



The Virginia Board of Physical Therapy convened for a full board meeting on Tuesday, November 13, 2018 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Arkena L. Dailey, PT, DPT, President
Elizabeth Locke, PT, PhD, Vice-President
Allen R. Jones, Jr., PT, DPT
Tracey Adler, PT, DPT
Mira H. Mariano, PT, PhD, OCS
Susan Palmer, MLS
Rebecca Duff, M.S.Ed., PTA

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Barbara Allison-Bryan, MD, DHP Chief Deputy Director
Erin Barrett, Assistant Attorney General, Board Counsel
Sarah Georgen, Licensing and Operations Manager
Lynne Helmick, Deputy Director
Laura Mueller, Program Manager
Angela Pearson, Senior Discipline Operations Manager
Corie Tillman Wolf, Executive Director
Elaine Yeatts, Sr. Policy Analyst

OTHER GUESTS PRESENT

Neal Kauder, VisualResearch, Inc.
Kim Small, VisualResearch, Inc.
Richard Grossman, Virginia Physical Therapy Association

CALL TO ORDER

Dr. Arkena L. Dailey, PT, DPT, Board President, called the meeting to order at 9:30 a.m. and asked the Board members and staff to introduce themselves.

With seven members present at the meeting, a quorum was established.

Dr. Dailey read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Dailey provided reminders to the Board members and audience regarding microphones, sign in sheets, computer agenda materials, and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

WELCOME NEW BOARD MEMBER

Dr. Dailey welcomed Rebecca Duff, a newly appointed Board member, who succeeded Sarah Schmidt.

APPROVAL OF MINTUES

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Mariano, the Board voted to accept the following meeting minutes:

- Board Meeting – August 16, 2018

The motion passed unanimously.

ORDERING OF THE AGENDA

Ms. Tillman Wolf requested to add Mr. Kauder to the agenda, who will present on the revised Sanctioning Reference Points Worksheet with Ms. Small. Ms. Tillman Wolf also stated that Ms. Yeatts and Dr. Allison-Bryan will be intermittently unavailable due to another previously scheduled Board meeting.

Upon a **MOTION** by Dr. Locke and properly seconded by Dr. Jones, the Board voted to accept the agenda as written with the notations from Ms. Tillman Wolf. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

AGENCY REPORT – Barbara Allison-Bryan, M.D., Chief Deputy Director

Dr. Allison-Bryan noted that Dr. Brown is unavailable due to a previously scheduled meeting.

Dr. Allison-Bryan reported on the security updates of the DHP building noting that the security desk on the first floor would be moved to the center of the hall to allow for visitors to check in with the security desk. Additionally, she requested that all Board members submit their entry badges to Board staff to be deactivated. She announced that temporary badges would be provided to Board members at each meeting to ensure proper entry to the building.

Dr. Allison-Bryan announced that a media summit would take place later that week at Virginia Commonwealth University to assist the media in informing the public about the opioid crisis affecting the Commonwealth. Diane Powers, Director of Communications would oversee the discussion, along with the Director of the Prescription Monitoring Program, Ralph Orr, and representatives from agencies including the Department of Behavioral Health and Developmental Services.

With no further questions, Dr. Allison-Bryan concluded her report.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Ms. Tillman Wolf welcomed Rebecca Duff as a new Board member.

Ms. Tillman Wolf congratulated the Board on receiving the FSBPT's Excellence in Regulation Award for 2018.

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of June 30, 2018.

Cash Balance as of June 30, 2018	\$1,101,620
YTD FY19 Revenue	\$40,330
Less YTD Direct & In-Direct Expenditures	\$149,752
Cash Balance as of September 30, 2018	\$992,198

Ms. Tillman Wolf provided FSBPT updates from the October 25-27, 2018 Annual Meeting in Reston, VA attended by Dr. Dailey and Dr. Locke. She also provided updates from the PT Compact Commission Meeting on October 28, 2018.

Ms. Tillman Wolf provided an update to the FSBPT PT Compact noting that 21 states have enacted the compact, with 16 states interested in joining. Further, she noted that six states currently are issuing Compact privileges and nine additional states planning to issue Compact privileges by January 2019.

Ms. Tillman Wolf provided the Board and public with the revised Bylaws and Rules, Policies and Procedures Manual. Additionally, she provided the draft legislation for Virginia, as well as the Virginia Physical Therapy Association's (VPTA) letter of support.

Ms. Tillman Wolf reported that there were many topics of discussion at the annual meeting to include the re-entry to practice task-force, online verification task force, board planning and self-assessment, continuing competence and professional engagement/development, and clinical well-being. She noted that the Exam, Licensure, and Discipline Database (ELDD) indicates a 5-star overall rating, with 5-stars listed for licensing and 3-stars listed for discipline. Ms. Tillman Wolf explained the process used by FSBPT for the rating system for discipline.

Ms. Tillman Wolf announced that 1,398 Virginia licensees were currently registered for aPTitude, which is an 11.2% increase of licensees since the last meeting. She noted that APTA courses can be found/recorded through aPTitude. Additionally, she noted that 14 Virginia licensees have accessed the oPTion assessment tool.

Ms. Tillman Wolf announced that the FSBPT Annual Regulatory Training for Board members and staff will be held in Alexandria, Virginia in June 2018. Additionally, she announced the FSBPT Leadership Issues Forum will be held in Alexandria, Virginia on July 13-14, 2019; and the FSBPT Annual Meeting and Delegate Assembly in Oklahoma City, OK on October 24-26, 2019.

Ms. Tillman Wolf announced that the Board’s biennial renewals were successfully sent to licensees on October 30, 2018. She noted that 98% of PT and 97% of PTA email addresses were on file with the Board. She stated that a reminder notice would be sent to those who have not renewed by the beginning of December.

Ms. Tillman Wolf stated that an October Newsletter of the Board was sent to all licensees by email. She noted that there were 2,427 visits to the Board’s website to view the newsletter. She announced that the Board’s newsletter was featured in the FSBPT November newsletter.

Ms. Tillman Wolf stated that a presentation was provided to third-year DPT students at Old Dominion University in September 2018, and Ms. Tillman Wolf provided new Board member orientation to Ms. Duff on October 12, 2018. Additionally, she noted that the Biennial Report for the 2017-2018 fiscal year had been completed, with a copy of the Board of Physical Therapy section provided to Board members. She also stated that Board staff has begun the process of brainstorming the Compact process.

Ms. Tillman Wolf presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

License	November 5, 2018	August 14, 2018	Change +/-
Physical Therapist	9,022	8,779	243
Physical Therapist Assistant	3,718	3,630	88
Total PT’s and PTA’s	12,740	12,409	331
Direct Access Certification	1,223	1,211	12

Ms. Tillman Wolf presented the PT Exam Statistics from October 24, 2018 which included the following:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	43	31	22	9	12	5	7
Non-CAPTE Applicants	4	0	0	0	4	1	3
Total	47	31	22	9	16	6	10

Ms. Tillman Wolf presented the PTA Exam Statistics from October 3, 2018 which included the following:

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	73	50	40	10	23	4	19
Non-CAPTE Applicants	0	0	0	0	0	0	0
Total	73	50	40	10	23	4	19

Ms. Tillman Wolf provided the following statistics regarding the Virginia Performs – Customer Satisfaction Survey Results:

- Q3 2017 – 100%
- Q4 2017 – 98.9%
- Q1 2018 – 97.3%
- Q2 2018 – 100%
- Q3 2018 – 86.8%
- Q4 2018 – 100%

Ms. Tillman Wolf announced that the customer satisfaction statistics from the FSBPT show that Virginia’s statistics are above the national average at 92.4%.

The Board meeting dates for 2019 are:

- February 19, 2019 – 9:30 a.m.
- May 16, 2019 – 9:30 a.m.
- August 13, 2019 – 9:30 a.m.
- November 12, 2019 – 9:30 a.m.

Ms. Tillman Wolf provided reminders to the Board members changes in contact information and the handling of confidential investigative case materials by Board members.

With no further questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Lynne Helmick, Deputy Executive Director

Ms. Helmick, Deputy Executive Director, reported on the current number of open cases, discipline statistics and Key Performance Measures.

As of November 1, 2018, Ms. Helmick reported the following disciplinary statistics:

- 44 total cases
 - 1 in Administrative Proceedings Division
 - 1 in Formal Hearing
 - 5 in Informal Conferences
 - 13 in Investigation
 - 24 in Probable Cause
 - 7 in Compliance

Ms. Helmick reported the following Total Cases Received and Closed:

- Q4 2016 – 6/9
- Q1 2017 – 8/4
- Q2 2017 – 9/9
- Q3 2017 – 7/5
- Q4 2017 – 21/9
- Q1 2018 – 6/10
- Q2 2018 – 15/7
- Q3 2018 – 9/2
- Q4 2018 – 4/4

Ms. Helmick reported the following Virginia Performs statistics for Q4 2018:

- Clearance Rate – 75% Received 4 patient cases and closed 3 cases
- Pending Caseload over 250 days was at 32% which is over the 20% goal, which represents 11 cases
- Cases closed within 250 days is 0% - 0 cases closed within 250 days (Goal is over 90%)

Ms. Helmick provided the following information of All Case Information:

- Percentage of all cases closed in 250 days

	Q4 – 2017	Q1 – 2018	Q2 – 2018	Q3 – 2018	Q4 - 2018
PT	44%	90%	100%	100%	90.5%
Agency	86.7%	82.2%	86.7%	87.6%	80.6%

- Average days to close a case

	Q4 – 2017	Q1 – 2018	Q2 – 2018	Q3 – 2018	Q4 – 2018
PT	291.3	239.4	112	152.5	412.8
Agency	194.1	255.7	186.5	196.4	201.1

Ms. Helmick provided the following information regarding the categories of disciplinary cases processed in fiscal year 2018:

- 9 cases total
 - 1 records fraud
 - 1 impairment
 - 2 out of state Orders
 - 3 CE audit cases

- 1 confidentiality
- 1 records (other)

With no further questions, Ms. Helmick concluded her report.

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett updated the Board members on *Myer v. Northam, et al.*, which has been ongoing in the Eastern District of Virginia federal court.

Additionally, Ms. Barrett reminded Board members that text messages regarding Board business should not be exchanged, as the information could be requested under the Freedom of Information Act (FOIA).

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Report – Allen R. Jones, PT, DPT

Dr. Jones stated that the Board of Health Professions met on August 23, 2018. He noted that the meeting minutes from the meeting were included in the agenda packet.

Reports from FSBPT Annual Meeting – Arkena L. Dailey, PT, DPT, and Elizabeth Locke, PT, PhD

Dr. Dailey stated that she provided the welcome and introduction to the FSBPT Annual meeting by providing an overview of Virginia, a presentation of current Board members, and a welcome video from Justin Fairfax, Virginia Lieutenant Governor. Dr. Dailey also reported that she was a candidate for the Board of Directors, but was not elected; however, she announced that she participated as part of the FSBPT Education Committee which plans the educational sessions for the annual meetings and provides logistical support throughout the meeting. She noted that she attended several workshops. One take away in particular was the new online resources available for foreign educated candidates. Dr. Dailey mentioned that the FSBPT reviewed six areas of focus and they included membership, examinations (changes for Foreign educated clinicians, etc.), their emphasis to continue to educate all jurisdiction Boards on their programs and products, addressing states' rights and standards, and they were focusing on increasing their leadership with joint efforts within the profession and regulatory communities (i.e. APTA).

Dr. Locke stated that she represented the Board as a voting delegate and it was a pleasure to represent the Board. She emphasized the importance of volunteering by board members to promote collaboration. She stated that she submitted her name to volunteer for the Ethics and Legislation Committee, which is responsible for developing and analyzing methods to improve consumer protection. She noted that Virginia is a front-runner in the U.S. and is respected by other boards. She had several takeaways from the meeting, including efforts to increase diversity and engagement with other boards/internationally. She reported that she further discussed the issue of diversity with Dr. Kirsh, FSBPT President, and recommended that FSBPT look at data regarding diversity.

BREAK

The Board took a break at 10:44 a.m. and returned at 10:58 a.m.

USE OF THE REVISED SANCTIONING REFERENCE POINTS WORKSHEET – Kim Small and Neal Kauder, VisualResearch, Inc.

Ms. Small provided a training presentation on the revised Sanctioning Reference Points (SRP) Manual. The use of the SRPs by Board members during informal conferences ensures transparency and due process during the disciplinary process.

Upon a **MOTION** by Dr. Jones and properly seconded by Ms. Duff, the Board voted to amend the SRP Manual to read “Dual relationship, sexual relations or other boundary issue” located on pages seven and eleven and to amend a term on page eight to read “Restriction on patient type.” The motion passed unanimously.

Dr. Mariano left the Board meeting at 11:37 a.m.

LEGISLATION AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst

Report on Regulatory Actions

Ms. Yeatts provided a brief overview of the status of the current regulations at the Secretary’s office.

Ms. Yeatts further stated that the Board’s regulations were due for a periodic review and explained the periodic review process.

Upon a **MOTION** by Ms. Palmer and properly seconded by Dr. Jones, the Board voted to provide public notice of the Board’s Periodic Review of the Public Participation Guidelines (PPG) and Regulations. The motion passed unanimously.

Update on Legislation for Physical Therapy Licensure Compact

Ms. Yeatts provided an overview of the Physical Therapy Compact and noted that the bill had been approved as part of the Governor’s legislative package for the 2019 General Assembly and noted that if approved, the adoption of Regulations would be required for implementation.

Ms. Tillman Wolf explained further that if approved by the General Assembly, the actual compact privileges likely would become effective January 1, 2020 due to the provisions for criminal background checks.

Consideration of Revisions to Guidance Documents

Guidance Document 112-21: Guidance on Telehealth

Ms. Yeatts provided an overview of proposed changes to the Board's Guidance Document on Telehealth including a deletion of language to clarify the location of practice as where the client is located. Ms. Tillman Wolf further explained a minor change to language in the definition of telehealth.

Upon a **MOTION** by Dr. Locke and properly seconded by Ms. Palmer, the Board voted to amend "Section Two: Definition" to read "This guidance on "telehealth" does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire"; to remove "and the state where the practitioner is located" from "Section Seven: Licensure"; and to amend "telemedicine" to "telehealth" located in "Section Thirteen: Guidance Document Limitations" (Attachment A). The motion passed unanimously.

Guidance Document 112-10: Guidance on Credit for Continuing Education

Ms. Yeatts and Ms. Tillman Wolf provided background information for the proposed draft language for revisions to the Board's Guidance Document related to Credit for Continuing Education. Board members discussed the need for further discussion of the proposed language, which Ms. Yeatts indicated may require a change to the regulations.

Upon a **MOTION** by Dr. Adler and properly seconded by Ms. Duff, the Board voted to remove the last two bullet points on the document (Attachment B) referring to contact hours for classroom teaching and clinical instruction or research. The motion carried with a majority vote, with one member (Locke) opposed.

Dr. Dailey requested the Legislative/Regulatory Committee review the continuing education requirements prior to the next Board meeting.

Guidance Document 112-22: Procedures for Auditing Continued Competency Requirements

Ms. Yeatts provided an overview of changes to the Guidance Document to include reference to completion of the FSBPT assessment tool as possible condition for PHCOs and CCAs based upon failure to meet active practice requirements.

Upon a **MOTION** by Dr. Jones and properly seconded by Dr. Locke, the Board voted to accept the amendments to the Guidance Document (Attachment C). The motion passed unanimously.

NEW BUSINESS

Board Committee Assignments – Arkena L. Dailey, PT, DPT

Dr. Dailey noted that the Committee Members list was included in the agenda packet for review and asked if any Board members had suggested changes to their assignments. Dr. Dailey approved the 2018-2019 Committee list.

Survey of Licensees Regarding Interest in PT Licensure Compact – Corie E. Tillman Wolf

Ms. Tillman Wolf stated that the Department of Health Professions (DHP) has the ability to issue a survey to Physical Therapists and Physical Therapy Assistants to ask a series of questions related to the compact. She explained that the survey would be used to determine interest in the PT Licensure Compact and determine what licensees know about it. Ms. Tillman Wolf explained the benefits of this survey to help educate licensees and have the results available to the General Assembly, if needed. Dr. Dailey opened the floor for questions or discussion. Dr. Dailey stated that there was no opposition to the creation of the survey and requested the results at the February Board meeting.

Consideration of Board Membership in INPTRA – Corie E. Tillman Wolf

Ms. Tillman Wolf provided an overview of the purpose of INPTRA and stated that the membership of this organization would be an annual membership fee of \$500. She noted that the organization would provide access to international information related to the regulation of physical therapy. Dr. Locke stated that this type of organization would align with the Board’s agenda of diversity. Ms. Barrett asked the Board members to consider how joining the organization would support patients living in Virginia. Dr. Adler noted that it would provide research on a global level and may help patients here in Virginia.

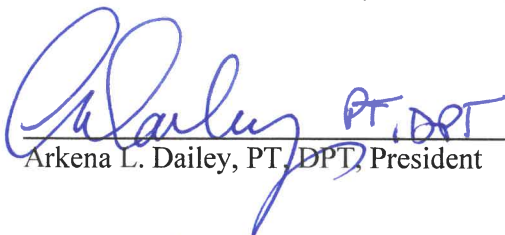
Upon a **MOTION** by Dr. Locke and properly seconded by Dr. Jones, the Board voted to accept the membership of INPTRA. The motion passed unanimously.

NEXT MEETING

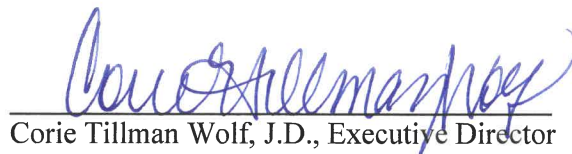
The next meeting date is February 19, 2019.

ADJOURNMENT

With all business concluded, the meeting adjourned at 12:23 p.m.



Arkena L. Dailey, PT, DPT, President



Corie Tillman Wolf, J.D., Executive Director

2/19/19

Date

2/20/19

Date

Virginia Board of Physical Therapy Guidance on Telehealth

Section One: Preamble

The Board of Physical Therapy recognizes that using telehealth services in the delivery of physical therapy services offers potential benefits in the provision of care. Advancements in technology have created expanded and innovative treatment options for physical therapist and clients. The appropriate application of these services can enhance care by facilitating communication between practitioners, other health care providers, and their clients. The delivery of physical therapy services by or under the supervision of a physical therapist via telehealth in physical therapy falls under the purview of the existing regulatory body and the respective practice act and regulations. The Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telehealth services. Therefore, physical therapy practitioners must apply existing laws and regulations to the provision of telehealth services.

The Board issues this guidance document to assist practitioners with the application of current laws to telehealth service practices. These guidelines should not be construed to alter the scope of physical therapy practice or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. For clarity, a physical therapist using telehealth services must take appropriate steps to establish the practitioner-patient (client) relationship and conduct all appropriate evaluations and history of the client consistent with traditional standards of care for the particular client presentation. As such, some situations and client presentations are appropriate for the utilization of telehealth services as a component of, or in lieu of, in-person provision of physical therapy care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The board has developed these guidelines to educate licensees as to the appropriate use of telehealth services in the practice of physical therapy. The Board is committed to ensuring patient access to the convenience and benefits afforded by telehealth services, while promoting the responsible provision of physical therapy services.

It is the expectation of the Board that practitioners who provide physical therapy care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of the client first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the physical therapy profession;
- Adhere to applicable laws and regulations;
- Properly supervise PTA's and support personnel;
- Protect client confidentiality.

Section Two: Definition

Telehealth is the use of electronic technology or media including interactive audio or video to engage in the practice of physical therapy. In this guidance document, “telehealth” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Section Three: Responsibility for and Appropriate Use of Technology

A client’s appropriateness for evaluation and treatment via telehealth should be determined by the Physical Therapist on a case-by-case basis, with selections based on physical therapist judgment, client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a client, and should determine and document the technology used in the provision of physical therapy. Additionally, the PT is responsible for assuring the technological proficiency of those involved in the client’s care.

Section Four: Verification of Identity

Given that in the telehealth clinical setting the client and therapist are not in the same location and may not have established a prior in-person relationship, it is critical, at least initially, that the identities of the physical therapy providers and client be verified. Photo identification is recommended for both the client and all parties who may be involved in the delivery of care to the client. The photo identification, at minimum, should include the name of the individual; however, personal information such as address or driver’s license number does not have to be shared or revealed. The client may utilize current means, such as state websites, to verify the physical therapy provider is licensed in the originating jurisdiction (where the client is located and receiving telehealth services).

Section Five: Informed Consent

Clients should be made aware of any limitations that telehealth services present as compared to an in-person encounter for that client’s situation, such as the inability to perform hands-on examination, assessment and treatment, clients should give consent to such services and evidence documenting appropriate client informed consent for the use of telehealth services should be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

- Identification of the client, the practitioner, and the practitioner’s credentials;
- Types of activities permitted using telehealth services (e.g. such as photography, recording or videotaping the client.);

- Details on security measures taken with the use of telehealth services, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express client consent to forward client-identifiable information to a third party.

Section Six: Physical therapist/Client Relationship

Developing a physical therapist/client relationship is relevant regardless of the delivery method of the physical therapy services. As alternative delivery methods such as telehealth emerge, it bears stating that the PT/client relationship can be established in the absence of actual physical contact between the PT and client. Just as in a traditional (in-person) encounter, once the relationship is established, the therapist has an obligation to adhere to the reasonable standards of care for the client (duty of care).

Section Seven: Licensure

The practice of physical therapy occurs where the client is located at the time telehealth services are provided. A practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the client is located. Practitioners who evaluate or treat through online service sites must possess appropriate licensure in all jurisdictions where clients receive care.

Section Eight: Standards of Care

It is the responsibility of the PT to ensure the standard of care required both professionally and legally is met. As such, it is incumbent upon the PT to determine which clients and therapeutic interventions are appropriate for the utilization of technology as a component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers should be guided by professional discipline, best available evidence, and any existing clinical practice guidelines when practicing via telehealth. Physical therapy interventions and/or referrals/consultations made using technology will be held to the same standards of care as those in traditional (in-person) settings. The documentation of the telehealth encounter should be held at minimum to the standards of an in-person encounter. Additionally, any aspects of the care unique to the telehealth encounter, such as the specific technology used, should be noted.

Section Nine: Privacy and Security of Client Records and Exchange of Information

In any physical therapy encounter, steps should be taken to ensure compliance with all relevant laws, regulations and codes for confidentiality and integrity of identifiable client health information. Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using telehealth services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required client information to be included in the communication, such as client name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be

periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Section Ten: Client Records

The client record should include, if applicable, copies of all client-related electronic communications, including client-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telehealth services. Informed consents obtained in connection with an encounter involving telehealth services should also be filed in the medical record. The client record established during the use of telehealth services should be accessible to both the practitioner and the client, and consistent with all established laws and regulations governing client healthcare records.

Section Eleven: Technical Guidelines

Physical therapy providers need to have the level of understanding of the technology that ensures safe, effective delivery of care. Providers should be fully aware of the capabilities and limitations of the technology they intend to use and that the equipment is sufficient to support the telehealth encounter, is available and functioning properly and all personnel are trained in equipment operation, troubleshooting, and necessary hardware/software updates. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

Section Twelve: Emergencies and Client Safety Procedures

When providing physical therapy services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedures need to take into account local emergency plans. Alternate methods of communication between both parties should be established prior to providing telehealth services in case of technical complications. It is the responsibility of the provider to have all needed information to activate emergency medical services to the clients' physical location if needed at time of the services are being provided. If during the provision of services the provider feels that the client might be experiencing any medical or clinical complications or emergencies, services should be terminated and the client referred to an appropriate level of service.

Section Thirteen: Guidance Document Limitations

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board's ability to review the delivery or use of telehealth services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board's ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.

Guidance document: 112-10

Revised: November 13, 2018

Guidance on Credit for Continuing Education

Board of Physical Therapy

In response to requests for interpretation on continuing education credits, the Board has adopted the following guidance:

- One credit hour of a college course is considered equivalent to 15 contact hours of Type 1 continuing education.
- Courses directly related to the clinical practice of physical therapy and are sponsored by providers approved by other state licensing boards may be considered for Type 1 continuing education.
- Research and preparation for the clinical supervision experience or teaching of workshops or courses in a classroom setting constitute Type 2 activities.
- Classroom teaching of physical therapy topics and clinical supervision constitute Type 2 activities.

Virginia Board of Physical Therapy

Procedures for Auditing Continued Competency Requirements

The Board of Physical Therapy may audit a random sample of licensees to investigate compliance with the Board's continuing competency requirements and active practice requirements. The Board may also audit active licensees, who by terms of a Confidential Consent Agreement ("CCA") or a Pre-Hearing Consent Order ("PHCO"), are required to take continuing education ("CE") courses in addition to the continued competency requirements for renewal of a license.

1. Board staff reviews each audit report and either:
 - a. Sends an acknowledgement letter of fulfillment of the continuing competency requirements and active practice requirements, or
 - b. Opens a case for probable cause.
2. Once a case is opened for probable cause, Board staff may:
 - a. Issue a CCA if the licensee was truthful in responding to the renewal attestation and the licensee has not previously been found in violation of CE or active practice requirements.
 1. For those licensees who fail to meet the CE requirements, the CCA may require the licensee to submit proof of completion of the missing contact hours(s) within 90 days of the effective date of the CCA. Such contact hours cannot be used toward fulfillment of the next biennial CE requirement for renewal;
 2. For those licensees who fail to meet the active practice requirement, the CCA may require them to submit proof that they meet at least Level 2 on the current assessment tool developed and administered by the Federation of State Boards of Physical Therapy (FSBPT) within 90 days of CCA entry; or
 - b. Issue a PHCO if the licensee was not truthful in responding to the renewal attestation or the licensee has previously been found in violation of CE or active practice requirements. The following sanctions may apply:
 - (i) Monetary Penalty of \$100 per missing contact hour, up to a maximum of \$1,000;
 - (ii) Monetary Penalty of \$300 for a fraudulent renewal certification;
 - (iii) For those licensees who fail to meet the CE requirements, submission of proof of completion of the missing contact hour(s) within 90 days of Order entry. These contact hours cannot be used toward the next biennial requirement for renewal; and

(iv) For those licensees who fail to meet the active practice requirement, submission of proof that they meet at least Level 2 on the current assessment tool developed and administered by the FSBPT within 90 days of Order entry.

3. The case will be referred to an informal fact-finding conference if the licensee:

- a. Fails to respond to the audit or does not wish to sign the CCA or PHCO that is offered; or
- b. Has previously been disciplined pursuant to a Board Order for not meeting the CE requirements.