATION	FEE	CCU \$
23.25 Hours	\$585.00 - \$650.00	20.00

CERTIFICATION DATES 1/1/2014 – 12/31/2014 **FSBPT CERTIFIED**

ACTIVITY TYPE
Continuing Education Coursework

TOPICS
Spine
Musculoskeletal
Orthopedics
Lumbar
Evidence-Based Practice

Vendor Details

The McKenzie Institute
 The McKenzie Institute
 432 N. Franklin Street Suite 40
 Syracuse, NY 13204, USA
[Visit Website](#)

Phone (315) 471-7612
Contact Marissa DeVaul
Email marissa@mckenzieinstituteusa.org

View Vendor Activities

DESCRIPTION
 An introduction to the concepts and applications of the McKenzie Method® of Mechanical Diagnosis and Therapy® (MDT) focusing on the lumbar spine. Principle format is lecture, discussion and live patient demonstrations.

Fees

Course Registration Fee - MIUSA Member	585.00
Course Registration Fee	650.00

CCU Assignment

Certified CCUs	20.00
No vendor assigned CCUs	

Locations

Gannon University - Morosky Bldg of Health Professionals
 150 W 10th St
 Erie, PA 16501, USA

Instructors

Objectives

Following attentive participation in, and completion of, this course will provide participants with the introductory knowledge, basic skills and abilities to begin to:

1. Appropriately apply the McKenzie Method of Mechanical Diagnosis and Therapy to patients with lumbar spine problems.
2. Distinguish between the McKenzie syndromes (derangement, dysfunction, postural) and other spinal conditions and provide appropriate management regimens for each of the McKenzie syndromes.
3. Identify when the application of external forces is required for the resolution of symptoms using McKenzie's concept of progression of forces.
4. Assist patients to design and apply the therapeutic processes to achieve management goals.

Outline

Course Outline Includes:

- Epidemiology and predisposing factors
- Chemical vs. mechanical pain
- Examination and treatment: postural, dysfunction and derangement syndromes
- Anatomy and biomechanics: the intervertebral disc
- Prophylaxis and contraindications
- Patient demonstration, analysis and discussion

Activity Approvers

APPROVER	MOST RECENT TIMEFRAME	APPROVAL CODE
FSBPT	1/1/2014 to 12/31/2014	FSBPT

This is detail about the Autism course the licensee recorded. Note that it has fewer details because mostly just the required fields were completed (title, date of course, duration, fee, activity type, topic(s), vendor/provider, and description).

You recorded this activity on 10/14/2014.

High Functioning Autism Spectrum Disorder

Effective Dates: 10/14/2014 – 10/14/2014 | Practitioner Type: PT & PTA

DESCRIPTION
 The higher functioning (previously known as Asperger's Disorder) population of Autism Spectrum Disorders has recently received a great deal of attention. The new DSM-5 will no longer diagnose individuals as Asperger's Disorder or PDD-NOS but will refer to them in the broader Autism Spectrum Disorder (ASD) label. This presents significant changes to the way in which professionals diagnose and treat this population.

Remove Activity

Info Sheet

DURATION	FEE	CCUS
6 Hours	\$209.00	14.00

ACTIVITY TYPE
Workshop/Seminar

TOPICS
Autism

Vendor Details

Cross Country Education
 9020 Overlook Blvd., Ste 140
 Brentwood, TN 37027, USA
[Visit Website](#)

Phone: (800) 397-0180
 Contact: Jeannie Staudt
 Email: ConEd@CrossCountryEducation.com

View Vendor Activities

Fees

Single Regular Fee	209.00
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CCU Assignment

No vendor assigned CCUs

Locations

424 W Markham
 Little Rock, AR 72201, USA

Instructors

NAME	STATUS	DOCUMENTS
Kowalski, Timothy	Active	View
M.A., C.C.C.-SLP		

Recording Details

Wisconsin | 123456789

CCU DEADLINE	CCUS	REQUIREMENT	CERTIFICATE STATUS
12/31/2015	14.00	Option - General Continuing Education Courses	View Certificate

[Edit](#) | [Remove From License](#)

This screen shot shows Chuck Brown auditing my (fake) Arizona license. He sees that I have recorded courses/activities that well exceed the minimum number of units required (57 when 20 is needed). He can click on each course/activity title to see the details that I have noted in the previous two examples, and then he can click on my uploaded certificates to view the document to verify completion as I have claimed.

The screenshot displays the aPTitude license tracking interface. At the top, it says "LICENSE TRACKING" and "Welcome Charles Brown". The main navigation bar includes "My Licenses", "Activities", and "Resources". Below this, it shows "License Cycle Expires: 8/31/2014" and "Competency Deadline: 8/31/2014". The license is identified as "Arizona" with ID "0002" and a requirement of "20.00 UNITS REQUIRED". There are buttons for "Recorded Activities" and "Competence Requirements".

Recorded Activities

Mandatory - Category A	COMPLETED	UNITS RECORDED	UNITS APPLIED	STILL NEEDED
Minimum 10.00 Units		57.00	20.00	0.00
ACTIVITY		UNITS	COMPLETED	
# 130 Balance in the Active Patient: Integration of Trunk-Hip-Knee-Foot (GP COPY HHP) View Completion Certificate Claimed by Vendor	FSBPT CERTIFIED	19.00	10/24/2013	
ALAPTA Spring Conference 2014 View Completion Certificate Claimed by Vendor	FSBPT CERTIFIED	11.00	4/13/2014	
AzPTA Fall Meeting 2013 View Completion Certificate		12.00	10/4/2013	
Essentials to Starting a Private Practice, Part 1. APTA CSM 2013 View Completion Certificate		8.00	1/20/2013	
Objective Testing for Home Health Therapists to meet PPS 2011, Part I. View Completion Certificate		1.00	12/21/2013	
SNF PPS Update View Completion Certificate		6.00	11/27/2013	

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/5/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 12/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Exam, Licensure and Disciplinary Database - Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		11/18/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Exam, Licensure & Disciplinary Database (ELDD)

How well is my jurisdiction participating?

The ELDD supports the jurisdictions' mission of public protection by maintaining a physical therapy database of disciplinary, licensure and exam score information. The ELDD depends on its members' participation to provide accurate licensure and disciplinary information.

JURISDICTION: WISCONSIN

Overall Rating

- one star
- .
- .
- .
- .

Discipline Rating

- one star
- .
- .
- .
- .

Licensure Rating

- one star
- .
- .
- .
- .

Score Rating

- one star
- .
- .
- .
- .

*These ratings are based ELDD data as of 4/1/2014

To learn more about how these ratings were calculated, view the [ELDD Participation Index descriptions](#).

Exam Licensure and Disciplinary Database (ELDD) Index Description

Ratings are based on the data elements below.

1. DISCIPLINE

- a. **Recency** – Average number of days between the date of action and the date reported to FSBPT for all actions taken in the last 3 years. Less than 30 days yields full credit, between 30 and 60 days yields half credit. More than 60 days yields no credit.
- b. **All Actions Reported** – Based on the number of disciplinary actions known to be missing.
- c. **Completeness** – Degree to which the following data elements are present.
 - i. First Name
 - ii. Middle Name
 - iii. Last Name
 - iv. Date of Birth
 - v. Social Security Number
 - vi. Classification Codes
 - vii. Date of Action
 - viii. Narrative
 - ix. Basis for Action
- d. **Who Reports** – Amount of information each Jurisdiction provides about each new disciplinary action that is finalized. 100% credit is given to states who notify FSBPT and provide full disciplinary information details. Partial credit is given for notifications that do not include sufficient details to complete a report. Partial credit is also given for states who update their website with sufficient information about each action in a timely and predictable fashion.

2. LICENSURE

- a. **Recency**– How quickly changes to a licensee’s record are communicated to FSBPT
 - i. New Licenses are entered quickly– These can be entered online using the Jurisdiction Interface or by submitting licensure data which includes SSN and Date of Birth on a weekly or monthly basis.
 - ii. Changes to Licensee’s information are reported quickly– Based on the percentage of licenses with an Active status and a future expiration date. The larger the number of licenses whose status and expiration date conflict (i.e. active status with an expiration date in the past) the higher the likelihood that changes in the licensee’s record are not being communicated to FSBPT quickly.
- b. **Completeness**– Percentage of licenses received from the state that include each of the following data elements:
 - i. First Name
 - ii. Middle Name
 - iii. Last Name
 - iv. Zip
 - v. Country
 - vi. Date of Birth
 - vii. Social Security Number
 - viii. School Code
 - ix. Graduation Date
 - x. License Status
 - xi. Issue Date
 - xii. Expiration Date

3. EXAM SCORE

- a. **Percentage of Passing Scores that are matched to a License** – Post 2000 scores where we don’t have enough information to match to a license.
- b. **License Matched to a Passing NPTE Score** – Percentage of Licenses that were successfully matched to the passing score for that candidate.
- c. **Historic Scores Project** – Participation in the historic scores project allows FSBPT to digitize and (make available for online score transfers) exam results from prior to 1/1/2000.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/13/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 12/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Call for Comments Draft Telehealth Policy Recommendations - Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		11/18/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

From: cba-request@fsbpt.org [<mailto:cba-request@fsbpt.org>] **On Behalf Of** Leslie Adrian
Sent: Thursday, November 13, 2014 4:03 PM
To: cba@fsbpt.org; Elrod, Matt; Elliott, Justin; Alan Lee; Christopher Peterson; MBillings@infinityrehab.com; David.M.Brennan@Medstar.net; nehenders@comcast.net; jbrannon@asha.org; iragorman@aptahpa.org; SWilkinson@elksrehab.org
Cc: srstaff@fsbpt.org
Subject: FSBPT Call for Comments Draft Telehealth Policy Recommendations

Federation of State Boards of Physical Therapy CALL FOR COMMENTS

SUMMARY

The purpose of this draft document, ***Telehealth in Physical Therapy: Policy Recommendations for Appropriate Regulation***, is to provide information and general guidance to physical therapy jurisdictional authorities for helping to assure safe and effective use of telehealth technologies in the practice of physical therapy. In developing these recommendations, the FSBPT Ethics and Legislation Committee conducted a review of other professions' models and best practices, telehealth nomenclature, published practice/clinical guidelines, and industry standards. Acknowledging the rapid growth in telehealth technology and applications, the guidelines in this resource were purposefully written in a general manner in an attempt to maintain future relevance and avoid the need for jurisdictions to continually revise statutes and/or regulations on this topic.

Anyone wishing to comment on the draft recommendations should reply directly to this email or send their comments to ladrian@fsbpt.org by December 31, 2014. Please feel free to forward this email to interested parties.

Thank you.

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Federation of State Boards of Physical Therapy

Telehealth in Physical Therapy

Policy Recommendations for Appropriate Regulation

FSBPT Ethics & Legislation Committee
11/12/2014

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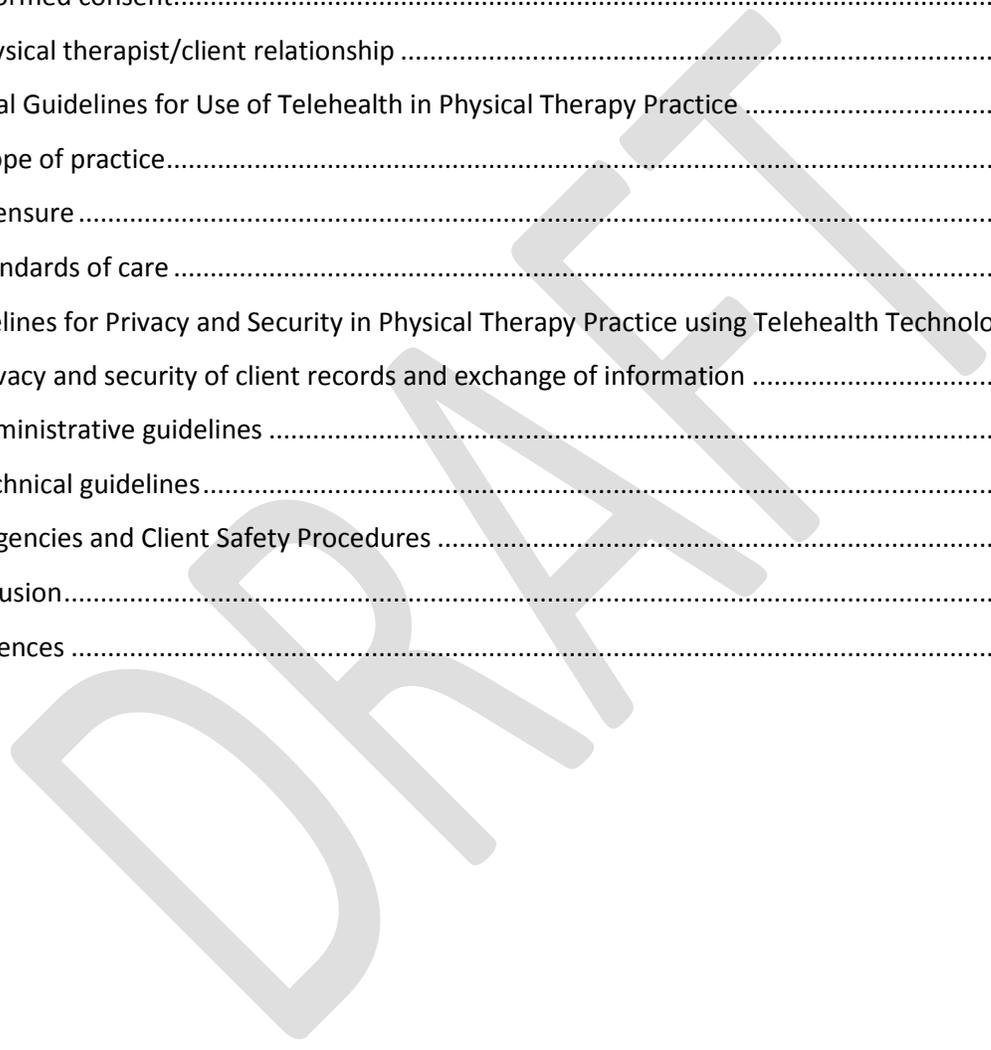
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1 Telehealth in Physical Therapy

2 Introduction

3 The Federation of State Boards of Physical Therapy (FSBPT or the Federation) is a membership
4 organization whose mission is to protect the public by providing service and leadership that promote
5 safe and competent physical therapy practice. Its membership comprises the 53 jurisdictional licensing
6 boards in the United States.

7 Telehealth technology and applications are rapidly expanding. Telehealth technology often uses secure
8 videoconferencing or 'store and forward' technology to allow interaction between the client and the
9 healthcare provider. In some cases, such as when travel is difficult or there is no provider nearby, the
10 use of the technology is preferable to a traditional (in-person) encounter. The provider, however, is
11 responsible for making sure that the appropriate care can be delivered without in-person interaction.

12 Advancement in telehealth may be complicated by current regulatory and/or licensure policies.
13 Requirements for in-person evaluations or supervisory visits are examples of regulations that may
14 inhibit the potential use of telehealth in physical therapy. Concerns are often voiced in the regulatory
15 arena about the misuse of physical therapist assistants (PTAs) or the potential for fraudulent and
16 abusive billing. The ability to provide physical therapy services using telehealth technologies is also
17 related to the current fragmented licensure system. Inconsistent licensure application requirements and
18 the necessity to obtain a license in every state in which the physical therapist (PT or therapist) or PTA
19 may practice are seen by many as potential barriers to telehealth practice. While researching licensure
20 mobility, the FSBPT Ethics and Legislation Committee members and staff took note of the interest in
21 telehealth in reference literature, legislative initiatives, popular media, as well as FSBPT member
22 requests for information and resources regarding regulation of physical therapy services utilizing
23 telehealth technology. As a first step, committee reviewed the existing 5th Edition of the Model Practice
24 Act (MPA) language which defines telehealth as *"the use of electronic communications to provide and
25 deliver a host of health-related information and healthcare services (including physical therapy related
26 information and services) over large and small distances."* As the committee further researched typical
27 applications of telehealth in varied treatment settings, they found that the use of telehealth was
28 growing significantly in the profession yet questions remained regarding the best practices for
29 regulation.

30 The purpose of this document is to provide information and general guidance to physical therapy
31 jurisdictional authorities for regulating the use of telehealth technologies in the practice of physical
32 therapy. In developing these recommendations, the committee conducted a review of other
33 professions' models and best practices, telehealth nomenclature, published practice/clinical guidelines,
34 and industry standards. Acknowledging the rapid growth in telehealth technology and applications, the
35 guidelines in this resource were purposefully written in a general manner in an attempt to maintain
36 future relevance and avoid the need for jurisdictions to continually revise statutes and/or regulations on
37 this topic.

38 **Current Telehealth Legislation and Regulation Specific to Physical Therapy**

39 In preparing the following guidelines, the Ethics and Legislation Committee reviewed current and
40 proposed legislative and regulatory language that might be useful to other jurisdictional authorities. At
41 the time of review (2014), only three jurisdictions, Alaska, Kentucky, and Washington, had specific
42 language regulating physical therapy practice using telehealth. Excerpts from the regulations are found
43 below, and may be beneficial to jurisdictional authorities as they consider terminology and content of
44 proposed regulations.

45 **Alaska**

46 Regulation: 12 AAC Chapter 54. Statutory Authority: AS 08.84.010

47 **12 AAC 54.530. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY PHYSICAL THERAPIST.**

48 (a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of
49 an interactive telecommunication system by a physical therapist licensed under AS 08.84 and this
50 chapter in order to provide physical therapy to clients who are located at distant sites in the state which
51 are not in close proximity of a physical therapist.

52
53 (b) A physical therapist licensed under AS 08.84 and this chapter conducting telerehabilitation by means
54 of an interactive telecommunication system

- 55 (1) must be physically present in the state while performing telerehabilitation under this section;
56 (2) must interact with the client maintaining the same ethical conduct and integrity required under 12
57 AAC 54.500(c) and (d);
58 (3) must comply with the requirements of 12 AAC 54.510 for any licensed physical therapist assistant
59 providing services under this section;
60 (4) may conduct one-on-one consultations, including initial evaluation, under this section; and
61 (5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure
62 connections, activate firewalls, and encrypt confidential information.

63 **Kentucky**

64 **Regulation: 201 KAR 22:160. Telehealth and telephysical therapy.**

65 Section 1. Client Identity, Communication, and Informed Consent Requirements. A credential holder
66 using telehealth to deliver physical therapy services or who practices telephysical therapy shall, upon an
67 initial contact with the client:

- 68 (1) Verify the identity of the client;
69 (2) Obtain alternative means of contacting the client;
70 (3) Provide to the client alternative means of contacting the credential holder;
71 (4) Provide contact methods of alternative communication the credential holder shall use for
72 emergency purposes;
73 (5) Not use personal identifying information in non-secure communications; and
74 (6) Inform the client and document acknowledgement of the risk and limitations of:
75 (a) The use of electronic communications in the provision of physical therapy;
76 (b) The potential breach of confidentiality, or inadvertent access, of protected health
77 information using electronic communication in the provision of physical therapy; and
78 (c) The potential disruption of electronic communication in the use of telephysical therapy.

79
80 Section 2. Competence, Limits on Practice, Maintenance, and Retention of Records. A credential holder
81 using electronic communication to deliver physical therapy services or who practices telephysical
82 therapy shall:

- 83 (1) Be responsible for determining and documenting that telehealth is appropriate in the provision of
84 physical therapy;
- 85 (2) Limit the practice of telephysical therapy to the area of competence in which proficiency has been
86 gained through education, training, and experience;
- 87 (3) Document which physical therapy services were provided by telephysical therapy;
- 88 (4) Follow the record-keeping requirements of 201 KAR 22:053, Section 5; and
- 89 (5) Ensure that confidential communications obtained and stored electronically shall not be recovered
90 and accessed by unauthorized persons when the credential holder disposes of electronic
91 equipment and data.

92

93 Section 3. Compliance with State Law. A credential holder practicing telephysical therapy shall be:

- 94 (1) Licensed to practice physical therapy where the client is physically present or domiciled; or
- 95 (2) Otherwise authorized by law to practice physical therapy in another jurisdiction where the client
96 is physically present or domiciled.

97

98 Washington

Regulation: WA Admin Code 246-915-187 Use of telehealth in the practice of physical therapy.

99 (1) Licensed physical therapists and physical therapist assistants may provide physical therapy via
100 telehealth following all requirements for standard of care, including those defined in chapters [18.74](#)
101 Revised Code Washington (LAW) and [246-915](#) Washington Administrative Code.

102

103 (2) The physical therapist or physical therapist assistant must identify in the clinical record that the
104 physical therapy occurred via telehealth.

105

106 (3) The definitions in this subsection apply throughout this section unless the context clearly requires
107 otherwise:

108 (a) "Telehealth" means providing physical therapy via electronic communication where the physical
109 therapist or physical therapist assistant and the client are not at the same physical location.

110 (b) "Electronic communication" means the use of interactive, secure multimedia equipment that
111 includes, at a minimum, audio and video equipment permitting two-way, real time interactive
112 communication between the physical therapist or the physical therapist assistant and the client.

113

114 **Guidelines for Appropriate Use of Telehealth in Physical Therapy Practice**

115 **Responsibility for and appropriate use of technology**

116 A PT is responsible for all aspects of physical therapy care provided to a client, including determining
117 and documenting the extent to which the use of technology is necessary and appropriate in the
118 provision of physical therapy. Additionally, the PT is responsible for assuring the technological
119 proficiency of those involved in the client’s care. A client’s appropriateness for telehealth should be
120 determined on a case-by-case basis, with selections based on the judgment of the clinician, the client’s
121 informed choice, and professional standards of care.

122 **Verification of identity**

123 Given the fact that in the telehealth clinical setting the client and therapist are not in the same location,
124 it is critical that the identities of the provider, client and assistive personnel present during the physical
125 therapy appointment be established and shared with the client and therapist. Photo identification in the
126 form of a government or employer issued ID is recommended for all parties who may be involved in the
127 delivery of care to the client. Additionally, verification of the therapist’s physical therapy license should
128 be available to the client.

129 **Informed consent**

130 Just as most PTs have traditionally obtained informed consent for face-to-face encounters, PTs should
131 obtain informed consent for the delivery of physical therapy services via telehealth technologies.
132 Informed consent is the process of communication between the PT and a competent client, or
133 competent designee, during which the therapist and client discuss the examination and recommended
134 plan of care. Upon gaining a clear understanding of the risks, benefits, alternatives to the proposed
135 treatment plan and anticipated timeframes and costs, the client is enabled to make an informed and
136 voluntary decision on whether or not to proceed with physical therapy care. Informed consent
137 procedures should follow state law. Typically informed consent may be verbal, written, or recorded and
138 the documentation of consent should be maintained in the medical record. The standard of care that is
139 expected during face-to-face encounters is also expected for telehealth encounters.

140 Given the reliance on imperfect technology and the unique nature of the provision of services through
141 telehealth, PTs may wish to include the following during the informed consent process:

- 142 1. Consent to being photographed, recorded, or videotaped and consent to the storage of the
143 encounter data, if applicable. Disclosure should be made as to how long data will be stored.
- 144 2. Clients should be made aware of any limitations that telehealth services present as compared to
145 a face-to-face encounter for that client’s situation such as the inability to perform hands-on
146 examination, assessment and treatment.
- 147 3. Consent to release information from the client’s medical record to any other healthcare facility,
148 provider to which the client’s care may be transferred, or to any third party payer for the
149 purpose of obtaining payment of the account. Laws protecting the confidentiality of medical
150 information also apply to telehealth, though there may be a potential for increased security risks
151 with telehealth services.

152 4. Clients should be informed of the potential for failure of the technologies used to provide
153 telehealth services. Consent procedures should include a hold harmless clause for medical or
154 other information lost because of technology failures.

155 **Physical therapist/client relationship**

156 The provider/client relationship forms the basis of a client-centered approach to healthcare. There is
157 little guidance in physical therapy literature regarding the establishment of the PT/client relationship,
158 potential implications for client care management and liability risk. The relationship is established
159 regardless of whether the care delivered was pro bono or for a fee.

160 As alternative delivery methods such as telehealth emerge, all parties involved (including regulators)
161 must be mindful that the PT/client relationship may be established in the absence of actual physical
162 contact between the PT and client. Though it may sometimes be difficult to determine the precise
163 moment the relationship is established, the earliest beginnings are when the client agrees to be seen by
164 the PT and consents to participate in the physical therapy appointment. It is solidly established when the
165 PT affirmatively commences to evaluate, diagnose, and render treatment, including any advice or
166 instructions to the client. The formation of the PT/client relationship is the point at which the therapist
167 owes a duty of care to the client.

168 **Clinical Guidelines for Use of Telehealth in Physical Therapy Practice**

169 FSBPT has proposed the following guidelines for PTs and PTAs (subsequently referred to collectively as
170 physical therapy providers) utilizing telehealth technologies in the delivery of client care, regardless of
171 any pre-existing provider/client relationship.

172 These guidelines support a consistent scope of practice and standard of care regardless of the delivery
173 mechanism. Guidelines, position statements, or standards for telehealth developed by a professional
174 organization or society (e.g. American Physical Therapy Association (APTA)), should be reviewed and
175 appropriately incorporated into practice.

176 **Scope of practice**

177 The following guidelines should not be construed to alter the scope of practice of physical therapy or
178 authorize the delivery of physical therapy services in a setting or manner not otherwise authorized by
179 jurisdictional authorities or regulatory agencies.

180 **Licensure**

181 Physical therapy providers delivering care using technology must be authorized by law (licensure or
182 certification) to practice physical therapy in the state or jurisdiction in which the client is physically
183 located during the PT/client interaction. Physical therapy care occurs in the jurisdiction in which the
184 client is located at the time the technology is used. Although the provider should be licensed in the
185 jurisdiction where the client is located and must adhere to the laws defining scope of practice in that
186 jurisdiction, the provider should not be required to be physically located in that same jurisdiction.
187 Providers of telehealth services shall be aware of credentialing requirements at both the site where the

188 PT is located and the site where the client is located. The PT should ensure compliance with regulatory,
189 credentialing, and accrediting agency requirements as applicable.

190 **Standards of care**

191 It is the responsibility of the PT to ensure the standard of care required both professionally and legally
192 (in the jurisdictional practice act and rules) is met. As such, it is incumbent upon the PT to determine
193 which clients and therapeutic interventions are appropriate for the utilization of technology as a
194 component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers shall
195 be guided by professional discipline and existing clinical practice guidelines when practicing via
196 telehealth.

197 Physical therapy interventions and/or referrals/consultations made using technology will be held to the
198 same standards of care as those in traditional (face-to-face) settings. Regardless of delivery method, a
199 physical therapy examination and evaluation must be completed prior to providing physical therapy
200 interventions.

201 The documentation of the telehealth encounter should be held at minimum to the standards of a face-
202 to-face encounter.

203 **Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies**

204 **Privacy and security of client records and exchange of information**

205 Physical therapy providers should meet or exceed applicable federal and state legal requirements of
206 medical/health information privacy, including compliance with the Health Insurance Portability and
207 Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act
208 (HITECH), the Affordable Care Act (ACA), and state privacy, confidentiality, security, and medical
209 retention rules. Sufficient privacy and security measures must be in place and documented to ensure
210 confidentiality and integrity of identifiable client health information. Methods for protection of client
211 health information include the use of authentication and/or encryption technology, and limiting access
212 to need-to-know (availability for those people who do require access). Transmissions, including client
213 email, billing, and treatment records, must be secure within existing technology (i.e. password
214 protected, electronic encryption, or other reliable authentication techniques). All provider-client email,
215 as well as other client-related electronic communications, should be stored and filed in the client's
216 physical therapy record, consistent with traditional recordkeeping policies and procedures. Providers are
217 referred to "Standards for Privacy of Individually Identifiable Health Information," issued by the
218 Department of Health and Human Services (HHS). Guidance documents are available on the HHS Office
219 for Civil Rights website at: www.hhs.gov/ocr/hipaa.

220 Specific guidelines shall be in place to address access to client records so as to ensure that unauthorized
221 users cannot access, alter, tamper with, destroy or otherwise misuse client information. Providers and
222 their staff should be aware of the advanced requirements for privacy and confidentiality associated with
223 provision of services through telehealth technology at both the originating site and remote setting.
224 Steps should be taken to ensure compliance with all relevant laws, regulations and codes for technology.

225 The physical security of telehealth equipment and the electronic security of data storage, retrieval and
226 transmission should be maintained. Some information that is specific to delivering services via
227 telehealth technologies that should be communicated to the client include the use of
228 information/communications transmitted via telehealth technologies and the utilization of any passive
229 tracking mechanisms in the collection of information. Additional considerations may include providing
230 clients with a clear mechanism to access, supplement, and amend client-provided personal health
231 information, feedback mechanisms regarding the quality of information and services, and a means to
232 register complaints to the therapist, employer, regulatory board, etc.

233 **Administrative guidelines**

234 Policies and procedures should be periodically evaluated for currency and be maintained in an
235 accessible and readily available manner for review. Written policies and procedures should be
236 maintained at the same standard as traditional encounters for documentation, maintenance, and
237 transmission of the records of the encounter using telehealth technologies. In addition to privacy
238 mentioned previously, policies and procedures should address topics such as the required client
239 information to be included in communications, the healthcare personnel authorized to process
240 electronic communications, and archival and retrieval of the data. Procedures should be written to
241 ensure the safety and effectiveness of equipment through ongoing maintenance. Additionally, when
242 relevant, infection control policies and procedures should be followed for shared, multi-user equipment.
243 It is imperative that the physical therapy providers and/or the larger healthcare organization have
244 quality-oversight mechanisms in place.

245 **Technical guidelines**

246 Physical therapy providers need to have the minimal level of understanding of the technology to ensure
247 safe, effective delivery of care. Additionally, arrangements should be made to ensure access to
248 appropriate technology support as needed. Providers should take appropriate measures to familiarize
249 themselves with equipment and safety issues with client use. As is good practice with any equipment
250 utilized, all providers should be fully aware of the capabilities and limitations of the telehealth
251 technology they intend to use. All providers should have an appropriate plan prior to delivering services
252 ensuring that the equipment is sufficient to support the encounter, is available and functioning properly,
253 and all personnel using the telehealth equipment are trained in equipment operation and
254 troubleshooting.

255 Physical therapy providers should have strategies in place to address the environmental elements of
256 care including the physical accessibility of the treatment space as well as usability of equipment. This is
257 essential in physical therapy telehealth applications as considerations must be made for clients who
258 have a variety of impairments in areas such as fine/gross motor skills, cognition, speech, and language.
259 Providers should also consider possible modifications to accommodate clients with visual or hearing
260 impairments.

261 **Emergencies and Client Safety Procedures**

262 When providing telehealth services, it is essential to have procedures in place to address technical,
263 medical or clinical emergencies. Emergency procedures need to take into account local emergency plans
264 as medical emergencies will most often be handled through the typical chain of emergency procedures
265 such as notifying the client’s emergency contact, notifying local physician, or calling local emergency first
266 responders. Redundant methods of communication between both parties need to be established prior
267 to providing telehealth services in case of technical complications. It is the responsibility of the provider
268 to inform the client of these procedures; furthermore, it is the responsibility of the provider to have all
269 needed information to activate emergency medical services to the clients’ physical location if needed at
270 time of the services are being provided. If during the provision of services the provider feels that the
271 client might be experiencing any medical or clinical complications or emergencies, services will be
272 terminated and the client referred to an appropriate level of service.

273 **Conclusion**

274 Advancements in technology have created expanded and innovative treatment options for clinicians and
275 clients while posing challenges to physical therapy regulators. The delivery of physical therapy services
276 by or under the supervision of a physical therapist via telehealth is physical therapy, falling under the
277 purview of corresponding state jurisdictional bodies and the respective practice act and regulations.
278 Regulators must consider care delivered in this manner as physical therapy first, telehealth second and
279 ignore any impulse to draft a new set of “telehealth” rules, instead relying on the existing regulatory
280 framework for physical therapy.

281

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**State of Wisconsin
Department of Safety & Professional Services**

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3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 12/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Report from the 2014 Annual FSBPT Meeting	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Tom Ryan will give a report to the Board on the 2014 Annual FSBPT Meeting.			
11) Authorization			
Taylor Thompson		10/3/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
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Lifting the Fog of Regulation 2014 San Francisco, CA Sept 18-20, 2014

Updates on Current FSBPT Initiatives

1. PT Licensure Compact
2. National Physical Therapy Examination (NPTE) eligibility
3. Credential Verification System (CVS)
4. Course work Tool (CWT)
5. DPT at the regulatory
1. Compact – Why?
 - a. Portability
 - i. New Healthcare Models, Accountable Care Organization (ACO)
 - ii. Border states and mobility – Telehealth
 - iii. Becoming a national priority
 - iv. Convergence of factors
 - b. Interstate compacts
 - i. Council State Governance (CSG) – combines all three branches of government
 - ii. Fosters exchange of public policy insights and ideas
 - iii. Facilitates interstate compacts – creating consistency, allowing sovereignty
 - iv. Compacts are not new - currently 215 active compacts
 - v. Discipline – “Home State”
 - vi. Steps 1, advisory phase 4-6 months, drafting phase 8-12 months, education and enactment 18 months + 2 legislative sessions
 - c. Federation of State Medical Boards (FSMB)
 - i. Planning meeting began in June 2013
 - ii. Completion of drafting model compact in Sept 2014
 - iii. State participation – voluntary
 - iv. Creates another pathway for licensure “not a national license”
 - v. Regulatory authority remains with the state
 - vi. Interstate Medical Licensure Compact
 - d. Compact Advisory task force for PT
 - i. Privilege to practice (PtP)
 1. Different than licensure
 - a. Practice of PT occurs where the patient is located
 - b. Home state – state of residence
 - c. Remote state(s)
 - d. Compact state – any state participating in compact
 - e. Compact administration
 2. Qualifications
 - a. clean unrestricted license in home state
 - b. notify any remote states in which he/she will be practicing (may involve a fee)
 - c. remote states may impose jurisprudence requirement
 - d. model for both PT and PTA
 - e. meet FSBPT 2016 NPTE requirements
 - f. Must fully participate in the FSBPT ELDD
 - i. CBC, Cont. Competence, pay a fee
 - g. Know scope of practice in each state
 - h. Mechanism must be available for consumers to verify
 - i. Initial investigation and due process occurs in state of violation
 - j. Must report back to home state and compact data base
 - k. Home state has sole ability to remove license
2. NPTE eligibility
 - a. Current rules

- i. Graduate of CAPTE
 - ii. 90 days of graduation
 - iii. Approved by a licensing jurisdiction
 - b. 4 new rules
 - c. Maximum 6 attempts – implemented in Jan 2016
 - d. 2 very low scores – Jan 2016
 - e. English proficiency a requirement (TOEFL) – Jan 2017
 - f. CWT for non-CAPTE graduates – Jan 2017
 - g. 2017 – alternate approval – school must verify the candidate will graduate
3. Credential Verification system (CVS)
 - a. Minimum Data Set (MDS) – to understand workforce needs and workforce planning
 4. CWT – guideline can be found on FSBPT website
 5. DPT as a regulator designator
 - a. RC 9-14 passed DPT by 2025
 - b. No evidence for enhanced access
 - c. Practice analysis informs expectations of minimal competency and standards of practice
 - d. Environment of enhances scrutiny

Sessions Sept 19 1-1:50pm

International Physiotherapy Accreditation

How to develop Disciplinary Guidelines

Consistency in sanctioning is a question often raised by Board members, licensees and their attorneys and as an issue on Appeal. The North Carolina Board of Nursing developed guidelines to assist staff, the Board’s attorney and Board members in assuring that fairness and consistency exists in all discipline decisions.

Develop guidelines to assist employers and public

Develop a systematic approach for reviewing all complaints

Determine appropriate sanctions for complaints where violations of law were substantiated

Complaint Evaluation Tool – does one exist for Wisconsin?

Develop sanctioning guidelines – do we have any for WI?

Just Culture

- a. Creates a learning culture
 - b. Creates open and fair culture
 - c. Promotes development of safe systems
 - d. Manage behavioral choices
1. Human Error – console
 2. At risk behavior – Coach and counsel
 3. Reckless behavior - punish

How effective is your Board?

Sessions Sept 19 2-2:50pm

A Survey of Foreign Educated Physical Therapists: Implications of Regulation

Just the Fact – Avoid the friction: Best practices to manage complaints, investigations and hearings.

How do we get to the root of the issue in handling complaints, pursuing an investigation and holding a hearing? What questions will get revealing answers at each stage of this process? How do we move forward with the information we obtain? Make the evidence compelling for the case at hand.

Source of complaints – members of public, government agent, the Board

Goal is to obtain the facts even if it is conflicting

Provide the board with information and facts

Distinguish between relevant and irrelevant evidence

“Don’t just say it – show it”

Complaint committee
Check statutes and rules to determine if a violation has occurred

Where State and Federal regulations intersect: what are a therapist and board to do?

Sessions Sept 19 3-3:45pm

Criminal Background Checks: an important public protection issue

Does your Board require criminal background checks (CBC) for initial licensure? Should you? How do you deal with costs, time delays and other issues? Should CBC be part of a licensure compact?

Some things to think about: Requiring CBC's for initial licensure, dealing with costs, time delays

Will be a requirement for the FSBPT ELDD to participate in compacts and Telehealth

CBC adds time to the process – time outweighs the cost

When drafting rules: be flexible with language and be open to new updates technologies.

Should CBC's be required for renewal?

More Licensure Compact Information

How to work better with your AG

Keynote Speaker: The Affordable Care Act (ACA): Does it matter at all to Health professions regulations? Catherine Dower, JD Health Policy Consultant, cathdower@gmail.com

ACA is now several years old and many of its most significant sections have been implemented across the US. Despite its heft (the law and its accompanying rules number in the 1000's of pages), ACA is notoriously free of direct changes to health professions regulations; however there are numerous indirect effects. Regulation of health professions – including scopes of practice, licensing requirements, discipline and regulation's links to education and hiring practices – is undergoing dramatic shifts in the new ACA era.

Indirect effects of ACA

1. Technology: electronic health records, communication, telehealth, personal devices, confidentiality issues.
2. Consumers – more involved
3. Inter-professional care: teams, top of license, scope of practice, new skills, expectations, work habits
4. Integrated care: across the life continuum, across systems and specialties and across geographic locations
5. Costs: tying payment to quality – looking at quality outcomes (relies on electronic health record)

Workforce supply and demand

Old formula and assumptions: rations of licensees to population; always need more

New Realities: teams serving panels, self-care and DIY

Training and Education

Old assumptions: profession control, formal education, university based, clinical training, silo

New Realities: Information is web based, available, varied, quality, problem based

Competencies: tech savvy, work in teams, listen to client, integration across life.....

Retail Clinics

Licensure and Discipline New realities, professional and public roles, real time/immediate access to data, public opinion and market judgment

Performance Data

Open sourced – consumer and professional, richly sourced, varied, current, moving to real time.

Expanding scopes of practice and overlapping

Integration across the professions, across the systems, across the life span, education systems and disciplinary approaches need to come together about regulations

Employers and workforce need to be educated and be able to collaborate.

Accountability: evidence based, how are we providing care or is this old habit? Why do we require so many years of education?

Creativity: telehealth, integrative models, world is changing – continue to protect the public

Sessions Sept 20 9-10:20am

Breaking down barriers and building bridges: update on foreign educated issues

It's just practice! Considerations for telehealth regulation

It's no longer a question of whether or not telehealth will become a viable option to deliver physical therapy; it's happening now. As happens in the rapidly changing healthcare environment, technology often outpaces the slower-moving legislative and regulatory machines.

2001 APTA BOD position – filling gaps in patient care

Terms and technology: eHAB – Telerehab system, video Polycom VSX 7000

1. Benefits and Barriers: streamline costs, decrease travel costs, maintain community and vocational roles, telehealth doesn't work for every patient, logistics, weather
2. Hub-→ spokes: small hospitals, swing bed, home health, nursing
3. Financial savings
4. Consistent care and progression of treatment plan
5. Technical (loss of connectivity, equipment failures)
6. Reimbursement
7. Licensure portability
8. Documentation – time in/time out, who is present
9. Heartland Telehealth assists with WI, Iowa, MN?

Expand health care market place – wide use of telemedicine and technology – facilitate portability – ensuring medical quality and patient connection.

What PT services are needed? (adult-pediatric) (acute-chronic) (Systems involved: neuro, musculoskeletal)

Where are PT services needed?

Which PT services could be delivered using telehealth? What would this look like? Different way to gather information, instruction of exercises, monitoring of current treatment compliance

Who would provide PT services: PT? PTA? PT Aide?

How could PT Telehealth services be provided? Skype? Video conference? Phone conference? Store and forward technology?

Who would pay for this? There are two issues: 1) financial support to provide services 2) reimbursement for services

Recommendations for regulation of telehealth in PT – review of what's already out there

Names (terms) – telehealth, telerehabilitation, telephysical therapy

Technical guidelines – how information will be used, stored – guidelines available the first week on October 2014

Law and Order: continuing competence is the intent

Sessions Sept 20 10:30 – 11:20am

The NPTE test accommodations game: PT Board in the middle?

What's happening in cases that matter to Boards?

APTA integrity in practice initiative

APTA is undertaking a new, multifaceted initiative called the "Integrity in Practice" campaign to position the profession as a leader and partner in the effort to eliminate fraud, abuse and waste from healthcare and strengthen the good reputation of physical therapy in the healthcare system. The campaign includes participation in the American Board of Internal Medicine's Choosing Wisely initiative.

*Concerns with Fraud and Abuse

Mistake (Error)	inefficiencies (Waste)	bending the rules (Abuse)	intentional deception (Fraud)
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4 objectives

1. Step up as a leader and partner
2. Educate members, non-members, avoid staying out of trouble
3. Advocacy efforts
4. Communicate and partner organizations

<http://integrity.apta.org> -→ upholding integrity, understanding risk, and reducing risk → CEU's available

*Preventing Fraud, Abuse and Waste: A Primer for PT's

Fraud and abuse laws
PT relationships with payers, referral sources, patients
Professionalism
Compliance programs
PowerPoint slides are available
Schools provided with test questions

*Choose Wisely campaign: 5 things providers and patients should question to encourage wise decisions about appropriate care. Encourage conversations between providers and patients, encourage care decisions based upon evidence, decrease waste, support role of consumers in care decisions, professionalism and social responsibilities
Criteria for inclusion: evidence-based, frequently done but not necessary, under your control as a PT
Tests or procedures that is unnecessary. 1) Passive physical agents, 2) under-dosed strength program 3) bed rest DVT, 4) CPM machines for post-op management TKA, 5) whirlpool for wound management

Sessions Sept 20 1-1:50pm

2014 PTA update: what are the current issues relating to the PTA?

RC 20-12 APTA feasibility study – bachelor’s degree, inconsistencies in curriculum content
Work analysis APTA Board of Directors: March 2014

PT/PTA relationships

Cost of PTA education (\$10,000 public in state)

Increase # of PTA programs

Reimbursement issues and the PTA: APTA has resource documents available to educate providers on PTA’s

Affordable Care Act (ACA) – guessing game

Professional issues for PTA: manual therapy (spinal and peripheral joint mobs, wound care)

What do PTA’s do now?, What will they need to do in the future?

A Strategic approach to expanding scope

Jurisprudence in your jurisdiction

Sessions Sept 20 2-3:30pm

State of the Jurisdictions: annual update

Crafty cheaters and determined detectives: what you need to know about NPTE security?

Ethical Dilemmas for students on clinical

What happens when a student observes an unethical issue in a clinic that he or she is participating in as part of the student’s clinical education? 1/3 of student education is in clinical. Case examples reviewed and discussed the dilemmas with the students, faculty and clinical sites. Where is the Board in this triangle? Does the Board have an education/remediation role? What is the role of our Board when dealing with a “future licensee”? What is the role of the Board in providing education to students prior to graduation?

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4) Meeting Date: 12/11/14	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Membership Task Force Meeting in Alexandria, VA January 9-10, 2015 - Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will discuss the FSBPT Membership Task Force Meeting in Alexandria, VA January 9-10, 2015.			
11) Authorization			
Taylor Thompson		11/03/14	
Signature of person making this request		Date	
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7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
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Proposal would let chiropractors in Wisconsin prescribe drugs



OCTOBER 31, 2014 1:45 PM • BY [DAVID WAHLBERG](#) | [WISCONSIN STATE JOURNAL](#)

The Wisconsin Chiropractic Association wants the state to let chiropractors prescribe drugs and do minor procedures, a proposal the rival Chiropractic Society of Wisconsin opposes.

No state gives chiropractors authority to do both activities, two national chiropractic organizations said. New Mexico allows chiropractors to prescribe some drugs, and Oklahoma and Oregon let them do some medical procedures.

The Wisconsin Chiropractic Association says expanding the powers of the state's 2,000 chiropractors would let them act like primary care doctors and help address the state's projected shortage of medical providers.

The group is discussing the proposal this fall and plans to make it a priority next year. The proposal would require legislative approval and changes to state statutes and rules.

"The opportunity for the chiropractic profession to move itself into the health care mainstream and command a greater share of patients is now," Rod Lefler, the association's president, said in a statement on the group's website.

The Chiropractic Society of Wisconsin, which split from the association two years ago, says chiropractors are already considered primary care providers and there's no need to expand their scope of practice.

"Chiropractic should remain drug-free," said Jay LaGuardia, the society's president. "It's a way to help people heal naturally."

The American Chiropractic Association supports a "drug-free approach to health care" but hasn't taken a position on the Wisconsin proposal, spokeswoman Lori Burkhart said. The Virginia-based International Chiropractors Association opposes the Wisconsin proposal.

Four of the nation's chiropractic schools have weighed in. Atlanta-based Life University and Davenport, Iowa-based Palmer College of Chiropractic oppose the proposal. National University of Health Sciences, in Lombard, Illinois, and University of Western States, in Portland, Oregon, support it.

The Wisconsin Chiropractic Association says it has about 1,200 members. The Chiropractic Society of Wisconsin says it has about 800 members.

The society split from the association when the association successfully lobbied the state to make chiropractors pass a state exam in addition to a national exam to get a license in Wisconsin.

The state dropped the state exam requirement last year. But at the association's request, the state added new requirements for the national exam, setting a higher bar for passing two of its four parts than in any other state. The society opposes the higher requirements.

Under the association's new proposal, chiropractors who complete additional training could be certified as "primary spine care physicians." The training might involve a two-year master's degree program at a chiropractic or medical school, though other options are being considered, said John Murray, executive director of the association.

Chiropractors currently get four-year doctoral degrees involving about 4,820 hours of training. The additional program could involve 55 credit hours, or about 220 hours of coursework, plus 500 hours of clinical training, Murray said.

"To be more effective at managing care, reduce the burden on primary care and decrease referrals to specialists, Wisconsin should expand the scope of practice for chiropractors trained as PSCPs to include limited prescription rights and the ability to perform some minor procedures," says the proposal, released in August.

It's not clear what types of prescription drugs would be included. The procedures would include stitching wounds and removing warts and other growths, Murray said. "We're talking about fairly low-level procedures," he said.

Wisconsin has a projected shortage of nearly 2,200 doctors by 2030, according to a 2011 report by the Wisconsin Hospital Association. The proposal would let chiropractors help fill that gap, Lefler said.

But most parts of the state have good access to health care, compared to other states, and chiropractors refer patients to medical doctors when medical care is appropriate, said Steven Conway, executive director of the Chiropractic Society of Wisconsin.

An expansion of powers for chiropractors "is not really needed in the state of Wisconsin," Conway said.

Lefler said that with physical therapists, physician assistants and advanced practice nurses expanding their powers through clinical doctorate programs in recent years, "there is a battle raging in healthcare." The proposal "will set the stage for (chiropractors) owning primary spine care," he said.