APPROVED MINUTES

BOARD OF PHYSICAL THERAPY
MEETING MINUTES

The Virginia Board of Physical Therapy met on Friday, July 20, 2007 at the Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room #1, Richmond, Virginia. The following members were present:

Peggy H. Belmont, P.T.
Damien Howell, P.T.
Robert Izzo, P.T.
J.R. Locke
Maureen E. Lyons, P.T.
George Maihafer, Ph.D, P.T.
Lorraine C. Quinn, P.T.A.

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
Sandra Whitley Ryals, Director
Elaine Yeatts, Senior Policy Analyst
Annie B. Artis, Licensure Operations Manager
Rashaun K. Minor, Discipline Operations Manager

Representatives from the Office of the Attorney General were present for the meeting:

Amy Marschean, Assistant Attorney General

Guests present for all or part of the meeting included:

Steven H. Tepper, P.T., Ph.D., REHAB Essentials
John Miller, Virginia Physical Therapy Association
W. Gayle Garnett, Rockingham Memorial Hospital
Lisa Shoaf, Virginia Physical Therapy Association
D. Calloway Whitehead, III, Virginia Orthopaedic Society
Chelsea Rock, Acupuncture Society of Virginia
Shawne Soper, Sheltering Arms
Richard Grossman, Virginia Physical Therapy Association

CALLED TO ORDER

Dr. Maihafer, Chair, called the board meeting to order at 9:00 a.m.

ORDERING OF THE AGENDA

The agenda was amended to include, under agenda item New Business, a letter from the Advisory Board on Acupuncture.

PUBLIC COMMENT PERIOD

There was no public comment.

ACCEPTANCE OF MINUTES

Board Meeting – April 27, 2007

Upon a motion by Mr. Howell and seconded by Mr. Locke the Board voted to approve the April 27, 2007 Board meeting minutes with amendments. The motion carried unanimously.

Advisory Meeting on Direct Access – May 11, 2007

Upon a motion by Mr. Howell and seconded by Ms. Lyons the Board voted to approve the May 11, 2007 Advisory Committee meeting minutes. The motion carried unanimously.

Legislative/Regulatory Committee – June 8, 2007

Upon a motion by Ms. Lyons and seconded by Mr. Howell the Board voted to approve the June 8, 2007 Legislative/Regulatory Committee meeting minutes with amendments. The motion carried unanimously.

NEW BUSINESS

Guest Presentation on Web-Based Continuing Education for Physical Therapists – Steven Tepper, P.T., Ph.D.

Dr. Tepper, President of Rehab Essentials and President of the tDPT Program Director at Marymount University, provided a syllabus and presentation of the on-line course "Screening for Medical Disorders" developed by William G. Boissonnault, P.T., DHSc, FAAOMPT. Dr. Tepper stated that students participating in the course will be given continuing education credits. Students may hyperlink and view video clips and create discussion boards. Dr. Tepper stated at the end of the course there is an evaluation and a

test that consists of twenty-five questions; students must score at least a 75. Upon passage of the course, each student is given a certificate of completion. The course is approved by the American Physical Therapy Association (APTA). Dr. Tepper informed the Board that there will be more courses offered in the future. **(Attachment A)**

Direct Access Advisory Committee Report

Dr. Maihafer gave a brief report on the Direct Access Advisory Committee. Dr. Maihafer stated the charge of the Board: to consult with an advisory committee comprised of three members selected by the Medical Society of Virginia and three members selected by the Virginia Physical Therapy Association to promulgate regulations (54.1-3482.1) in regard to minimum education, training and experience criteria. The Advisory Committee was charged to prepare a report of its recommendations and submit the report to the Board of Physical Therapy and to the Board of Medicine for such comments as may be deemed appropriate, prior to the promulgations of draft regulations. Dr. Maihafer reported that the Board of Medicine reviewed the Advisory Committee's report during their June board meeting and offered no additional comments.

Copy of the Code of Virginia related to Direct Access

Dr. Maihafer reviewed the *Code of Virginia* related to Direct Access.
(Attachment B)

Legislative and Regulatory Committee Report

Mr. Howell gave a brief report on the Legislative/Regulatory Committee. He stated that the regulations regarding ethics and standards of conduct were discussed and it was decided that the Committee, at its next meeting, would review the Occupational and Athletic Trainers regulations. Mr. Howell reported that continued competency (face-to-face vs. on-line courses) as well as the survey on continuing competency assurance was discussed.

Break

The Board recessed at 10:16 a.m. and reconvened at 10:28 a.m.

Review and Acceptance of DRAFT Emergency Regulations (Attachment C)

The draft emergency regulations were amended as follows.

18 VAC 112-20-81. Requirements for direct access certification.

Upon a motion by Mr. Howell and seconded by Ms. Belmont the Board voted to remove "and at least one year of post licensure, full time clinical practice:" from Section A.1.

The members voting 'yes' were Mr. Howell, Ms. Belmont, Dr. Maihafer, Ms. Quinn, and Mr. Izzo.

The members voting 'no' were Ms. Lyons and Mr. Locke.

The motion passed by majority.

Upon a motion by Mr. Howell and seconded by Mr. Izzo the Board voted to remove "and completion of at least one year of post licensure, full time clinical practice:" from Section A.2.

The motion passed unanimously.

Upon a motion by Ms. Lyons and seconded by Ms. Belmont the Board voted to remove "full-time clinical" and replace with the word "active" in Section A.3.

The motion passed unanimously.

Upon a motion by Mr. Howell and seconded by Ms. Lyons the Board voted to accept 18 VAC 112-20-81.B. as written.

The motion passed unanimously.

The Board unanimously approved subsection 18 VAC112-20-81 as amended.

18 VAC 112-20-90. General responsibilities.

Upon a motion by Mr. Howell and seconded by Ms. Belmont the Board voted to add "or otherwise include in the patient record the information attestation and consent required in §54.3482" to 2.E as shown below"

> E. A physical therapist providing services with a direct access certification as specified in §54.1-3482 shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board **or otherwise include in the patient record the information, attestation and consent required in §54.1-3482.**

The motion passed unanimously.

18 VAC 112-20-90. Biennial renewal of license.

Upon a motion by Mr. Howell and seconded by Mr. Locke the Board voted to approve this section without any changes.

The motion passed unanimously.

18 VAC 112-20-131. Continued competency requirements for renewal of an active license.

Upon a motion by Mr. Howell and seconded by Ms. Lyons the Board voted to change five contact hours to four in Section 2.I.

The members voting 'yes' were Mr. Howell, Ms. Lyons, Ms. Quinn, Mr. Locke, Mr. Izzo, and Dr. Maihafer.

The member voting 'no' was Ms. Belmont.

The motion passed by majority.

18 VAC 112-20-150. Fees

F. Direct access certification fees.

Ms. Belmont made a motion to change the application fee in Section F.1. from $100 to $65.

The motion failed.

Upon a motion by Mr. Howell and seconded by Ms. Lyons the Board voted to accept sections F.1, 2, and 3 as written.

The members voting 'yes' were Mr. Howell, Ms. Lyons, Dr. Maihafer, Mr. Locke, Mr. Izzo, and Ms. Quinn.

The member voting 'no' was Ms. Belmont.

Upon a motion by Mr. Locke and seconded by Ms. Quinn the Board voted to approve the draft emergency regulations as amended.

The motion passed unanimously.

Patient Attestation and Medical Release Form for Physical Therapy Treatment

Upon a motion by Mr. Howell and seconded by Mr. Locke the Board voted to accept the Patient Attestation and Medical Release Form for Physical Therapy Treatment as amended. **(Attachment D)**

The motion passed unanimously.

Notice of Intended Regulatory Action

Upon a motion by Mr. Howell and seconded by Mr. Locke the Board voted to approve the Notice of Intended Regulatory Action (NOIRA).

The motion passed unanimously.

Board Member Elections

The floor was opened for nominations for the office of Chair. Mr. Howell nominated Dr. Maihafer for the office of Chair. Upon a motion by Mr. Howell and seconded by Mr. Locke the Board voted to accept the nomination of Dr. Maihafer for the office of Chair.

The motion passed unanimously.

The floor was opened for nominations for the office of Vice Chair. Mr. Locke nominated Mr. Howell for the office of Vice Chair. Upon a motion by Mr. Locke and seconded by Ms. Lyons the Board voted to accept the nomination of Mr. Howell for the office of Vice Chair.

The motion passed unanimously.

Federation of State Board of Physical Therapy (FSBPT) Annual Conference

The Federation of State Boards of Physical Therapy Conference will be held in Memphis, Tennessee from September 6-10, 2007. Ms. Lyons asked if the policy regarding the Federation paying the registration fees for board members was still considered an issue in this department. Ms. Ryals stated that the Agency has always avoided the appearance of impropriety and conflict of interest however if there are no conflicts of interest than she would not deny the request on this issue. She stated that certainly state guidelines must be followed where reimbursement is concerned. Ms. Ryals requested that the board members complete the travel forms and submit them for her consideration. The Board requested that Dr. Maihafer and Ms. Quinn attend as well as the executive director for the board.

Citizen's Advocacy Meeting

Mr. Locke reported that he had received information regarding the Citizen's Advocacy Meeting and asked the Board if he should plan to attend. Ms. Ryals stated that if funds were available and if he was interested in attending, it was the Board's decision.

Upon a motion by Ms. Lyons and seconded by Mr. Izzo the Board voted to send their citizen member, Mr. Locke, to the Citizen's Advocacy meeting.

The motion passed unanimously.

Letter from Advisory Board on Acupuncture

Dr. Maihafer stated that the Board received a letter from the Advisory Board on Acupuncture. The advisory board is chaired by Elaine Komarow, L.Ac. The letter was in regard to its concerns regarding physical therapists practicing dry needling. The Advisory Board on Acupuncture asked that if the Board of Physical Therapy proceeded with its decision on dry needling that any consent form be devised in cooperation with the Advisory Board on Acupuncture. Dr. Maihafer stated that he would draft a response letter to the Advisory Board. **(Attachment E)**

Agency Director's Report – Virginia Performs – Sandra Whitley Ryals

Ms. Ryals' report was deferred to the next Board meeting.

EXECUTIVE DIRECTOR'S REPORT

Ms. Hahn stated there are currently 4,743 physical therapists and 1,800 physical therapy assistants. Approximately 600 licensees did not renew their licenses at the end of the renewal cycle (December 31, 2006). Ms. Hahn advised the Board that it may be helpful to send out a newsletter to remind licensees to check the status of their licensee and that they must have a current license to practice physical therapy in Virginia.

Ms. Hahn stated there are currently 16 cases at the investigative stage; 1 case at probable cause. She stated currently we are only meeting our standard of approximately 50%. Ms. Hahn stated 8 out of 16 cases are currently meeting our standards within the 60-day probable cause.

Ms. Hahn stated that according to the applicant satisfaction surveys the rating is 93%.

The next board meeting is scheduled for October 26, 2007 at our new location. More information will be forthcoming from staff in regard to directions and address of the new location.

Budget

Ms. Hahn stated the cash balance as of June 30, 2006 was $353,609; the year-to-date revenues are $370,720, leaving the cash balance as of May 31, 2007 of $438,401.

ADJOURNMENT

With all business concluded, Mr. Howell made a motion to adjourn. The motion was seconded by Ms. Quinn. The motion carried unanimously.

The meeting was adjourned at 12:40 p.m.

_____	_____
George Maihafer, Ph.D., PT. President	Lisa R. Hahn, Executive Director
_____	_____
Date	Date

ATTACHMENT – A (page 9 – page 15)

SCREENING FOR MEDICAL DISORDERS

William G. Boissonnault PT, DHSc, FAAOMPT

Acknowledgements

- Marymount University
- Steven Tepper, PhD, PT
  - tDPT Program Director
- Rehab Essentials
- My mentors: Patients, students, professional colleagues

Course Description

- This seminar will explore the therapist's role as an **autonomous practitioner** working within a **collaborative medical model**. Inherent in the responsibilities associated with this role is the ability to recognize clinical manifestations that suggest that physician (e.g., MD, DO) contact is warranted regarding a client's health status. Equally important is knowing what you can omit from the examination scheme on a given day while placing the client at minimal risk.
- A proposed examination scheme will provide the structure for our discussion.Presenting the clinical tools and decision-making processes necessary for a more **efficient** and **effective** collection and evaluation of the examination data, will be the primary focus of this seminar. **Professional communication** with the patient/client and the physician will also be a central theme.

Disclaimer

- The course material is not intended for use outside of any individual's state physical therapist's license, rules or regulations.

Objectives

- Upon completion of the seminar the participant will be able to:
  - describe the physical therapist's role and responsibilities associated with the medical screening process, including comparing and contrasting our role with that of a physician's.
  - integrate the medical screening principles in order to formulate an efficient and effective patient examination scheme.
  - evaluate history and physical examination findings and decide whether communication with a physician is warranted regarding a patient's health status.
  - identify symptoms and signs which warrant immediate communication with a physician.

Objectives

- Upon completion of the seminar the participant will be able to:
  - employ strategies to facilitate professional communication between therapist and physician/patient, including when, how and what to communicate.
  - describe the risk factors, pathogenesis and clinical manifestations of selected medical conditions of the gastrointestinal, urogenital, endrocrine and metobolic, and hematologic systems.
  - effectively pursue additional information associated with differential diagnosis by the physical therapist.

Objectives

- Upon completion of the seminar the participant will be able to:
  - locate selected non-musculoskeletal structures through observation, palpation and special tests.
  - safely and accurately perform a cranial nerve examination.

Course Outline

- PART I: Medical Screening Principles (Required readings-Chapters 5-11)
  - Segment I: PT Medical Screening Role and Responsibility
  - Segment II: Medical History Investigation
  - Segment III: Recognizing Atypical Symptoms and Signs
  - Segment IV: Review of Systems-General Health
  - Segment V: Review of Systems-Visceral Systems
  - Segment VI: Review of Systems-Remaining Body Systems
  - Segment VII: Review of Systems-Psychologic Disorders
  - Segment VIII: Review of Systems-Medications (NSAIDs)
  - Segment IX: Systems Review
  - Segment X: Disease States- Urgent Referral

Course Outline

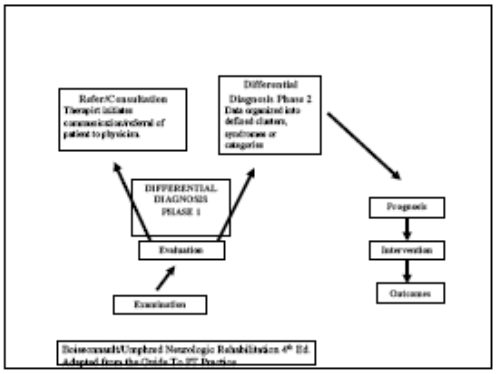
- PART II: Patient Cases
  - Segment I: Case #1
  - Segment II: Case #2

Introduction – PT Role/Responsibility

Part 1
Segment 1

Segment 1 Objectives

- 1. Compare and contrast the PT's vs. the physician's differential Dx role.
- 2. Integrate the differential Dx principles into the GUIDE'S PT/Client Management Model, and the APTA's Autonomous Practitioner Attributes
- 3. Construct an examination scheme which incorporates the differential Dx principles



Differential Diagnosis

- Guide to Physical Therapist Practice (APTA)
  - *This process also may identify possible problems that require consultation with or referral to another provider.*
  - *systems review also assists the physical therapist in identifying possible problems that require consultation with or referral to another provider.*
  - *the physical therapist may conclude from the history and systems review that further examination and intervention are not required, that the patient/client should be referred to another practitioner, or both.*

Differential Diagnosis

- **Standards of Practice for Physical Therapy and the Criteria**
  - *The physical therapist examination may result in recommendations for additional services to meet the needs of the patient or client.*
- **Guide for Professional Conduct**
  - *If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.*

Differential Diagnosis

- **State Practice Acts and Rules/Regulations- e.g., Wisconsin:**
  - **Duty To Refer:** A physical therapist shall refer a patient to an appropriate health care practitioner if the PT has reasonable cause to believe that symptoms or conditions are present that requires services beyond the scope of the practice of physical therapy.

Differential Diagnosis

- PT's role: screen on a body systems (physiology) level
- Physician's role: start screening on a body systems level, but will eventually proceed to rule out or formulate a specific diagnosis.
- PTs diagnosing pathology- Davenport et al. JOSPT;2006: 36(1):1-2
- PTs diagnosing pathology- Boissonnault, Goodman. JOSPT;2006:36(6):351-353

Attributes of Autonomous Practice in 2020

- Direct and unrestricted access:
- Professional ability to refer to other health care providers:
- Professional ability to refer to other professionals:
- Professional ability to refer for diagnostic tests

APTA: Annual Conference, 2002: HOD

Myths

- It's the MD's job.
- We need to because MD's "miss things."
- It's a new responsibility.
- Only important for direct access patients.
- Low priority – "I've never had a patient with cancer."
- All of the screening must take place during the initial visit.
- The screening ends when the initial evaluation is completed.
- I don't have enough time.

Screening For What???

- Medical conditions yet to be diagnosed (occult) – responsible for symptoms.
- Medical conditions yet to be diagnosed (occult) – not responsible for symptoms.
- Existing clinically stable medical conditions.
- Existing clinically unstable medical conditions.

Delay In Diagnosis

- Initial complaint often pain
- Classic "medical" manifestations often delayed
- Patient denial
- Condition missed by health care practitioners

Evidence Supporting Screening Abilities

- Patient case reports/series (See Appendix 1 hyperlink)
- Riddle et al (hyperlink pub med and PT Journal)
- Haggman et al (hyperlink)

Referral: How Often?

- Patients with LBP: Primary Care Settings
  - 4% osteoporotic compression Fx
  - 2% visceral disorders
  - <1% traumatic Fx
  - <1% neoplasms
  - <1% inflammatory arthritis
  - <.01% infection

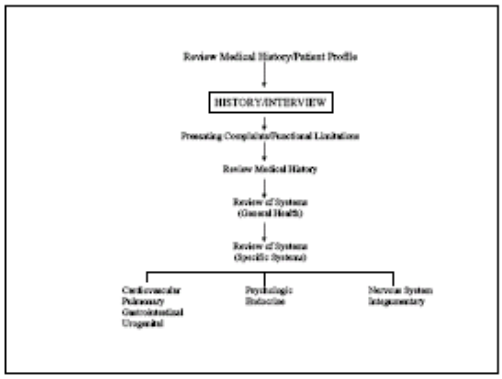
  Jarvik JG, Deyo RA. Diagnostic evaluation of LBP with emphasis on imaging. Ann Int Med. 2002;137(7):586-597.

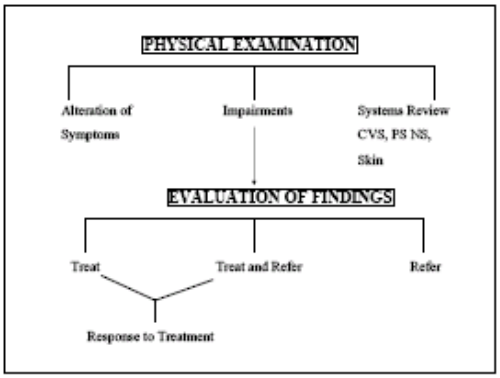
Author's Experience: Referrals

- Medication ?'s/issues
- Skin lesions
- Concerns re; depression/other psychological issues

Components Of Screening Examination

- ID patients at risk
- Atypical symptoms/signs
- Correlation of symptoms/signs
- Review of systems/Systems review





Screening for Medical Disorders

William Boissonnault, PT, DHSc, FAAOMPT
(.9 CEU's, 9 Contact hours - $135 members, $216 nonmembers)

Course Description

This seminar will explore the therapist's role as an independent practitioner working within a collaborative medical model. Inherent in the responsibilities associated with this role is the ability to recognize clinical manifestations that suggest that physician contact is warranted regarding a client's health status. Equally important is knowing whether one can omit from the examination scheme on a given day, while placing the client at minimal risk.

A proposed examination scheme will provide the structure for our discussion. Presenting the clinical tools and decision-making processes necessary to more efficiently and effectively collect and evaluate the examination data, will be focus of this seminar. Professional communication with the client and other health care professionals will also be a central theme. A series of patient cases are presented as the final part of this seminar as a means of applying differential diagnostic principles and promoting clinical decision-making.

Course Objectives

Upon successful completion of this course, the student will:

- Describe the physical therapist's role and responsibilities associated with the medical screening process
- Integrate the medical screening principles in order to formulate an efficient and effective patient examination scheme.
- Evaluate history and physical examination findings and decide whether communication with a physician is warranted regarding a patient's health status.
- Identify symptoms and signs, which warrant immediate communication with a physician.
- Employ strategies to facilitate professional communication between therapist and physician, including when, how and what to communicate regarding medical screening issues
- Describe the risk factors, pathogenesis and clinical manifestations of selected medical conditions representing the various body systems.
- Effectively pursue additional information associated with differential diagnosis by the physical therapist.

Readings

Boissonnault WG: Primary Care for the Physical Therapist: Examination and Triage, first edition WB Saunders, St. Louis, MO, 2004

Boissonnault W, DiFabio R. JOSPT. Pain profile of patients with low back pain referred to physical therapy.1996; 24:180-191.

Boissonnault W. Prevalence of comorbid conditions, surgeries, and medication use in a PT outpatient population. A multi-centered study. JOSPT. 1999; 29:506-525.

Boissonnault W, Meek P. Risk factors for anti-inflammatory-drug or aspirin-induced gastrointestinal complications in individuals receiving outpatient physical therapy services. J Orthop Sports Phys Ther. 2002;32(10):510-517.

Boissonnault W, Badke MB. Collecting health history information: Accuracy of a patient self-administered questionnaire in an orthopedic outpatient population setting. Phys Ther. 2005;85(6):531-543

Boissonnault W, Goodman C. Physical therapists as diagnosticians: Drawing the line on diagnosing pathology. J Orthop Sports Phys Ther. 2006;36(6):351-353.

Haggman S, et al. Screening for symptoms of depression by physical therapists managing low back pain. Phys Ther. 2004;84(12):1157-1166.

Jarvik JG, Deyo RA. Diagnosis of low back pain with emphasis on imaging. Ann Int Med.2002;137:586-597.

Riddle DL, et al. Diagnosis of lower extremity deep vein thrombosis in outpatients with musculoskeletal disorders: A national survey study of physical therapists. Phys Ther. 2004;84(8):717-728.

Bickley LS. Bates' *Guide to Physical Examination and History Taking.* 8th ed. Philadelphia, PA: JB Lippincott Co. 2002.

Goodman C, Boissonnault W. *Pathology: Implications for the Physical Therapist, 2nd edition.* Philadelphia, PA: WB Saunders; 2002.

Goodman CC, Snyder TEK. *Differential Diagnosis in Physical Therapy.* 3rd ed. Philadelphia, PA: WB Saunders; 2001.

ATTACHMENT – B **(page 16 – page 19)**

VIRGINIA ACTS OF ASSEMBLY – 2007 SESSION

Chapter 18

An Act to amend reenact §54.1-3482 of the Code of Virginia and to amend the Code of Virginia by adding a section number 54.1-3482.1, relating to direct access to physical therapists.

[H 2087]

Approved February 19, 2007

Be it enacted by the General Assembly of Virginia:

1. That §54.1-3482 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section number 54.1-3482.1 as follows:

§ 54.13482.Certain experience and referrals required; unlawful to practice physical therapist assistance except under the direction and control of a licensed physical therapist.

A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician, except as provided in this section.

B. ~~After completing a three-year period of active practice upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician, a~~ *A* physical therapist *who has obtained a certificate of authorization pursuant to §54.1-3482.1* may *evaluate and* treat a patient for no more than 14 consecutive ~~calendar~~ *business* days *after evaluation* without a referral under the following conditions: (i) the patient ~~has previously been referred to~~ *at the time of presentation to* a physical therapist for physical therapy services *is not being currently cared for , as attested to in writing by the patient,* by a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician *for the symptoms giving rise to the presentation*; ~~(ii) the patient's referral for physical therapy was made within two years from the date the physical therapist implements a program of physical therapy treatment without referral and direction; (iii) the physical therapy being provided to the patient without referral and direction is for the same injury, disease or condition as indicated in the referral of the licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, or licensed physician assistant~~

~~acting under the supervision of a licensed physician;~~ *(ii) the patient identifies a practitioner from whom the patient intends to seek treatment if the condition for which he is seeking treatment does not improve after evaluation and treatment by the physical therapist during the 14-day of treatment; (ii)the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner;* and (iv) the physical therapist notifies the practitioner identified by the patient no later than three days after treatment commences *and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. Evaluation and treatment may not be initiated by a physical therapist if the patient does not identify a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician to manager the patient's condition* . Treatment for more than 14 consecutive ~~calendar~~ *business* days *after evaluation* of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician. *A physical therapist may contact the practitioner identified by the patient at the end of the 14-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. A physical therapist shall not perform an initial evaluation of a patient under this subsection if the physical therapist shall not perform an initial evaluation of a patient under this subsection within the immediately preceding three months. For the purposes of this subsection, business days means Monday through Friday of each week excluding state holidays.*

C. ~~In addition, after~~ *After* completing a three-year period of active practice upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician, a physical therapist may conduct a one-time evaluation, that does not include treatment, of a patient who does not meet the conditions established in (i) through (iv) *of subsection B* without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate practitioner.

~~C~~ *D.* Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse

practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician.

~~D~~ *E.* It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed nurse practitioner as authorized in his practice protocol, whose medical condition is determined, at the time of evaluation or treatment, to be beyond the physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate practitioner.

~~E~~ *F.* Any person licensed as a physical therapist assistant shall perform his duties only under the direction and control of a licensed physical therapist.

~~F~~ *G.* However, a licensed physical therapist may provide, without referral or supervision, physical therapy services to (i) a student athlete participating in a school-sponsored athletic activity while such student is at such activity in a public, private, or religious elementary, middle or high school, or public or private institution of higher education when such services are rendered by a licensed physical therapist who is certified as an athletic trainer by the National Athletic Trainers' Association Board of Certification or as a sports certified specialist by the American Board of Physical Therapy Specialties; (ii) employees solely for the purpose of evaluation and consultation related to workplace ergonomics; (iii) special education students who, by virtue of their individualized education plans (IEPs), need physical therapy services to fulfill the provisions of their IEPs; (iv) the public for the purpose of wellness, fitness, and health screenings; (v) the public for the purpose of health promotion and education; and (vi) the public for the purpose of prevention of impairments, functional limitations, and disabilities.

§54.1-3482.1. *Certain certification required.*

A. The Board shall promulgate regulations establishing criteria for certification of physical therapists to provide certain physical therapy services pursuant to subsection B of §54.1-3482, without referral from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol , or a licensed physician assistant acting under the supervision of a licensed physician. The regulations shall include but not be limited to provisions for (i) the promotion of patient safety; (ii) an application process for certification to perform such procedures; (iii) minimum education, training, and experience requirements for certification to perform such procedures; and (iv) continuing education requirements relating to carrying out direct access duties under §54.1-3482.

B. The minimum education, training, and experience requirements from certification shall include evidence that the applicant has successfully completed (i) a doctor of physical therapy program approved by the American Physical Therapy Association; (ii) a transitional program in physical therapy as recognized by the Board; or (iii) at least three years of active practice with evidence of continuing education relating to carrying out direct access duties under §54.1-3482.

C. In promulgating minimum education, training, and experience criteria, the Board shall consult with an advisory committee comprised of three members selected by the Medical Society of Virginia and three members selected by the Virginia Physical Therapy Association. All members of the advisory committee shall be licensed by the Board of Physical Therapy or the Board of Medicine and shall engage in clinical practice. The committee shall have a duty to act collaboratively and in good faith to recommend the education, training and experience necessary to promote patient safety. The advisory committee shall prepare a written report of its recommendations and shall submit this report to the Board of Physical Therapy and shall also submit its recommendations to the Board of Medicine for such comments as may be deemed appropriate, prior to the promulgation of draft regulations. The advisory committee may meet periodically to advise the Board of the regulations of such procedures.

D. In promulgating the regulations required by this section, the Board shall take due consideration of the education, training, and experience requirements adopted by the American Physical Therapy Association and the American Medication Association.

2. That the Board shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

3. That the provisions of this act amending §54.1-3482 shall become effective 180 days after the effective date of the regulations promulgated under §54.1-3482.1.

ATTACHMENT C (pages 20-23)

BOARD OF PHYSICAL THERAPY
Certification for Direct Access

18VAC112-20-81. Requirements for direct access certification.

A. An applicant for certification to provide services to patients without a referral as specified in § 54.1-3482.1 shall hold an active, unrestricted license as a physical therapist in Virginia and shall submit evidence satisfactory to the board, that he has one of the following qualifications:

1. Completion of a doctor of physical therapy program approved by the American Physical Therapy Association; or

2. Completion of a transitional program in physical therapy as recognized by the board; or

3. At least three years of post-licensure, active practice with evidence of 15 contact hours of continuing education in medical screening or differential diagnosis, including passage of a post-course examination. The required continuing education shall be offered by a provider or sponsor listed as approved by the board in 18VAC112-20-131 and may be face-to-face or on-line education courses.

B. In addition to the evidence of qualification for certification required in subsection A, an applicant seeking direct access certification shall submit to the board:

1. A completed application as provided by the board;

2. Any additional documentation as may be required by the board to determine eligibility of the applicant; and

3. The application fee as specified in 18VAC112-20-150.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record; and

2. Periodic evaluations prior to patient discharge, including documentation of the patient's response to therapeutic intervention.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by §54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in §54.1-3482shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of §54.1-3482.

18VAC112-20-130. Biennial renewal of license and certification.

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-150.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-150.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and

2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

D. In order to renew a direct access certification, a licensee shall be required to:

1. Hold an active, unrestricted license as a physical therapist; and

2. Comply with continuing education requirements set forth in 18VAC112-20-131 I.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially after December 31, 2003, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 15 of the contact hours required for physical therapists and 10 of the contact hours required for physical therapist assistants shall be in Type 1 face-to-face courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

a. The Virginia Physical Therapy Association;

b. The American Physical Therapy Association;

c. Local, state or federal government agencies;

d. Regionally accredited colleges and universities;

e. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);

f. The American Medical Association—Category I Continuing Medical Education course; and

g. The National Athletic Trainers Association.

2. No more than 15 of the contact hours required for physical therapists and 20 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

I. Physical therapists holding certification to provide direct access without a referral shall include four contact hours related to carrying out direct access duties as part of the required 30 contact hours of continuing education. Courses for direct access continuing education shall relate to clinical practice in a direct access setting.

18VAC112-20-150. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be $140 for a physical therapist and $100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be $140 for a physical therapist and $100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be $135 and for a physical therapist assistant shall be $70 and shall be due by December 31 in each even-numbered year. From January 1, 2006, through December 31, 2006, the fee for active license renewal fee shall be $60 for a physical therapist and $30 for a physical therapist assistant.

2. A fee of $25 for a physical therapist assistant and $50 for a physical therapist for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

3. The fee for reinstatement of a license that has expired for two or more years shall be $180 for a physical therapist and $120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be $1,000.

2. The fee for a duplicate license shall be $5, and the fee for a duplicate wall certificate shall be $15.

3. The fee for a returned check shall be $35.

4. The fee for a letter of good standing/verification to another jurisdiction shall be $10.

F. Direct access certification fees.

1. The application fee shall be $100 for a physical therapist to obtain certification to provide services without a referral.

2. The fee for renewal on a direct access certification shall be $35 and shall be due by December 31st in each even-numbered year.

3. A fee of $15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.

ATTACHMENT – D

PATIENT ATTESTATION FORM

1. Legal Full Name (Please Print or Type)

First	Middle	Last	Suffix or Maiden

Address	City	State	Zip Code

Contact Phone Number ( )	Alternate Phone Number ( )

2. Patient Information

Patient's chief complaint (why patient is seeking physical therapy care)
I am not under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time.

3. Practitioner of Record.

If after receiving physical therapy care for 14 business days for the condition for which I sought treatment does not improve, I intend to seek further treatment and evaluation from the practitioner listed below.

Additionally, I consent to the release of my personal health and treatment records to the listed the practitioner.

Practitioner's Full Name	**Practitioner's Contact Phone Number** ( )

I am not under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time.

Date	Signature of Patient

ATTACHMENT - E

Dear Members of the Board of Physical Therapy,

At your April 27, 2007 meeting the Board passed a motion stating that Dry Needling is within the scope of practice of Physical Therapy and that the consent form signed by patients who will receive this treatment would state that the patient is not receiving acupuncture.

The Advisory Board on Acupuncture is deeply concerned about these actions. Virginia Code 54.1-2900 defines the practice of acupuncture as "the stimulation of points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control." Additionally, the technique of Dry Needling is found in many ancient acupuncture texts. The Summer 2002 Newsletter of the North Carolina Board of Physical Therapy Examiners states "dry needling is a form of acupuncture."

The Virginia Code continues, in 54.1-2956.9, "It shall be unlawful for a person to practice … as an acupuncturist unless he holds a license as such issues by the Board." Furthermore, federal law restricts the sale of acupuncture needles to qualified practitioners of acupuncture as determined by the states.

Given the above facts, the Advisory Board on Acupuncture must take issue with your April 27th decision. While we appreciate your desire to make the beneficial technique of Dry Needling available to your patients, we feel that there are legal considerations that require further study.

We know that the decision on consent form language was included as a response to the concerns of acupuncturists who fear that patients could confuse this limited and specific acupuncture technique with the more complete and holistic acupuncture treatments offered by Licensed Acupuncturists. We appreciate your consideration of this matter but feel that to simply say that this technique is not acupuncture is incorrect and misleading. We would ask that, if the Board of Physical Therapy proceed with its decision on Dry Needling that any consent form be devised in cooperation with the Advisory Board on Acupuncture.

Furthermore, to those who say that Physical Therapists are already doing Dry Needling and that your decision would help protect the public, our position is that those individuals are practicing acupuncture without a license and that they should be reported to the appropriate authorities by those aware of their activities. This would indeed protect the public.

We know that your intentions are to provide the public with the best care and help possible. We have the utmost respect for the profession of Physical Therapy and for the professionals who make this their life work. We hope that by working together to address the concerns rising from your April 27th decision we can find common ground to protect and help the public, while respecting the law and the limitations of our own training and scope of practice. We therefore request a meeting between members of the Acupuncture Advisory Board and Physical Therapy Board to discuss and resolve these concerns.

We look forward to your response.

Sincerely,