



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Physical Therapy Section*  
*November 15, 2012*  
*10:00 a.m.*

**Members Present**

Raymond Bilecky  
Lynn Busdeker  
Thomas Caldwell, Chair  
Karen Holtgreffe, Secretary  
Mary Kay Eastman

**Members Absent**

Ronald Kleinman  
James Lee

**Legal Counsel**

Yvonne Tertel, Assistant Attorney General

**Staff Present**

H. Jeffery Barker, Investigator  
Diane Moore, Executive Assistant  
Adam Pennell, Investigator Assistant  
Lisa Ratinaud, Enforcement Division Supervisor  
Jeffrey Rosa, Executive Director

**Guests**

Victoria Gresh, OPTA  
Carolyn Towner, OPTA  
Briana Read

**Call to Order**

The meeting was called to order by the Chair, Thomas Caldwell, at 10:00 a.m.

The Section welcomed the physical therapy student from Ohio State University.

**Approval of Minutes**

**Action:** Mary Kay Eastman moved that the minutes from the September 6, 2012, meeting be approved as submitted. Lynn Busdeker seconded the motion. The motion carried.

**Executive Director's Report**

- The Executive Director informed the Section that the Governor's Office re-appointed Karen Holtgreffe and James Lee. Matthew Creed was appointed to replace Sam Coppoletti. There is still one vacant position on the Section.
- The Executive Director informed the Section that the Board is doing well fiscally.
- The Executive Director informed the Section that the physical therapist assistant renewals have been mailed.
- The Executive Director reported that he is working on evaluating the Board's fees and will work on long range forecasting to present to the Joint Board in March 2013.

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

**Discussion of Laws and Rules Changes**

The Section reviewed the comments on the proposed rule changes. The Section is in favor of modifying the rule 4755-27-01 to include the comment submitted by the Ohio Physical Therapy Association.

**Action:** Thomas Caldwell moved that the Section file the proposed changes to rules 475-27-01 and 4755-29-01. Raymond Bilecky seconded the motion. The motion carried.

**Administrative Reports**

**Licensure Applications**

**Action:** Lynn Busdeker moved that the Physical Therapy Section ratify, as submitted, the individuals approved by the Occupational Therapy, Physical Therapy, and Athletic Trainers Board to sit for the National Physical Therapy Examination for physical therapists and physical therapist assistants from September 6, 2012 through, November 15, 2012, taking into account those individuals subject to discipline, surrender, or non-renewal. Ms. Busdeker further

moved that the following persons be licensed as physical therapists/physical therapist assistants pending passage of the National Physical Therapy Examination and Ohio Jurisprudence Examination. Karen Holtgreffe seconded the motion. The motion carried.

Physical Therapist – Examination

Arman, Alicia  
Bendinelli, Stephanie  
Brickner, Shannon  
Cape, Kelly  
Daugherty, Casey  
Fanning, Jacob  
Feller, Kara  
Fox, Gabrielle  
Heinbaugh, Brian  
Kotera, Alexander  
Linkinoggor, Mark  
McDonald, Michael  
Miller, Krista  
Pace, Julie  
Pryor, Leslie  
Samuel, Megan  
Spencer, Chelia  
Van Camp, Kimberly  
Wells, Meghan  
Yanek, Daniel

Arman, Casey  
Berkeley, Marshall  
Burkhart, Jordan  
Cardwell, Elizabeth  
Deco, Johnna  
Fanning, Jacob  
Flaute, Katie  
Fugate, Molly  
Hyde, Jennifer  
Kramer, Erin  
Martien, David  
McGeorge, Stephen  
Nealey, Heather  
Pearson, Jenny  
Roach, Katrina  
Schneider, Sammantha  
Sresthadatta, Deveen  
Vecchio, Rachel  
Welly, Erin  
Zifzal, Erica

Banks, Joshua  
Boyette, Emily  
Call, Erica  
Combs, Erin  
Emery, Karla  
Farwick, Lauren  
Ford, Kari  
Gallo, Colette  
Knuth, Amy  
Ligman, Richard  
Mathias, Matthew  
McIntire, Timothy  
Neuenschwander, Rachel  
Poole, Sarah  
Ruthemeyer, Christopher  
Slappy, Rachelle  
Teffeteller, Amelia  
Weaver, Stefanie  
Wentz, Steven  
Zuby, Melissa

Physical Therapist Assistant – Examination

Adams, Justin  
Ballhaus, Eric  
Buchan, Anna  
Bushman, Andrew  
Clark, Alicison  
Crabtree, Holly  
Criswell, Mickenzie  
Dawson, Stacie  
Faith, Stephanie  
Garrett, Shannon  
Hale, Angela  
Harmon, Kelci  
Hartzell, Christopher  
Hittle, Kalette  
Hoppe, Chad  
Jack, Christy  
Kidd, Bobbi  
Livingston, Anthony  
Martz, Spencer  
Miller, Kelli  
Perkins, Mikyla  
Royan, Sarah  
Schultz, Matthew  
Sheridan, Scott  
Smith, Jason  
Stivison, Jeffery  
Wallace, Jennifer

Bailey, Emily  
Bertolotti, David  
Bunce, Kristie  
Chorba, Alexander  
Cleveland, Audra  
Crawford, Tayler  
Cubberly, Brenda  
DeJacimo, Gregory  
Ferguson, Lelonna  
Gildea, Corey  
Hampshire, Zachary  
Harrison, John  
Hatzidakis, Stephanie  
Hogan, Matthew  
Houy, Francis  
Jones, James  
King, Lana  
Long, Mitchell  
McFarland, Jeremy  
Modrowski, Corey  
Pfaff, Ross  
Russell, Scott  
Schultz, Tonya  
Shook, Jessica  
Sorg, Misty  
Twehues, William  
Watercutter, Krista

Ballard, Jennifer  
Bowser, Ashton  
Burnep, Lindsay  
Church, Amber  
Coleman, Sarah  
Criswell, Lacie  
Davis, Kayte  
Entler, Jessica  
Ford, Ashley  
Gorlewski, Karen  
Hanna, Michael  
Harter, Dustin  
Herr, Amanda  
Hoodlet, Megan  
Hutchings, Thomas  
Keeping, Emily  
Lacourse, Howard  
Lytle, Eric  
McFarlane, Keith  
Orzan, Elena  
Robinson, Ashley  
Saunders, David  
Senften, David  
Smelser, Kyle  
Stephan, Christopher  
Wagner, Stephen  
Weills, Amy

**Action:** Lynn Busdeker moved that the Physical Therapy Section ratify, as submitted, the physical therapist and physical therapist assistant licenses issued by endorsement and reinstatement by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from September 6, 2012 through, November 15, 2012, taking into account those licenses subject to discipline, surrender, or non-renewal. Karen Holtgreffe seconded the motion. The motion carried.

Physical Therapist – Endorsement

Arbesman, Michelle	Arveson, Kristen	Ashead, Megan
Ball, Laura	Batoon, Lariza	Calderon, Michael
Chatfield, Deborah	Civitello, Michael	Clements, Brittany
Day, Michelle	Dela Vega, Hope	Donaubauer, Sally
Dorairaj, Baskar	Gorski, Katheryn	Grady, Elisa
Griffith, Kelly	Haddad-Vulich, Whitney	Hershberger, Kevin
Jacobsen, Linda	Keenan, Megan	Magagnotti, Frank
Merchant, Jenna	Moeller, Valerie	Myers, Crystal
Nelson, Jennifer	Nolan, Daniel	Osterloo, Randi
Reis, Elizabeth	Schlosser, Marie	Stetter, Denise
Tidwell, Travis	Tussey, Ryan	Weidner, Michelle
White, Lisa	Wolf, Amy	

Physical Therapist Assistant – Endorsement

Botley, Veronica	Foster, Nathaniel	Jewell, Heather
Kretser, Crystal	Metz, Amy	Ramarge, Thomas
Ryan, Timothy	Stamper, Amberly	Thomas, Kelsi
Wieninger, Bonnie		

Physical Therapist Reinstatement

Crea, Krista	Fowler, David	Noblet, Kassy
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Physical Therapist Assistant Reinstatement

Givens, Jeremy

Request for Waiver of English Equivalency Examinations for Licensure

Mary Kay Eastman reported that James Lee recommended that the Section grant a waiver of the TOEFL requirement for the physical therapist endorsement file #5220687 based on the documentation provided. **Action:** Lynn Busdeker moved to grant a waiver of the TOEFL requirement for the physical therapist endorsement file #4805042 based on the documentation provided. Karen Holtgreffe seconded the motion. Mary Kay Eastman abstained from voting. The motion carried. The Section granted a waiver of the TOEFL requirement for Ryan Chiu.

Continuing Education Liaison Report

The Section requested an update from the Ohio Physical Therapy Association on the status of approving dry needling coursework.

Assistant Attorney General's Report

Yvonne Tertel, AAG, reported that the Section does not have a quorum today and recommended seeing if the Section could hold a special meeting in December to address disciplinary matters. The Executive Director will send out a Doodle meeting request to check for potential dates to hold a special meeting in December.

Case Review Liaison Report

Thomas Caldwell reported that the Enforcement Division closed one and opened seven new cases since the September 6, 2012 meeting. There are nineteen cases currently open. There are three disciplinary consent agreements, one adjudication order being monitored.

Correspondence

1. **Erin Bickert, PT:** Ms. Bickert asked the Section if physical therapists are required to complete acute care discharges. **Reply:** No. The Board's position has not changed and the physical therapist must complete the final discharge evaluation.
2. **Anita Zeigler, PT, DPT:** Dr. Zeigler asked the Section questions regarding treating a client in multiple setting would the physical therapist need to have two separate plans of care. **Reply:** It is the position of the Physical Therapy Section that, regardless of setting, a physical therapy evaluation must be performed on each new patient to establish a plan of care based on impairments determined during the initial evaluation. However, if the same physical therapist is performing the evaluations in the separate settings, the physical therapist needs to ensure that the evaluations and plans of care are specific to each setting. It is up to the therapist to determine the information that is required in each. Your questions also relate to payer policies. The Physical Therapy Section recommends that you contact the appropriate insurance company or the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.
3. **Rachael Mervine, SPT:** Ms. Mervine asked the Section questions regarding manipulation in physical therapy practice. **Reply:** Ohio law does not specifically refer to whether or not a physical therapist may utilize manual therapy techniques. It is the position of the Physical Therapy Section that manual therapy procedures are an integral part of the practice of physical therapy and may be used if the procedures are in the best interest of the patient and the therapist has training and demonstrated competence in the procedure. There are not any current or former disputes in Ohio regarding physical therapists using manipulation as part of their practice.
4. **Sarah Rhoden, PTA:** Ms. Rhoden asked the Section for clarification on what parts of the discharge report can be completed by a physical therapist assistant. **Reply:** Rule 4755-27-03 (B)(5) of the Ohio Administrative Code states that physical therapist assistants are not qualified to perform the discharge evaluation and complete the final discharge summary. Discharge planning and the completion of the discharge evaluation are the responsibility of the supervising physical therapist and may be performed and documented by the physical therapist in a reasonable timeframe prior to discharge. The physical therapist assistant may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development and then the physical therapist must then complete the final discharge evaluation. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation, but only the physical therapist may document the discharge evaluation and recommendations in the discharge summary. Even if the discharge evaluation and recommendations for follow-up care are included in the initial evaluation, a discharge summary must still be completed to document final discharge date and disposition. The discharge evaluation may refer to the last treatment note for patient status. The Ohio Physical Therapy Practice Act does not dictate the format of documentation. The Physical Therapy Section recommends that you consult payer policies, facility or agency policies, or the American Physical Therapy Association for information on documentation.
5. **Janis Zeiser, PT:** Ms. Zeiser asked the Section if a physical therapist provides a consult on a students' orthotics should this be listed as related services or physical therapy services on the students' IEP. **Reply:** It is the position of the Physical Therapy Section that the documentation on the IEP form should reflect as closely as possible the services that will be provided, whether it is monitoring, consultation or direct services. There are options other than placing physical therapy services under related services. In the case you describe for monitoring orthotics, you may wish to consider placing physical therapy services under "Service(s) to Support Medical Needs" or "Support for School Personnel." Neither of these require linkage to an IEP goal. For further clarification of your questions you should contact Cathy Csanyi at the Office for Exceptional Children at the Ohio Department of Education at (419) 747-2806 or via email at [cathy.csanyi@ode.state.oh.us](mailto:cathy.csanyi@ode.state.oh.us). On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS.
6. **Candie Lambert, SPT:** Ms. Lambert asked the Section whether Ohio licensed physical therapists can perform dry needling and if there are certain requirements/certification needed to perform dry needling.

**Reply:** Intramuscular manual therapy (dry needling) is a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments including, but not limited to: scarring, myofascial pain, motor recruitment and muscle firing problems. Goals of treatment vary from pain relief, increased extensibility of scar tissue to the improvement of neuromuscular firing patterns. The term “dry needling” may be confusing. It refers to the fact that nothing was injected with the needle. Physical therapists using intramuscular manual therapy: Do not and cannot claim to practice acupuncture; Do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology; Do not use acupuncture diagnosis like tongue and pulse. It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from performing intramuscular manual therapy techniques. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. The manner in which the training is obtained and competency demonstrated are not addressed in the Practice Act. The Physical Therapy Section is working with the Ohio Physical Therapy Association (OPTA) to further develop guidelines for continued competence in this area. Please continue to check both websites for future information on this topic.

7. **Ray VanWye, PT, DPT:** Dr. VanWye asked the Section for clarification on making return to play decisions for an injured athlete. **Reply:** In order to provide some guidance regarding your question(s), the Physical Therapy Section’s initial response in this arena is stated below. Please be aware that an official response to your specific question requires review by the full Physical Therapy Section at its November 15, 2012 meeting. The Section will notify you of the final response following the meeting. A client, or the parent of a minor client, always has the right to choose their own healthcare practitioner. In this situation, the mother determined that she wanted her son to be evaluated and treated by a physical therapist. Based on your email, it appears that your evaluation of the student differs from the prognosis made by the school’s medical staff. As often happens in healthcare, there are instances where a second opinion is appropriate and it is ultimately the decision of the client (or the parent of the minor client) on who they seek for medical care. Since you have seen this student under the direct access provisions, please note that you are required to notify the student’s physician within five days of the evaluation unless the student’s parent has not given you consent to notify the physician. In addition, unless the parent has authorized you to discuss the care you provided to the student with any other party, you would be in violation of both HIPAA and the Code of Ethical Conduct, established in rule 4755-27-05 of the Administrative Code. Paragraph (B)(4)(b) of this rule states that “information related to the therapist-patient relationship is confidential and may not be communicated to a third party not involved in that patient’s care without prior written consent of the patient or the patient’s representative, or unless otherwise allowed by law.” Therefore, although you can legally communicate with the school’s physician and athletic trainer, since they are involved in the student’s care, you would not be allowed to communicate with the school’s Assistant Athletic Director without the prior written consent of the parent. **Follow up response:** You have the authority to make recommendations for return to practice and/or return to play. A client, or the parent of a minor client, always has the right to choose their own healthcare practitioner. In this situation, the mother determined that she wanted her son to be evaluated and treated by a physical therapist. Based on your email, it appears that your evaluation of the student differs from the prognosis made by the school’s medical staff. As often happens in healthcare, there are instances where a second opinion is appropriate and it is ultimately the decision of the client (or the parent of the minor client) on who they seek for medical care. Since you have seen this student under the direct access provisions, please note that you are required to notify the student’s physician of parental choice, within five days of the evaluation unless the student’s parent has not given you consent to notify the physician. In addition, unless the parent has authorized you to discuss the care you provided to the student with any other party, you would be in violation of both HIPAA and the Code of Ethical Conduct, established in rule 4755-27-05 of the Administrative Code. Paragraph (B)(4)(b) of this rule states that “information related to the therapist-patient relationship is confidential and may not be communicated to a third party not involved in that patient’s care without prior written consent of the patient or the patient’s representative, or unless otherwise allowed by law.” Therefore, you would not be allowed to communicate with the school’s Assistant Athletic Director without the prior written consent of the parent, since they aren’t involved in the student’s care.
8. **Weiging Ge, PT, DPT:** Dr. Ge asked the Section if physical therapist can perform acupressure in Ohio. **Reply:** Ohio law does not specifically refer to whether or not a physical therapist may utilize manual therapy techniques. It is the position of the Physical Therapy Section that manual therapy procedures are an

integral part of the practice of physical therapy and may be used if the procedures are in the best interest of the patient and the therapist has training and demonstrated competence in the procedure.

9. **Abelardo Dorantes, PT:** Mr. Dorantes asked the Section if physical therapists assistants can perform manual muscle tests and if physical therapists assistants can perform the test as a part of the discharge summary. **Reply:** In response to your first question, a physical therapist assistant may perform manual muscle testing as a form of gathering information to document the patient's progress, once the initial evaluation has been completed by the physical therapist. In response to your second question, rule 4755-27-03 (B)(5) of the Ohio Administrative Code states that physical therapist assistants are not qualified to perform the discharge evaluation and complete the final discharge summary. It is the position of the Physical Therapy Section that physical therapist assistants may gather and summarize objective information; however, they may not interpret this data. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation, but only the physical therapist may document the discharge evaluation and recommendations in the discharge summary. Even if the discharge evaluation and recommendations for follow-up care are included in the initial evaluation, a discharge summary must still be completed to document final discharge date and disposition. The discharge summary may refer to the last treatment note for patient status.
10. **Rachel Nieman, PT:** Ms. Nieman asked the Section if there are specific guidelines in Ohio pertaining to physical therapy practice and telerehabilitation. **Reply:** In response to your question regarding telemedicine, the Ohio Physical Therapy Practice Act is silent on this topic. However, the Section recommends that the physical therapist providing telerehabilitation services be licensed in the state where the patient is located. The American Physical Therapy Association (APTA) has an online continuing education course that might provide information on issues related to incorporating telerehabilitation into your physical therapy practice. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person's name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, MS, OCS.
11. **Michael Butkus, PT:** Mr. Butkus asked the Section if it is legal for physical therapist to give doctor offices prescription pads listed with the therapists' business addresses. **Reply:** Yes, it is legal for a physical therapist to give physician offices prescription pads.
12. **Cherly Guyman:** Ms. Guyman asked the Section if physical therapist can perform wound care. **Reply:** It is the position of the Physical Therapy Section that physical therapy includes wound and burn care with appropriate dressing and administration of topical drugs. Physical therapy also includes sharp wound debridement, provided the physical therapist can demonstrate and document competence in the procedure. The physical therapist may delegate this component of care to a physical therapist assistant provided that both the physical therapist and the physical therapist assistant have demonstrated competency in these procedures.
13. **Stacy Ward, PTA:** Ms. Ward asked the Section if it is lawful to continue skilled physical therapy service to perform anodyne for pain relief if the client has reached his maximum potential and is noncompliant with HEP. **Reply:** Yes. As long as there is an established physical therapy plan of care, you may use Anodyne for pain relief, regardless of practice setting. It is the position of the Ohio Physical Therapy Section that a facility may establish policies on whether the physical therapist or physical therapist assistant may continue physical therapy services after the patient has exhausted his/her insurance benefits. The Section recommends that you refer to Medicare or other payer policies for any specific requirements or policies in your setting for a patient or family to pay for maintenance services by a physical therapist. However, pursuant to section 4755.47 (A)(5) of the Ohio Revised Code, all licensed physical therapists must follow the code of ethical conduct for physical therapists and physical therapist assistants established in rule 4755-27-05 of the Ohio Administrative Code. Paragraph (B)(5)(e) of this rule states that "Providing treatment interventions that are not warranted by the patient's condition, or continuing treatment beyond the point of reasonable benefit to the patient" would be a "failure to adhere to minimal standards of

practice, whether or not actual injury to a patient occurred.” The Physical Therapy Section recommends that the primary physical therapist evaluate whether self-pay maintenance services are of “reasonable benefit to the patient.”

14. **Gina Huey, PT:** Ms. Huey asked the Section who is qualified/licensed to perform e-stim. **Reply:** Electrical stimulation is not unique to physical therapy, however, in response to your question, licensed physical therapists and licensed physical therapist assistant and other licensed personnel, as delegated to by the physical therapist, are able to provide electrical stimulation. However, pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, “Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel’s professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient’s overall needs and medical status.” Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care.
15. **Dana Benedict, PT, DPT:** Dr. Benedict asked the Section if supervising physical therapists are allowed to make edits to the physical therapist assistant’s daily note. **Reply:** It is the position of the Physical Therapy Section that documentation must clearly reflect who performed the service and when the services were provided. The physical therapist assistant should make all corrections in his/her documentation. All information completed by the physical therapist assistant must be co-signed by the physical therapist once said corrections are made. The physical therapist assistant cannot establish goals or perform physical therapy assessment. Goal modifications may be performed only by a physical therapist and the documentation must clearly reflect the physical therapist’s revision(s). The physical therapist assistant may assess responses to treatments rendered and make statements about progress toward goals as outlined in the plan of care and document this in the assessment portion of the daily or progress note in the medical record. On another topic, the Physical Therapy Section is working to educate physical therapists and physical therapist assistants in the correct credentials to use in professional signatures. Since PT or PTA is the regulatory designation allowing practice, rule 4755-27-07 of the Administrative Code requires that only those letters should immediately follow the person’s name. Academic degrees may then follow the regulatory credential. For example, a nametag or signature might read Pat Doe, PT, DPT, MS, OCS.
16. **Lesley Podbresky, PT:** Ms. Podbresky asked the Section questions regarding ethical and legal requirements for providing consultative physical therapy services based on the information provided. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist or physical therapist assistant from giving health and wellness lectures, demonstrations, or general information on the benefits of different types of exercise provided the practitioner is knowledgeable in the content. However, under current Ohio law, a physical therapy practitioner providing fitness or wellness services to individual clients or groups must follow regulations for physical therapy practice if the services are represented as physical therapy, if the provider is identified as a physical therapist or physical therapist assistant, or if he/she signs “PT” or “PTA” after his/her name. If any of these conditions exist, the physical therapist must perform an evaluation prior to providing services, must maintain documentation of care provided, and must notify the client’s primary physician if working without a physician referral. If physical therapist assistants, other licensed personnel, or students are involved in providing fitness or wellness services as physical therapy, rules in the Ohio Administrative Code for delegation and supervision apply. No part of these services may be delegated to unlicensed personnel. If fitness or wellness programs or group exercises are not represented as physical therapy, they do not fall under the jurisdiction of the Physical Therapy Practice Act. While physical therapists or physical therapist assistants providing such services may include their educational degrees in published materials, they should not use the credentials “PT” or “PTA” and should not state that the programs are led by physical therapists or physical therapist assistants. The Physical Therapy Section recommends that the appropriate medical screenings are in place prior to exercise to ensure the safety of the participants, but the fitness/wellness records should be stored separately from physical therapy or medical records. Therefore, the first 3 scenarios you describe are within the scope of practice and do not require a physician’s referral. However, in any of the scenarios where you are using your knowledge as a physical therapist and are directly addressing the unique needs of an

individual child, you would need to either follows the guidelines for direct access or obtain a physician's order and perform an evaluation, develop plans of care and maintain records for these children.

17. **Peggy Harper, PT:** Mr. Harper asked the Section for clarification on the retention requirements for physical therapy records. **Reply:** The Physical Therapy Section recommends that any provider of physical therapy have established policies on the retention and destruction of medical documentation, and that these policies be in compliance with legal, insurance, and facility guidelines. The Ohio Physical Therapy Practice Act does not have specific rules or timelines for record retention. You may wish to check with your school district for any rules, regulations, or policies the district might have regarding this issue.
18. **Lynn Busdeker, PT:** Ms. Busdeker asked the Section questions regarding the use of electronic documentation based on the scenario described. **Reply:** It is the position of the Physical Therapy Section that the physical therapist is responsible/accountable for all physical therapy documentation and would caution you from repeatedly utilizing the *automatic copy* feature of any EMR system to ensure the documentation reflects the specific services provided to each individual client. Your daily documentation should accurately reflect what occurred with the patient at the time of service and who provided that service. While there is nothing in the Ohio Physical Therapy Practice Act that dictates how a physical therapist or physical therapist assistant documents, misuse of the automatic copy feature by the physical therapist and/or physical therapist assistant could become an ethical concern. According to rule 4755-27-05 of the Ohio Administrative Code, an individual licensed by the Physical Therapy Section has a responsibility to report any organization or entity that provides or holds itself out to deliver physical therapy services that places the licensee in a position of compromise with this code of ethical conduct. (A) Ethical integrity. Licensees shall use the provisions contained in paragraphs (A) 1) to (A)(10) of this rule as guidelines for promoting ethical integrity and professionalism. Failure to comply with paragraphs (A)(1) to (A)(10) of this rule may be grounds for disciplinary action pursuant to section 4755.47 of the Revised Code and in accordance with Chapter 119. of the Revised Code. (2) A licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the patient. (7) A licensee shall respect the rights, knowledge, and skills of colleagues and other health care professionals. (9) A licensee shall provide accurate and relevant information to patients about the patients' care and to the public about physical therapy services. (B) Ethical conduct. Ethical conduct includes conforming to the minimal standards of acceptable and prevailing physical therapy practice. Conduct may be considered unethical regardless of whether or not actual injury to a patient occurred. Failure to comply with paragraphs (B)(1) to (B)(15) of this rule may be grounds for disciplinary action pursuant to section 4755.47 of the Revised Code and in accordance with Chapter 119. of the Revised Code. (1) A licensee shall adhere to the standards of ethical practice by practicing in a manner that is moral and honorable. A licensee may be disciplined for violating any provision contained in division (A) of section 4755.47 of the Revised Code. (5) A licensee shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes, but is not limited to: (i) Documenting or billing for services not actually provided. (9) A licensee shall not falsify, alter, or destroy patient/client records, medical records, or billing records without authorization. The licensee shall maintain accurate patient and/or billing records. The Physical Therapy Section also suggests that you review "Defensible Documentation for Patient/Client Management" on the American Physical Therapy Association website (<http://www.apta.org>) for further guidance in this matter.

### **OT/PT Joint Correspondence**

- JB1. Shawntel Beal:** Ms. Beal asked the Occupational and Physical Therapy Sections for clarification on accepting therapy orders in a school-based system. **Reply:** Occupational therapists are not required to have a referral and/or prescription to evaluate or treat clients in the State of Ohio. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement of occupational therapy services. You may also wish to discuss your question with your compliance or billing department. There is nothing in the Ohio Physical Therapy Practice Act that dictates how frequently a referral for physical therapy should be **renewed**. However, since the children are growing and maturing, best practice does suggest that a minimum of **an annual renewal of the prescription or**



**physician notification** should be done to ensure that changes in the child's medical status are documented in the physical therapy records. Also, section 4755.481 (A)(1) of the Ohio Revised Code states in part that, upon the consent of the patient, the physical therapist shall inform the patient's physician of the evaluation no later than 5 business days after the evaluation is made. In accordance with the laws governing the provision of physical therapy services under direct access, a physical therapist may see a patient who does not wish to have a physician or other practitioner notified. The Physical Therapy Section recommends that the patient be asked to sign a document declining notification of the physician.

**JB2. Carrie Gallo:** Ms. Gallo asked the Occupational and Physical Therapy Sections for clarification on supervisory ratios for physical therapists and who is permitted to perform a performance evaluation of an occupational and physical therapist for employment/competency purposes. **Reply:** In response to your first question, the Ohio Physical Therapy Practice Act does not stipulate a specific number of physical therapist assistants a physical therapist can supervise. In response to your second question, the Ohio Physical Therapy Practice Act is silent on the requirements of who can provide a performance evaluation. However, best practice, would be for physical therapists to be evaluated by a professional who has a similar or higher level of training. The minimal requirements are to be in good standing with an active license, with continuing education requirements met on a two year (biennial) cycle. In response to your second question, the Ohio Occupational Therapy Practice Act is silent as to the requirements for individuals who perform employee competency evaluations. As noted above, best practice would dictate that the individuals performing the competency evaluations be in good standing with an active license, and have demonstrated and documented personal competency in the areas they are assessing.

**JB3. Casey Siefker, PT:** Ms. Siefker asked the Occupational and Physical Therapy Sections if an occupational therapy or physical therapy discharge summary required if the client was discharged by a physician in an acute care setting. **Reply:** Rule 4755-7-02 (A)(3) of the Ohio Administrative Code indicates that development, interpretation, and modification of the discharge plan is a professional responsibility of the occupational therapist. Rule 4755-7-08 (B)(4) of the Ohio Administrative Code states that occupational therapy practitioners shall maintain accurate client and/or billing records. However, there may be situations where a discharge treatment visit is not possible due to the physician discharging the client early. As you complete discharge documentation for these clients, if there are areas you do not feel confident that you can provide current information, those areas should be marked "not assessed" or "not assessed at discharge." Documenting the client's status from your most recent visit (as it pertains to those areas) would be acceptable, as well, provided that documentation identifies the date that information was obtained. Please be aware that employers, reimbursement agencies and third party payers may have more stringent guidelines for documentation completion. Yes, a physical therapy discharge is required to be completed in any physical therapy setting. Rule 4755-27-03 of the Ohio Administrative Code states that physical therapists are responsible to perform the discharge evaluation and complete the final discharge summary. Discharge planning and the completion of the discharge evaluation are the responsibility of the physical therapist and may be performed and documented by the physical therapist in a reasonable timeframe prior to discharge. It is the responsibility of the physical therapist to interpret and make recommendations for the purpose of discharge development and then the physical therapist must then complete the final discharge evaluation. If there is collaboration between the physical therapist and the physical therapist assistant, the collaboration must be reflected in the patient documentation, but only the physical therapist may document the discharge evaluation and recommendations in the discharge summary. Even if the discharge evaluation and recommendations for follow-up care are included in the initial evaluation, a discharge summary must still be completed to document final discharge date and disposition. The discharge evaluation may refer to the last treatment note for patient status.

### **Old Business**

#### **Continuing Competence Taskforce Update**

Victoria Gresh reported that the Continuing Competence Taskforce was on hold for now. OPTA is working on how to proceed with the taskforce. The Physical Therapy Section still wants to participate in this taskforce. Ms. Gresh will provide an update on the CC Taskforce at the January 2013 Section meeting.

### **New Business**

#### **Application Question Regarding Malpractice Claims**

The Section discussed whether to add malpractice claims questions to the standard application background questions. The Executive Director will draft a sample question for the Section to review at the January Section meeting.

#### Pre-1996 NPTE Scores

The Executive Director informed the Section that at the FSPBT Annual Meeting, there was discussion on issues related to licensure portability. The question arose whether there is public protection rationale to require an individual to re-sit for the NPTE if their passing score was acceptable for the state of initial licensure, but a failing score for Ohio at that time.

**Action:** Raymond Bilecky moved that the Section change its procedures to accept an NPTE score from before 1996 if that score was considered passing in the original state of licensure. Mary Kay Eastman seconded the motion. The motion carried.

#### Customer Service Standards

The Section reviewed the Board's customer service standards. The Executive Director will post this document on the Board's website.

#### Human Trafficking Task Force Recommendations

The Section reviewed the Human Trafficking Taskforce recommendations. The Executive Director informed the Section that the recommendations will likely require the Section to adopt a rule dealing with continuing education requirements.

#### Ethics Training

The Executive Director facilitated an ethics presentation and discussion to the members of the Physical Therapy Section.

#### Transcripts for Endorsements Applicants

The Section discussed whether to accept an official transcript from the entry-level physical therapy program for applicants submitting an application for initial licensure by endorsement. Under current procedures, if an endorsement applicant has an official transcript sent, the Board notifies the applicant that the entry-level program must submit the Section's certification of entry-level education form.

**Action:** Lynn Busdeker moved that the Section accept an official transcript from the entry-level physical therapy program as proof of education in lieu of the Section's certification of entry-level education form for applicants submitting an application for initial licensure by endorsement. Raymond Bilecky seconded the motion. The motion carried.

#### Changes in Liaison Appointments

Due to changes in the Board appointments to the Section, the Section will need to reassign the continuing education and correspondence liaison positions for the Physical Therapy Section. The new assignments will be assigned at the January 2013 Section meeting.

#### Open Forum

The Section opened the floor for the Ohio State University physical therapy student to ask questions.

#### Ohio Physical Therapy Association (OPTA) Report

Victoria Gresh reported that OPTA completed the fall symposium and is getting ready for the next year's conference. Technology is the theme for OPTA's 2013 conference.

In 2013, OPTA plans to work on CE programming, reformatting the *Access* publication/magazine, and increasing membership. Ms. Gresh further reported that OPTA is looking at other sources of non-dues revenue to help keep other costs low.

Carolyn Towner gave a legislative report.

**Federation of State Boards for Physical Therapy (FSBPT) Report**

- The Executive Director discussed some of the topics at the FSBPT conference.
- There were a number of sessions on issues related to licensure portability and non-U.S. educated applicants for physical therapy licensure.

**Items for Next Meeting**

- Sample Malpractice Application Question
- Continuing Competence Task Force Update

**Next Meeting Date**

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, January 10, 2013.

**Adjournment**

Mary Kay Eastman moved that the meeting be adjourned. Lynn Busdeker seconded the motion. The motion carried. The meeting adjourned at 2:00 p.m.

Respectfully submitted,  
*Diane Moore*

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Thomas Caldwell, PT, Chair  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, PT Section

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Karen Holtgreffe, PT, Secretary  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, PT Section

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Jeffrey M. Rosa, Executive Director  
Ohio Occupational Therapy, Physical Therapy  
and Athletic Trainers Board

**KH:jmr:dm**