

GEORGIA STATE BOARD OF PHYSICAL THERAPY
Special Projects Committee Minutes
Teleconference Meeting
November 10, 2015 - 08:30AM

Board Members Present

Stefanie Palma, PT, Committee Chair
Charles Bass, PT, Board Member
Jesse Crews, Consumer Member

Administrative Staff Present

Adrienne Price, Executive Director
Kathy Osier, Licensing Supervisor
Tamara Elliott, Board Support Specialist

Attorney General's Office

D. Williams-McNeely, Assistant Attorney General

Visitors Present

No visitors present

Call to Order: Dr. Palma established that a quorum was present and called the meeting to order at 8:36a.m.

OPEN SESSION

1) Discussion - Traineeship:

The Committee determined that while the minimum competencies listed on the current Traineeship Reporting Form are appropriate to capture clinical performance, there is a need to further develop a tool which reflects how each competency is measured.

The Committee recommends appointing Dr. Palma to develop new Traineeship Reporting Form utilizing the FSBPT Standard Competencies and current Georgia Physical Therapy Act and present it to the full board for consideration.

2) Discussion – Physical Therapist Assistants:

The Committee determined that PTAs may be allowed to perform treatments during the 8 visits or 21 days, whichever comes first, prior to discharge or referral from the patient's provider and that public protection would not be diminished. Based on this position, the Committee recommends that the Board accept Policy #17 amendments and refer the following Board Rules 490-5-.01 and 490-9-.02 to the Attorney General's office for a memorandum of advice:

a) Policy #17

Policy # 17 Physical Therapist and Physical Therapist Assistant Relationship

Upon initiation of a physical therapy plan of intervention, physical therapists may, at their discretion, allow physical therapy treatments to be performed by supportive personnel to include the period in the 21 days or eight (8) visits, whichever comes first, prior to discharge or receipt of a referral from the patient's provider. Ultimately the responsibility for the quality of care provided by supportive personnel resides with the Physical Therapist. While technology allows for supervision in new and expanded methods, the PTAs, Trainees, and Students should know who and how to contact the supervising PT.

(A) It is recommended that the PT supervise no more than three (3) other supportive clinicians at any given time. For the purposes of this policy, supportive clinicians are defined as PTAs, Trainees, and PT/PTA students.

(B) Care coordination discussions are expected in all settings. Such communication should be documented in the patients' medical record. The frequency of the communication should be based on the patient condition, progression and setting.

Policy approved at the March 17, 2015 meeting.

b) Board Rule 490-5-.01

Rule 490-5-.01 Responsibility of the Licensed Physical Therapist in Supervision and Direction of the Physical Therapist Assistant

- (1) Upon initiation of a physical therapy plan of intervention, physical therapists may, at their discretion, allow physical therapy treatments to be performed by a physical therapists assistant to include the period of 21 days or eight (8) visits, whichever comes first, prior to discharge or receipt of a referral from the patient's provider. A licensed physical therapist shall at all times be responsible for providing adequate supervision of the assistant supervised by him, as defined in Rule 490- 5-.02.
- (2) The licensed physical therapist shall be present in the same institutional setting, as defined in paragraph (3) of this section, 25 percent of any work week, Monday through Friday, and shall be readily available to the assistant at all other times, including

weekend coverage, for advice, assistance and instruction.

- (3) "Institutional setting" means any nursing home, acute hospital, convalescent hospital, rehabilitation center, other in-patient facility by any other name and out-patient clinic which would include private office.
- (4) The licensed physical therapist in the home health setting responsible for the patient shall supervise the physical therapist assistant working with the patient and shall:
 - (a) perform the initial patient evaluation to establish a physical therapy diagnosis, treatment goals, frequency, duration, and plan of care;
 - (b) meet with the assistant no less than once weekly to review all patients being treated;
 - (c) document all meetings with the assistant and subsequent decisions;
 - (d) be available to the assistant at all times for advice, assistance, and instructions.
- (5) A licensed physical therapist shall be designated as the physical therapist assistant's supervisor in the school setting and shall:
 - (a) perform all physical therapy evaluations to develop or amend physical therapy interventions stated on the student's Individual Educational Plan (IEP) for the purpose of assisting with the achievement of educational goals and objectives, including frequency and duration of physical therapy services.
 - (b) make an on-site visit to each student scheduled for direct weekly services from the physical therapist assistant no less than every two (2) months, and no less than once every five (5) months for students who are scheduled with the physical therapist assistant once monthly or less. The on-site visit shall include, but not be limited to, a case review, reassessment of the program and physical therapy services and review of documentation prepared by the physical therapist assistant.
 - (c) document the on-site visit including status of case(s), program or services status or change and indicate instructions given to the physical therapist assistant.
 - (d) interact with the physical therapist assistant in appropriate ways specific to the goals and objectives stated in the IEP of the student who is scheduled for sessions with the physical therapist assistant.
 - (e) be available to the physical therapist assistant at all times for advice, assistance and instructions.

Cite as Ga. Comp. R. & Regs. r. 490-5-.01

Authority: O.C.G.A. §§[43-33-3](#); [43-33-10](#).

History. Original Rule entitled "Responsibility of the Licensed Physical Therapist in Supervision and Direction of the Physical Therapy Assistant" was filed on April 7, 1978; effective April 27, 1978.

Amended: Filed November 27, 1984; effective December 17, 1984.

Amended: F. May 26, 1993; eff. Jun. 15, 1993.

Amended: F. Nov. 22, 1996; eff. Dec. 12, 1996.

Amended: F. Feb. 27, 1998; eff. Mar. 19, 1998.

Amended: F. Feb. 25, 2015; eff. Mar. 17, 2015.

c) Board Rule 490-9-.02

490-9-.02 ~~Principles of Conduct~~ Code of Ethics for Physical Therapists.

Any individual who is licensed as a physical therapist shall abide by [O.C.G.A. § 43-33-18 to include but not limited to](#) the following ethical standards:

- (1) Act with consideration, within the scope of physical therapy, for the rights and dignity of all individuals.
 - (a) The physical therapist shall hold as confidential information obtained while acting in a professional capacity.
 - (b) The physical therapist shall provide optimal physical therapy care for all patients regardless of patient race, gender, age, religion, disability or sexual preference.
 - (c) The physical therapist should balance considerations of the patient's physical, psychological and socioeconomic welfare in professional decisions and actions and document these considerations in the patient's record of care.
 - (d) The physical therapist shall communicate and interact with patients and all persons encountered in a professional capacity with courteous regard and timeliness.

(e) The physical therapist shall not engage in any behavior that constitutes harassment or abuse of a patient, professional colleague or associate.

(2) Comply with the laws and regulations governing the practice of physical therapy in the State of Georgia.

(a) Physical therapists are to practice (consultation, evaluations, treatment, research, education, administration and preventive care) in accordance with the state practice act.

(3) Accept responsibility for the exercise of sound judgment.

(a) When implementing treatment, physical therapists shall assume the responsibility for evaluating that individual; planning, implementing, and supervising the therapeutic program; reevaluating and changing the program; and maintaining adequate records of the case, including progress reports.

(b) Documentation is to be generated in accordance with federal and state guidelines at the time of service or shortly thereafter.

~~(b)(c)~~ When performing wellness and preventative services, physical therapists shall assume responsibility for providing optimal patient care.

~~(c)(d)~~ When the individual's needs are beyond the scope of the physical therapist's expertise, the physical therapist shall so inform and assist the individual in identifying a qualified person to provide the necessary services.

~~(d)(e)~~ When the physical therapists judge that benefit can no longer be obtained from their services, they shall so inform the individual receiving the services. It is unethical to initiate or continue services that, in the therapist's judgment, either cannot result in beneficial outcome or are contraindicated.

~~(e)(f)~~ The physical therapist's ability to make independent judgment must not be limited or compromised by professional affiliations, including employment relationships.

~~(f)(g)~~ Physical therapists are not to delegate to a less qualified person any activity which requires the unique skills, knowledge, and judgment of a physical therapist.

~~(g)(h)~~ Upon initiation of a physical therapy plan of intervention, physical therapists may, at their discretion, allow physical therapy treatments to be performed by physical therapist assistants to include the period of 21 days or eight (8) visits, whichever comes first, prior to discharge or receipt of a referral from the patient's provider.

(i) The primary responsibility for physical therapy care assisted by supportive personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that a supervising physical therapist perform the following activities:

1. Establish effective channels of written and oral communication;
2. Interpret and communicate critical information about the patient to the supportive personnel;
3. Perform an initial evaluation of the patient;
4. Develop a plan of care, including short and long-term goals;
5. Delegate appropriate tasks to supportive personnel;
6. Assess the supportive personnel's competence to perform assigned tasks;
7. Provide supervision in accordance with the law, the patient's condition, and the specific situation;
8. Identify and document precautions, special programs, contraindications, goals, anticipated progress, and plans for re-evaluation;
9. Re-evaluate the patient, modify the plan of care when necessary, perform the final evaluation, and establish a follow-up plan.

~~(h)(i)~~ Physical therapists are obligated to advise their employer(s) of any practice which causes a physical therapist to be in conflict with the ethical principles of this section. Physical therapists are to attempt to rectify any aspect(s) of their employment which is in conflict with the principles of this section.

(4) Seek remuneration for their services that is deserved and reasonable.

(a) Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations, and other relevant factors.

(b) Physical therapists shall not:

1. directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee;
2. profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity in connection with furnishing of physical therapy services;
3. use influence upon individuals, or families of individuals under their care for utilization of any product or service based upon the direct or indirect financial interest of the physical therapist.

(5) Provide accurate information to the consumer about the profession and the services

provided.

(a) Physical therapists are not to use, or participate in the use of, any form of communication containing false, plagiarized, fraudulent, misleading, deceptive, or unfair statements.

(6) Accept the responsibility to protect the public and the profession from unethical, incompetent, or illegal acts.

(a) Physical therapists shall report any activity which appears to be unethical, incompetent, or illegal to the proper authorities.

(b) Physical therapists shall not participate in any arrangement in which patients are exploited due to the referring sources enhancing their personal incomes as a result of referring, prescribing, or recommending physical therapy or a specific physical therapy practice.

(c) If a physical therapist is involved in an arrangement with a referring source in which income is derived from the services, the physical therapist has an obligation to disclose to the patient, within the scope of the state law, the nature of the income.

(d) Physical therapists shall not commit any act of sexual intimacy, abuse, misconduct, or exploitation of any individual related to the licensee's practice of physical therapy regardless of consent.

1. This subsection of the rule shall apply to former patients where the licensee did not terminate in writing the physical therapist/patient relationship and supportive clinicians under the supervision of the licensee. For the purposes of this rule, supportive clinicians are defined as physical therapist assistants, trainees, and students.

2. The Board will consider the physical therapist/patient relationship terminated if:

(a) the physical therapists is able to document that he/she has not provided any of the care and services codified in O.C.G.A. § 43-33-3(7) for the patient for period of at least two (2) years;

(b) the physical therapist has not supervised the supportive clinician for a period of two (2) years.

Authority O.C.G.A. Secs. 43-1-19, 43-1-24, 43-1-25, 43-33-3, 43-33-10, 43-33-13.1, 43-33-18. **History.**

Original Rule entitled "Principles of Conduct for Licensed Physical Therapists" adopted. F. Jan. 29, 1997; eff. Feb. 18, 1997. **Repealed:** New Rule of same title adopted. F. Jan. 19, 2005; eff. Feb. 8, 2005.

Repealed: New Rule title "Principles of Conduct for Physical Therapists" adopted. No change in Rule text. F. Jan. 25, 2007; eff. Feb. 14, 2007.

3) **Discussion - Policy #13:**

The Committee was charged to amend policy #13 to include language which clarifies that ethics and jurisprudence must be one course in order to satisfy the continuing competence requirements. The Committee recommends that the Board accept the following amendment to Policy # 13:

Policy #13 – Georgia Jurisprudence

(A) In order to meet the minimum four (4) contact hour continuing competence requirement, A Georgia Ethics and Jurisprudence ~~Continuing Competency~~ Course **must include** a review of the Georgia General Provisions (Title 43 Chapter 1 - specifically 43-1-9 and 43-1-19 through 43-1-27), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter 490), Board Policies and a general review of the Board's web-site (<http://sos.ga.gov/index.php/licensing/plb/39>), including the [Frequently Asked Questions \(FAQ's\)](#). ~~A review of the Jurisprudence exam will occur when the laws and rules change.~~

(B) The requirement of (4) contact hours in Ethics and Jurisprudence ~~can be met through coursework or~~ may also be satisfied by [taking and passing completion of](#) the Georgia Jurisprudence Exam offered by FSBPT.

(C) Licensees **will not receive credit towards the current continuing competency requirements for any passing score on a Georgia Jurisprudence Exam that was taken to satisfy the requirements for initial licensure in this State, prior renewal cycles or the terms and conditions of a Board Order.**

Policy approved at the May 8, 2007 meeting.

Policy revised at the January 2009 meeting.

Policy revised at the July 2010 meeting.

Policy revised at the September 18, 2012 meeting.

Policy amended at the November 18, 2014 meeting.

Adjournment With no additional business to be discussed, the meeting was adjourned at 9:04a.m.

Minutes recorded by:

Minutes reviewed and edited by:

Minutes approved on:

Tamara Elliott, Board Support Specialist

Kathy Osier, Licensing Supervisor and Adrienne Price, Executive Director

November 17, 2015

STEFANIE PALMA
COMMITTEE CHAIR

ADRIENNE PRICE
EXECUTIVE DIRECTOR