



Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board

*Physical Therapy Section*  
*September 9, 2010*  
*9:30 a.m.*

**Members Present**

Raymond Bilecky, Chair  
Thomas Caldwell  
Sam Coppoletti  
Mary Kay Eastman  
Karen Holtgreffe  
James Lee  
Marilyn Mount, Secretary  
Kimberly Payne (left @2:00 pm)

**Members Absent**

Dale Deubler

**Legal Counsel**

Yvonne Tertel, Assistant Attorney General

**Staff Present**

H. Jeffery Barker, Investigator  
Diane Moore, Executive Assistant  
Jeffrey Rosa, Executive Director

**Guests**

Katie Rogers, OPTA  
Lynn Colby, OPTA  
Joshua Rudinsky

**Call to Order**

The meeting was called to order by the Section Chair, Raymond Bilecky, at 9:33 a.m.

**Approval of Minutes**

**Action:** Marilyn Mount moved that the July 15, 2010 meeting minutes be approved as submitted. Sam Coppoletti seconded the motion. The motion carried.

**Action:** Mary Kay Eastman moved to go into executive session to discuss personnel matters. Kimberly Payne seconded the motion.

Raymond Bilecky called the Roll:

**Roll Call**

Raymond Bilecky	Yes
Thomas Caldwell	Yes
Sam Coppoletti	Yes
Dale Deubler	Absent
Mary Kay Eastman	Yes
Karen Holtgreffe	Yes
James Lee	Yes
Marilyn Mount	Yes
Kimberly Payne	Yes

The section went into executive session at 9:45 am and came out at 9:57 am. There was no action taken.

**Discussion of Law Changes**

The Section reviewed the draft changes for rules 4755-23-01, 4755-23-08, 4755-23-10, 4755-23-12, 4755-24-07, and 4755-28-01. The Physical Therapy Section rules scheduled for five year review are 4755-24-03, 4755-24-04, 4755-24-05, 4755-24-06, 4755-27-07, 4755-24-08, and 4755-24-09.

The Section discussed drafting proposed language to grant continuing education credit for mentoring an individual completing an APTA credentialed residency or fellowship program. Kimberly Payne will draft language for review at the November Section meeting.

## **Special Orders**

### **Election of Officers**

**Action:** Raymond Bilecky nominated Marilyn Mount to be Section Chairperson for the period beginning September 9, 2010 and ending immediately following the September 2011 Section meeting. Mary Kay Eastman seconded the nomination. All members present voted to elect Marilyn Mount Section Chairperson.

**Action:** Raymond Bilecky nominated Sam Coppoletti to be Section Secretary for the period beginning September 9, 2010 and ending immediately following the September 2011 Section meeting. Thomas Caldwell seconded the nomination. All members present voted to elect Sam Coppoletti Section Secretary.

**Action:** Raymond Bilecky nominated Kimberly Payne to serve as Ohio's delegate to the 2011 FSBPT Delegate Assembly. Sam Coppoletti seconded the nomination. All members present voted to elect Kimberly Payne FSBPT delegate.

**Action:** Marilyn Mount nominated Mary Kay Eastman to serve as Ohio's alternate delegate to the 2011 FSBPT Delegate Assembly. Raymond Bilecky seconded the nomination. All members present voted to elect Mary Kay Eastman FSBPT alternate delegate.

### **Liaison Appointments**

The liaison appointments beginning September 9, 2010 and ending September 30, 2011 are:

Enforcement Division Liaisons:	Thomas Caldwell and James Lee
Licensure Liaison:	Dale Deubler (Sam Coppoletti is backup)
Continuing Education Liaison:	Kimberly Payne
Correspondence Liaison:	Mary Kay Eastman and Karen Holtgreffe

**Action:** James Lee moved to authorize the Executive Director to accept or reject consent agreements on the Section's behalf for the period beginning September 9, 2010 and ending on September 30, 2011. Kimberly Payne seconded the motion. The motion carried.

**Action:** Mary Kay Eastman moved to authorize the use of signature stamps or electronic signatures by the Section Chairperson, Section Secretary, and the Executive Director for the period beginning September 9, 2010 and ending on September 30, 2011. Karen Holtgreffe seconded the motion. The motion carried.

**Action:** Karen Holtgreffe moved to authorize the Executive Director to make editorial changes to motions for the period beginning September 9, 2010 and ending on September 30, 2011. Sam Coppoletti seconded the motion. The motion carried.

**Action:** Thomas Caldwell moved to authorize the use of hearing officers for the period beginning September 9, 2010 and ending on September 30, 2011. James Lee seconded the motion. The motion carried.

**Action:** James Lee moved to authorize the staff to issue licenses to applicants with completed applications and that the Section ratify the licenses issued by the staff at the Section meeting following issuance of license officers for the period beginning September 9, 2010 and ending September 30, 2011. Mary Kay Eastman seconded the motion. The motion carried.

## **Open Forum**

Raymond Bilecky thanked the Board Members and staff for supporting him during his term as Section Chair.

Thomas Caldwell will forward the Executive Director's evaluation materials to the Section members for review. The Section will briefly discuss the Executive Director's progress at each Section meeting.

## **Administrative Reports**

### **Licensure Applications**

**Action:** Raymond Bilecky 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 July 15, 2010 through September 9, 2010, taking into account those individuals subject to discipline, surrender, or non-renewal. Mr. Bilecky further moved that the following persons be licensed as physical therapists/physical therapist assistants pending passage of the National Physical Therapy Examination and Ohio laws and rules examination. Thomas Caldwell seconded the motion. The motion carried.

Physical Therapist – Examination

Ahlberg, Elizabeth  
 Beeler, Erik  
 Boyne, Pierce  
 Buddie, Karen  
 Clark, Leslie  
 Eling, Daniel  
 Frantz, Emily  
 Graham, Catherine  
 Harr, Marie  
 Hermiller, Nathan  
 Hollis, Stephanie  
 Hunker, Ryan  
 Kramer, Erin  
 Legando, Nicole  
 MacDonald, Thomas  
 Miller, Andrew  
 Olson, Laura  
 Rock, Kevin  
 Scheidt, Kyle  
 Sinick, Scott  
 Stoffer, Jaime  
 Todd, Andrea  
 Tysinger, Sara  
 Vertanen, Jill  
 White, Sara  
 Yankie, Matthew

Bane, Heather  
 Bertke, Elise  
 Braden, Jared  
 Campbell, Carolyn  
 Cox, Sara  
 Erb, Kathryn  
 Fritz, Nora  
 Haglage, Stephanie  
 Hartman, Amanda  
 Hodges, Delante  
 Holt, Carity Lauren  
 Jevnikar, Tobi  
 Krucek, Allison  
 Lehner, Jeffrey  
 McElfresh, Christine  
 Miller, Charles  
 Panepucci, Chris  
 Rufener, Todd  
 Seiple, Christina  
 Siu, Jessica  
 Stotts, Jamie  
 Tomlan, Kristina  
 Van Ostrand, Katrina  
 Vondenhuevel, Amy  
 Winkler, Meredith

Bantel, Laura  
 Boylen, Nicole  
 Brady, Jaimie  
 Chesser, Brittany  
 Dangerfield, Heather  
 Fickert, Leslie  
 Froese, Brianne  
 Halcomb, Amanda  
 Herdeman, Evan  
 Hoffman, Casey  
 Hovan, Erica  
 Joyappa, Nimra  
 Krummen, Katherine  
 Lewandowski, Angela  
 Mergenthaler, Amy  
 Nickoli, Debra  
 Parrett, Robert  
 Rush, Sarah  
 Sheppard, Danielle  
 Smith, Melissa  
 Thompson, Megan  
 Turley, Jennifer  
 VanWey, John  
 Watters, Heather  
 Worstell, Amanda

Physical Therapist Assistant – Examination

Allen, Lucia  
 Barker, Megan  
 Bollinger, Lindsey  
 Conrad, Samantha  
 Culbertson, Marisa  
 Day, Katrina  
 Early, Vikki  
 Ensor, Jessica  
 Felver, Amanda  
 Geiger, Vanessa  
 Halt, Amy  
 Hogan, Kimberly  
 Karangwa, Clarisse  
 Keyes, Bethany  
 Kulper, Richard  
 Lestock, Jenna  
 McCune, Kimberly  
 Parrish, Wesley  
 Rose, Ronald  
 Roth, Kristin  
 Seger, Monica

Arispe, Delia  
 Beatty, Timothy  
 Bond, Jenna  
 Cooper, Anya  
 Cusano, Melissa  
 Deeren, Matthew  
 Eilerman, Katie  
 Eyestone, Denise  
 Ferguson, Brett  
 Gfell, Chelsea  
 Hammond, Tessi  
 Jones, Andrea  
 Kaufman, Anastasia  
 Kharchilava, Jeanna  
 Lang, Kaitlan  
 Mallory, Stanley  
 Otey, Barbara  
 Phillips, Kristen  
 Ross, Amanda  
 Schaefer, Katie  
 Skinner, Colleen

Armstrong, Sara  
 Beutler, Jamie  
 Conrad, Lindsay  
 Cornett, Belt Sonya  
 Dafler, Andrew  
 Downing, Christopher  
 Emory, Alexandria  
 Fahey, Erin  
 Garrett, Shannon  
 Gordon, Christina  
 Hatt, Danelle  
 Justice, Brady  
 Keelor, Sarah  
 Koehler, Harold  
 Leitenberger, Kenneth  
 Martin, Kristy  
 Palmer, Joshua  
 Roell, Brittany  
 Roth, Kristin  
 Seese, Brittany  
 Smith, Crystal

Smith, Peyton  
Spitalsky, Jean  
Tirtonegoro, Kyla  
Welsh, Kristin

Smith, Peyton  
Story, Allison  
Wade, Heidi  
Woodyard, James

Sowers, Joshua  
Tavernier, Patricia  
Warnimont, Heather  
Young, Brittany

**Action:** Raymond Bilecky 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 July 15, 2010 through September 9, 2010, taking into account those licenses subject to discipline, surrender, or non-renewal. Thomas Caldwell seconded the motion. The motion carried.

Physical Therapist – Endorsement

Baker, Jeremy  
Caguimbaga, Joy  
Egner, Matthew  
Mangeri, Robert  
Odonish, Adam  
Ruwadi, Nola  
VanWye, William

Brewer, Cheryl  
Couture, Megan  
Haynes, Darren  
Mittleider, Dennis  
Powers, Kelly  
Tekavec, Nathan  
Vidakovic, Lisa

Burnham, Mary  
Covert, Christopher  
Kerber, Emily  
Nix, Timothy  
Reyes, Randy  
Timberlake, Julie  
Waller, Elizabeth

Physical Therapist Assistant – Endorsement

Barnette, April  
Fowler, Mitchell  
Kinnaird, Nathan  
Simmons, Sarah

Bosse, Robin  
Grace, Laura  
Mitchem, Jered  
Young, Rebecca

Dove, Jamie  
Helgason, Chelsea  
Oney, Beverly

Physical Therapist Reinstatement

Bowman, Janice  
Kelley, Erin  
Sovich, Pamela

Crish, Andrea  
Kinzie, Sara

Dempsey, Lauran  
Miller, Leslie

Physical Therapist Assistant – Reinstatement

Defend, Ann  
Yotter, Katherine

Eberhart, Stephanie

France, Margo

Testing Accommodations Requests

Raymond Bilecky recommended that the Section grant a testing accommodation for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #4995709.

**Action:** Marilyn Mount moved that the Section grant a testing accommodation for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #4995709. Mary Kay Eastman seconded the motion. The motion carried. The Section granted a testing accommodation for Debra Streeter.

Limited Licensure Applications

Raymond Bilecky recommended that the Section extend the timeframe to complete the limited licensure requirements for physical therapist assistant reinstatement file # 4205809 by which the individual shall complete the supervised practice hours as an unpaid/paid physical therapist assistant by March 2011 or, in lieu of completing the required supervised practice hours, the individual shall re-take and pass the NPTE by March 2011. **Action:** Marilyn Mount moved that the Section extend the timeframe to complete the limited licensure requirements for physical therapist assistant reinstatement file # 4205809 by which the individual shall complete the supervised practice hours as an unpaid/paid physical therapist assistant by March 2011 or, in lieu of completing the required supervised practice hours, the individual shall re-take and pass the NPTE by March 2011. Karen Holtgreffe seconded the motion. The motion carried.

### Case Review Liaison Report

Thomas Caldwell reported that the Enforcement Division closed seventeen and opened three new cases since the July 15, 2010 meeting. There are fifteen cases currently open. There are thirteen disciplinary consent agreements, one adjudication order, and two non-disciplinary agreements being monitored.

Thomas Caldwell informed the Section that Cynthia Ellis complied with all terms and conditions and was released from her disciplinary consent agreement.

### Enforcement Actions

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-FY10-038 in lieu of going to a hearing. **Action:** Sam Coppoletti moved that the consent agreement for case PT-FY10-038 be accepted in lieu of going to a hearing. Marilyn Mount seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Ann Robillard, PT.

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-FY11-002 in lieu of going to a hearing. **Action:** Sam Coppoletti moved that the consent agreement for case PT-FY11-002 be accepted in lieu of going to a hearing. Marilyn Mount seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the consent agreement for Robert Carroll, PT.

Thomas Caldwell recommended that the Section accept the surrender consent agreement for case PT-FY11-005 in lieu of going to a hearing. **Action:** Marilyn Mount moved that the Section accept a surrender consent agreement for case PT-FY11-005 in lieu of going to a hearing. Sam Coppoletti seconded the motion. Thomas Caldwell and James Lee abstained from voting. The motion carried. The Section accepted the surrender consent agreement for Gerald Mitchell, PT, in which Mr. Mitchell agrees to voluntarily surrender his license for non-compliance with the 2010 continuing education requirement and the Section hereby simultaneously revokes his physical therapist license

### Correspondence

1. **Stella Barrett:** Ms. Barrett asked the Section for clarification on the documentation requirements for discharging a client in an acute care setting. **Reply:** Rule 4755-27-03(C) of the Ohio Administrative Code states, in part, that the physical therapist shall perform personally the following activities, which may not be delegated, regardless of the setting in which the service is given: Interpretation of referrals; Initial patient evaluation; Initial and ongoing treatment planning; Periodic re-evaluation of the patient; Adjustment of the treatment plan; Identifying channels of communication; Assessing the competence of physical therapist assistants or other licensed personnel; and Discharge evaluations and follow-up plans of care. Following the initial patient evaluation, the acute care physical therapist generally makes a recommendation on where the patient should go upon discharge from the hospital. During the course of the patient's hospital stay, the patient's status can change, thus necessitating a change in discharge recommendation. Nothing in the Ohio Physical Therapy Practice Act requires the discharge evaluation and recommendations to specify a particular rehab setting since those settings are a creation of Medicare policies and definitions. The Physical Therapy Section recommends that you work with the discharge coordinators within your facility to develop documentation tools that best communicate each patient's needs and the physical therapy assessment of intensity of physical therapy and level of assistance needed. Questions related to payer policies, however, such as specific requirements for patient discharge disposition do not fall under the jurisdiction of the Ohio Physical Therapy Practice Act. The Physical Therapy Section recommends that you contact the appropriate insurance company or Reimbursement Department of the American Physical Therapy Association for billing regulations. Refer to Medicare rules or other payer policies specifically about skilled requirements for admission.
2. **Melanie Hjort:** Ms. Hjort asked the Section whether swallowing, feeding and administering feeding therapy techniques are within the scope of practice for physical therapy. **Reply:** It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from treating swallowing and feeding disorders. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. Also, in order to provide these specialized services, the physical therapist must have specialized training and demonstrate competence in the evaluation of the patient with swallowing or feeding disorders in order to establish a plan of care. Rule 4755-27-03(C) of the Ohio Administrative Code states, in part, that the physical therapist shall perform

3. **Gerald Eusebio:** Mr. Eusebio asked the Section questions regarding supervision and documentation requirements for a student physical therapist assistant. **Reply:** The Physical Therapy Section commends you for your efforts to comply with Ohio laws and rules regarding the supervision of students. According to rule 4755-27-03 (C)(7) of the Ohio Administrative Code, the supervising physical therapist is responsible for assessing the competence of the physical therapist assistant, other licensed personnel, and unlicensed personnel to perform assigned tasks. Therefore, in addition to the physical therapist assistant providing on-site supervision, the physical therapist, with the assistance of the physical therapist assistant, must assure that the student has demonstrated competence for any patient treatment duties assigned. Since the physical therapist has ultimate responsibility for all care and services delivered as physical therapy, the physical therapist must assure that the treatments are rendered according to safe and ethical standards. All information completed by a student must be co-signed by the clinical instructor. It is the position of the Physical Therapy Section that a physical therapist assistant may supervise a student physical therapist assistant and in that capacity may co-sign the student's notes. Since all physical therapist assistant documentation must be co-signed by the supervising physical therapist, that physical therapist must also cosign the student physical therapist assistant's notes. Students may use the credential "Student PT" or "Student PTA," as well as "SPT" or "SPTA," while completing a required clinical education course in an accredited or candidacy-status entry-level physical therapist or physical therapist assistant education program. The Section recommends that you contact your third party payers regarding their policies related to billing criteria. The therapist must comply with payer policies, such as not billing in a Part-B environment for one-on-one procedures for more than one patient at a time being treated by any one licensed practitioner. The criterion for counting student treatments in MDS minutes is that skilled care is being provided to each patient under line-of-sight supervision by a physical therapist (not by a physical therapist assistant alone), but with changes in reimbursement for concurrent minutes effective October, 2010, the Physical Therapy Section recommends that you consult CMS policies regarding the definition of concurrent minutes when a physical therapist assistant student is treating one patient while the supervising physical therapist treats another patient simultaneously. The Physical Therapy Section also suggests that you contact the ACCE at the student's school for support in defining the student's role in a clinical setting. 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. It is no longer appropriate to use the credentials LPT or LPTA.
4. **Deana Vogel:** Ms. Vogel asked the Section questions regarding whether documenting the start and end time for each treatment session is required under CMS guidelines. **Reply:** Your questions relate to payer policies and not to the Ohio Physical Therapy Practice Act. Please refer to Medicare rules or other payer policies to answer your specific questions.
5. **Norma Kriegel:** Ms. Kriegel asked the Section if it is acceptable practice for a physical therapist to supervise a physical therapist assistant who is not employed by the same agency. **Reply:** It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist employed by one agency from supervising a physical therapist assistant employed by a different agency. The Section suggests that the two agencies may want to have a written agreement that specifies how the differing agency policies and procedures are to be followed. Regardless of employers, the physical therapist must have the authority to direct and correct patient care services provided by a physical therapist assistant. The physical therapist has the ultimate responsibility for the patient care and must assure that the care is provided in accordance with rules 4755-27-01 to 4755-27-05 of the Ohio Administrative Code, that

6. **Hope Boren:** Ms. Boren asked the Section for clarification on why the IEP is not sufficient for the physical therapy plan of care. **Reply:** The Ohio Physical Therapy Practice Act does not vary with practice setting. Rule 4755-27-03(C) of the Ohio Administrative Code identifies writing the plan of care as a responsibility of the physical therapist that cannot be delegated to others. In school-based practice, physical therapy is considered a related service and, as defined in the Individuals with Disabilities Education Improvement Act of 2004, is to assist a child with a disability to benefit from special education. The focus of all related services including physical therapy is to support the child's educational goals. The IEP is an education document and frequently physical therapy services are integrated into an educational goal written in consultation with the teacher and are not stand alone physical therapy goals and objectives. For example, the educational goal may be that the student will move between his/her classroom and the resource room independently or with distant supervision. The short term objectives may include some behavioral objectives as well as an objective that the student will be independent on the stairs. The physical therapy plan of care would then include such specific goals as you listed, to support this increased independence when traveling in the halls and on the stairs depending on the child's needs. Another example of an educational goal would be that the student will demonstrate increased independence in daily routines with a short term objective to go through the lunch line without assistance. Again the physical therapy plan of care would include goals and objectives to support this educational goal. These examples demonstrate that the goals and objectives on the physical therapy plan of care should be quite different from the educational goals they support on the IEP. The physical therapy plan of care is also to include physical therapy interventions to be implemented such as strengthening activities, balance activities or coordination activities. In instances when a physical therapist assistant will be providing services, the plan of care must also indicate the portion of the plan that is to be implemented by the assistant. Plans for follow up activities and training for teachers, education aide/attendant and parents should also be included in the plan of care.
7. **Gary Bordelon:** Mr. Bordelon asked the Section whether there is anything in the physical therapy practice act that would prohibit a physical therapist from ordering imaging studies. **Reply:** Section 4755.40 of the Ohio Revised Code states that "Physical Therapy does not include ... the use of Roentgen rays or radium for diagnostic or therapeutic purposes." This does not preclude a physical therapist from using ultrasound to assess musculoskeletal integrity. The Physical Therapy Section is not currently pursuing legislation to change section 4755.40.
8. **Katie Tyner:** Ms. Tyner asked the Section whether it is acceptable practice for newly graduated licensees to evaluate and treat clients based on a screen in a SNF without a physician's order. **Reply:** The Ohio Physical Therapy Practice Act does not vary with practice setting. There is nothing in the Ohio Physical Therapy Practice Act that limits practice under direct access for new or recent graduates who are licensed in the state of Ohio. In accordance with section 4755.48(G)(1) of the Ohio Revised Code a licensed physical therapist who holds a masters or doctorate degree from a professional physical therapy program that is accredited by the national physical therapy accreditation agency recognized by the United States department of education may provide physical therapy services in accordance with direct access rules. The stipulation in the direct access law requiring two years of practical experience as a physical therapist referred to therapists who did not have masters or doctorate degree as of December 31, 2004. Since you didn't specify whether you're describing Part A or Part B Medicare episodes in the SNF, the Physical Therapy Section recommends that you consult Ohio licensure rules for nursing homes, as well as Medicare policies, regarding direct access and reimbursement.
9. **Donald Williamson:** Mr. Williamson asked the Section whether a physician's signature is required prior to treating clients in a SNF setting and asked whether these services are billable. **Reply:** The Ohio Physical Therapy Practice Act does not vary with practice setting. In accordance with section 4755.481 of the Ohio Revised Code a physical therapist may evaluate and treat without the prescription of, or the referral of a patient by a person who is licensed in this or another state to practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery, or to practice nursing as a certified nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. Within five business days following the evaluation, the physical therapist shall, upon consent of the patient, inform the patient's physician, chiropractor, dentist, podiatrist, certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner of the evaluation. Your question

10. **Brandi Mann:** Ms. Mann asked the Section if physical therapists can specialize in orthotics and/or prosthetics. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that addresses a specialist credential as you describe or any other specialist credential. There are however specific guidelines under Section 4755.481(A)(3) of the Ohio Revised Codes that states if the physical therapist determines that orthotic devices are necessary to treat the patient, the physical therapist shall be limited to the application of the following orthotic devices: (a) Upper extremity adaptive equipment used to facilitate the activities of daily living; (b) Finger splints; (c) Wrist splints; (d) Prefabricated elastic or fabric abdominal supports with or without metal or plastic reinforcing stays and other prefabricated soft goods requiring minimal fitting; (e) Nontherapeutic accommodative inlays; (f) Shoes that are not manufactured or modified for a particular individual; (g) Prefabricated foot care products; (h) Custom foot orthotics; (i) Durable medical equipment. If you would like to pursue credentials as an orthotist, or prosthetist, the Physical Therapy Section recommends that you contact the Ohio State Board of Orthotics, Prosthetics, and Pedorthics to determine what their requirements are for licensure.
11. **Susan Tobin:** Ms. Tobin asked the Section if physical therapist assistants can perform wound treatments including application of e-stim, electromagnetic therapy, dressings and debridement. **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 providing the physical therapist has been trained 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 been trained in wound care and demonstrated competency in these procedures. While the Physical Therapy Section understands the position of the American Physical Therapy Association related to providers of sharp debridement, that position has not been codified into the scope of practice in the Ohio Physical Therapy Practice Act.
12. **Tricia Humble:** Ms. Humble asked the Section questions regarding how physical therapist assistants can document the "A" in a SOAP note if the physical therapist assistant is not allowed to assess the client and regarding information on physical therapy refresher courses. **Reply:** It is the position of the Physical Therapy Section that a physical therapist assistant may document in any section of a SOAP note. 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 may document this in the assessment portion of the daily or progress note in the medical record. However, only the physical therapist may interpret progress or lack thereof to make appropriate revisions in the plan of care. In reference to your question about refresher courses, the Physical Therapy Section recommends that you contact the Ohio Physical Therapy Association for possible continuing education courses. You might also explore the website of the American Physical Therapy Association for professional education resources, such as *Defensible Documentation*. You may also wish to conduct an online search for physical therapist assistant refresher courses. Frequently asked questions are posted on our website at: <http://otptat.ohio.gov>. To get answers to frequently asked questions check our web site. Responses to correspondence will also be included in meeting minutes on the website beginning with the September, 2010, minutes.
13. **Melissa Tally:** Ms. Tally asked the Section questions regarding how to obtain information on whether nationally recognized specialty conferences are given in Ohio and asked how insurance companies look at evaluations for outpatient physical therapy and specialty evaluations by a physical therapist. **Reply:** In accordance with section 4755.52(C) of the Ohio Revised Code, the Physical Therapy Section contracts with the Ohio Physical Therapy Association (OPTA) to approve courses for physical therapy continuing education. Please contact the OPTA website at <http://www.ohiopt.org> to view CE policies and procedures, to download an application for physical therapy course approval, or to search for a list of approved courses. Your second question relates to payer policies and not to the Ohio Physical Therapy Practice Act. 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.

14. **Stacy Campbell:** Ms. Campbell asked the Section whether continuing education credit can be earned for mentoring physical therapy students and how to determine when a physical therapist evaluation/billing stops and treatment/billing begins. **Reply:** While at this time there is no continuing education credit for mentoring students, awarding credit for credentialed clinical instructors supervising a student and for mentors within APTA-accredited fellowships and residencies is under consideration. The Physical Therapy Section welcomes suggestions as it considers the future direction of assuring continued clinical competence in Ohio. Your second question about when the evaluation stops and treatment begins relates to payer policies not to the Ohio Physical Therapy Practice Act.
15. **Heidi Knellinger:** Ms. Knellinger asked the Section clarification on the physical therapist assistant's role in documentation and the patient's last visit and if the Board plans to go to a totally paperless system. **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. The physical therapist assistants may gather and summarize objective information for discharge; however, they may not interpret this data. 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 provide care per that discharge assessment and plan and may document objective information about that care, but the physical therapist must then complete the final discharge summary. It is the position of the Physical Therapy Section that 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 written by the physical therapist assistant for patient status. The ultimate responsibility for care of the patient lies with the evaluating physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate standard of care. Likewise, the physical therapist assistant has a legal obligation, in the overall care of the patient, to make sure the review and assessment is performed by the physical therapist to meet the same standard of care. The Physical Therapy Section has made great strides toward going paperless. Notifications, newsletters, and reminders are sent electronically when emails addresses are available. Renewal of licenses may now be completed online and wallet cards are no longer being sent to therapists or therapist assistants.
16. **Bethany Taylor:** Ms. Taylor asked the Section if physical therapist assistants can complete objective portions of the discharge summary. **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. The physical therapist assistants may gather and summarize objective information for discharge, however, they may not interpret this data. 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 provide care per that discharge assessment and plan and may document objective information about that care, but the physical therapist must then complete the final discharge summary. It is the position of the Physical Therapy Section that 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 written by the physical therapist assistant for patient status. The ultimate responsibility for care of the patient lies with the evaluating physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a reassessment, and may not fulfill the physical therapist's obligation to provide the appropriate standard of care. Likewise, the physical therapist assistant has a legal obligation, in the overall care of the patient, to make sure the review and assessment is performed by the physical therapist to meet the same standard of care. Regarding your question on transfer of care, each physical therapy practice should determine a system that will allow for this transfer of care in situations where a physical therapist is terminating the patient/therapist relationship. That transfer of care must be documented in the patient's medical record by identifying the new physical therapist by name or transferring to the physical therapist supervisor for reassignment. The physical therapist that has accepted the transfer of care is then responsible to supervise all aspects of the physical therapy program that are

17. **Sara White:** Ms. White asked the Section questions regarding direct access and the physical therapy code of ethics. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act that limits practice under direct access for new or recent graduates who are licensed in the state of Ohio. In accordance with section 4755.48(G)(1) of the Ohio Revised Code a licensed physical therapist who holds a masters or doctorate degree from a professional physical therapy program that is accredited by the national physical therapy accreditation agency recognized by the United States Department of Education may provide physical therapy services in accordance with direct access rules. The stipulation in the direct access law requiring two years of practical experience as a physical therapist referred to therapists who did not have masters or doctorate degree as of December 31, 2004. The current Physical Therapy Code of Ethics does not prohibit a physical therapist from participating in a corporation that provides a combination of professional services. Therefore, section 4755.471(B) of the Ohio Revised Code is no longer applicable.
18. **Wallace Linville:** Mr. Linville asked the Section for clarification on who or what entity is allowed to authorize destruction of documentation as stated in rule 4755-27-05(B)(9). **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.
19. **Eileen Butler:** Ms. Butler asked the Section if physical therapists are required to see a child/student prior to revising/re-writing goals. **Reply:** The Code of Ethical Conduct, as established in rule 4755-27-05 (A)(2) of the Administrative Code, states in part that regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments. The Code of Ethical Conduct also states, in rule 4755-27-05 (B)(5) of the Administrative Code, that a physical therapist shall adhere to the minimal standards of acceptable prevailing practice, regardless of practice setting. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes but is not limited to: (a) Failing to assess and evaluate a patient's status. It is therefore the position of the Physical Therapy Section that assessment of the child's current status prior to revising IEP goals and objectives is required to meet the minimal standards of care. Your professional judgment, based in part on the severity of the child's disability, must determine the scope of the assessment that is necessary. This could be limited to a record review and observation or a more in depth assessment as you determine necessary to revise the goals and objectives.
20. **Don Mason:** Mr. Mason asked the Section if physical therapist assistants can administer and bill for the amputee mobility predictor under the direction of a physical therapist. **Reply:** Once a physical therapist has conducted the initial Amputee Mobility Predictor, a physical therapist assistant may utilize the tool to record observable performance and to document patient progress within the plan of care. However, any interpretation of the results of the test must be performed by the physical therapist. In a physical therapy setting a physical therapist assistant can only be supervised by a physical therapist. Please refer to your payer for information on billing.
21. **Joanne Brown:** Ms. Brown asked the Section what the criteria are for becoming an approved agency to review courses for the Board. **Reply:** Currently the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board contracts with the Ohio Physical Therapy Association (OPTA) to have courses approved for continuing education credit. The Section has worked

**OT/PT Joint Correspondence**

**JB1. Jim Reulbach:** Mr.Reulbach asked the Sections whether the occupational and physical therapy termination notification letters, as shown by the attached forms, are required by the occupational and physical therapist practice acts to address issues related to abandonment. **Reply:** As described in section 4755.47(B)(5)(h) of the Ohio Revised Code, abandonment is the inappropriate termination of a physical therapist/patient relationship by the physical therapist and is generally alleged when the relationship is severed without reasonable notice at a time when the patient continues to require care. It is the position of the Physical Therapy Section that physical therapists have a legal and ethical obligation to make every effort to follow through with the plan of care established for the patients or to refer physical therapy patients elsewhere when he/she can no longer continue to treat a patient whom he/she evaluated and/or has an ongoing plan of care. The issue of abandonment often arises when a facility replaces a physical therapist or when a physical therapist moves, is transferred, or sells his/her practice. The physical therapist has a responsibility to refer physical therapy patients elsewhere when he/she can no longer continue to treat a patient whom he/she evaluated and/or for whom he/she set up a plan of care. A physical therapist should make every attempt to transfer his/her patients to eligible providers. It is the position of the Occupational Therapy Section, that abandonment is the inappropriate termination of an occupational therapist/patient relationship by the occupational therapist. Abandonment generally is alleged when the relationship is severed by the therapist without reasonable notice at a time when there is still the necessity of continuing care. A facility or company refusing to fill a vacant occupational therapy position does not constitute abandonment on the part of the occupational therapist. It is the position of the Occupational Therapy Section that occupational therapists have a legal and ethical obligation to ensure follow through with the plan of care established for any given patient. According to rule 4755-7-08 (A) of the Ohio Administrative Code: “The standard of ethical conduct in the practice of occupational therapy will be as follows: (1) Occupational therapy practitioner shall demonstrate a concern for the well-being of the recipients of their services. (c) Occupational therapy practitioners shall make every effort to advocate for recipients to obtain needed services through available means.” Furthermore, section 4755.11 (A) of the Ohio Revised Code states, “In accordance with Chapter 119. of the Revised Code, the occupational therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board may suspend, revoke, or refuse to issue or renew an occupational therapist or occupational therapy assistant license, or reprimand or place a license holder on probation, for any of the following: (5) Negligence or gross misconduct in the pursuit of the profession of occupational therapy.” There is nothing in the Ohio Occupational or Physical Therapy Practice Acts that stipulates how the notification is to be made. It appears that the notification you describe satisfies the responsibility of the occupational and physical therapist as set forth in the Ohio Revised Code. The Occupational and Physical Therapy Sections recommend that notification be completed within the guidelines of the agency responsible for providing the services. The Sections also recommend that you obtain legal advice about the consequences of notifying agency clients without allowing the agency to make their own notification prior to termination of services. While it appears that the notifications you describe satisfy the responsibility of the occupational and physical therapists as set forth in the Ohio Revised Code, the Occupational and Physical Therapy Sections advise that it will be in the clients’ best interest to coordinate these notifications with the Stark County Board of Developmental Disabilities.

**JB2. Diana Lashley:** Ms. Lashley asked the Sections for clarification on the occupational and physical therapists’ responsibility to their clients during the described policy change in services and asked for input on the county board’s notification plan for implementing the new procedures. **Reply:** As described in section 4755.47(B)(5)(h) of the Ohio Revised Code, abandonment is the inappropriate termination of a physical therapist/patient relationship by the physical therapist. Abandonment is generally alleged when the relationship is severed without reasonable notice at a time when the patient continues to require care. It is the position of the Physical Therapy Section that physical therapists have a legal and ethical obligation to make every effort to follow through with the plan of care established for the patients or to refer physical therapy patients elsewhere when he/she can no longer continue to treat a patient whom he/she evaluated and/or has an ongoing plan of care. The issue of abandonment often arises when a facility replaces a physical therapist or when a physical therapist moves, is transferred, or sells his/her practice. The physical therapist has a responsibility to refer physical therapy patients elsewhere when he/she can no longer

**JB3. Brenda George and Adrienne Nagy:** Ms. George and Ms. Nagy separately asked the Sections if occupational and physical therapists are required to have a written evaluation and plan of care under early intervention services provided in natural environments by transdisciplinary teams. **Reply:** The practice of physical therapy is not affected by the setting in which the physical therapist provides services. The physical therapist, in all cases, must conduct the initial patient evaluation and develop the physical therapy plan of care regardless of the manner in which services will be provided. The practice of physical therapy is not affected by the setting in which the physical therapist provides services. The physical therapist, in all cases, must conduct the initial patient evaluation and develop the physical therapy plan of care regardless of the manner in which services will be provided.: preparation of referrals; Initial patient evaluation; Initial and ongoing treatment planning; Periodic re-evaluation of the patient; Adjustment of the treatment plan; Identifying channels of communication; Assessing the competence of physical therapist assistants or other licensed personnel; and Discharge evaluations and follow-up plans of care. The physical therapist shall select the appropriate portions of the program to be delegated and provide instruction in the delegated functions to the Primary Service Provider or Adult Coach. Such direction shall include precautions, special problems, contraindications, goals and anticipated progress, plans for re-evaluation, and actual re-evaluation of the patient and adjustment of the treatment plan. Only services provided by a physical therapists or physical therapist assistant may be called physical therapy. Activities implemented by other members of the transdisciplinary team may not be called physical therapy. The physical therapy plan of care may be solely to establish and educate others in a maintenance or home program to be provided by non-physical therapy providers. If the physical therapist determines that services require the skills of a physical therapist or physical therapist assistant, then those interventions cannot be delegated to other providers. There is nothing in the Physical Therapy Practice Act that would prohibit a physical therapist or physical therapist assistant from providing an integrated service plan that includes interventions established by other professionals such as early intervention specialists, occupational therapists or speech language pathologists as long as those portions of the services are not represented as such. The physical therapist and/or physical therapist assistant must use their professional judgment to determine when training is not adequate for them to provide requested interventions. It is the opinion of the Occupational Therapy Section that collaborative teamwork, including multidisciplinary, interdisciplinary, and transdisciplinary approaches are appropriate forms of service delivery. Please refer to the *AOTA Practice Advisory on Occupational Therapy in Early Intervention* at <http://www.aota.org> for discussion of this topic. As in any work setting, an occupational therapist working in Early Intervention would be required to assume the

- JB4.** **Karen Felty:** Ms. Felty asked if a physical therapist assistant can do a home visit with an occupational therapist. **Reply:** Since a physical therapist assistant cannot be supervised by an occupational therapist, the presence of an occupational therapist in the home has no bearing on the role of the physical therapist assistant. It is the position of the Physical Therapy Section that a physical therapist assistant may go into the patient's home, without the patient, to perform an environmental survey (i.e. architectural barriers, floor plan of home, etc.). If the patient is transitioning into his/her home environment and his/her function in the home is being observed and assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may not initiate physical therapy in the home without a physical therapist having evaluated the patient's function in the home. Therefore, in the situation you described, the physical therapist assistant may accompany the occupational therapist and patient to collect environmental information for use by the supervising physical therapist but may not treat the patient since that would involve evaluating the patient's ability to function in the home. In addition, the presence of a physical therapist assistant in the home has no bearing on the role of the occupational therapist. Also, the Sections recommend that you communicate with the third party payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.
- JB5.** **Sarah Schuck:** Ms. Schuck asked whether occupational therapy practitioners can perform wound care and asked if a physical therapist can train an occupational therapy assistant in mist therapy and other wound care treatments. **Reply:** In accordance with section 4755.04(A) of the Ohio Revised Code and rule 4755-7-08 of the Ohio Administrative Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may perform wound care, dressing treatment, and/or suture removal provided the occupational therapy practitioner demonstrates and documents the appropriate knowledge, skills and ability in the treatment(s) being performed and is practicing within the occupational therapy scope of practice. There is nothing in the Ohio Physical Therapy Practice Act that prohibits a physical therapist from training other personnel in wound care or other skills. However, those personnel not licensed as physical therapists or physical therapist assistants cannot provide services under a physical therapy plan of care. The Sections recommend that you contact your third party payers as they may have policies that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts.
- JB6.** **Barrie Galvin:** Ms. Galvin asked the Sections questions regarding the appropriate use of treatment codes and diagnosis codes for occupational and physical therapy reimbursement. **Reply:** It is the position of the Physical Therapy Section that any service should be billed under the most descriptive intervention and diagnostic codes available. However, there is nothing in the Ohio Physical Therapy Practice Act that prohibits an insurance company from selecting specific codes for reimbursement to a particular provider. Also, if an insurance company assigns particular codes to therapy services, the clinician is advised to follow those instructions for that payer. While the physical therapist's scope of practice in Ohio does not include the diagnosis of medical conditions, the physical therapy evaluation should identify impairments

- JB7. Darcy Gronberg:** Ms. Gronberg asked the Section for clarification on the signature designation for occupational and physical therapist practitioners. **Reply:** It is the position of the Ohio Occupational Therapy Section that licensure designation be documented at a minimum by the appropriate regulatory credential. The therapist's signature sequence should be the therapist's name, followed by the regulatory professional credential that allows the therapist to practice occupational therapy. For example: Jane Doe, OT/L. The Ohio Occupational Therapy Practice Act is silent on the education credential and the order in which it is placed. There is nothing in the Ohio Physical Therapy Practice Act that requires inclusion of the license number with the signature. 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. Therefore, "L" should not be used in front of "PT" or "PTA" since no one may use the "PT" or "PTA" credential in Ohio without a valid license.
- JB8. Julie McKinney:** Ms. McKinney asked the Sections for clarification on the occupational and physical therapist to student ratios for preschool and school-age children. **Reply:** The Ohio Physical Therapy Practice Act is silent on the ratio of physical therapist to patients/students and does not regulate caseload levels. However, the Section requires the physical therapist to ensure appropriate patient management based on the unique needs of the clients, taking into account the complexity of the population being served. The ultimate responsibility for care of the patient lies with the evaluating physical therapist regardless of whether the therapist or physical therapist assistants provide follow-up treatment. In any given period of time, a physical therapist must not provide or supervise care for a higher number of patients than that for which skilled care by licensed practitioners can be delivered. The Physical Therapy Section suggests that you reference the Ohio Department of Education Operating Standards Rule 3301-51-09(I) which provides guidelines for the determination of the appropriate caseload for physical therapists and occupational therapists. This rule states that in order to establish the appropriate caseload a variety of factors must be taken into account including severity of each child's needs, all areas of service including screening, assessments/evaluations, consultation, intervention design, coordination of program, staff development and travel time. Rule and 3301-51-09(I)(3)(e) states that a physical therapist shall provide services to no more than 50 school age children or 40 preschool age children. The Operating Standards can be found on the Ohio Department Education website: [www.ode.state.oh.us](http://www.ode.state.oh.us). While a school district or other educational facility may establish work expectations including productivity standards, the physical therapy practitioner must ensure that all students' needs are met. If productivity expectations of school district are such that a physical therapist is unable to meet the above standards, it is the responsibility of the physical therapist to challenge those expectations. The code of ethical conduct for physical therapy practitioners established in rule 4755-27-05 of the Ohio Administrative Code states that "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 place the licensee in a position of compromise with this code of ethical conduct." The rule further requires that "Regardless of practice setting, the physical therapist shall maintain the ability to make independent judgments." As you note in your letter, the Department of Education's operating standards state than an occupational therapist cannot provide direct services to more than 50 school aged children. In addition, the Ohio Occupational Therapy Practice Act outlines the number of occupational therapy assistants that an occupational therapist may supervise. However, the maximum occupational therapist to occupational therapy assistant ratio may not be acceptable in the school setting.

To address the concerns about the appropriate role and use of occupational therapy assistants, the Occupational Therapy (and Physical Therapy) Section developed a *Comparison of Responsibilities of Occupational Therapy Practitioners in School Based Practice* document, which is available on the Board's website. The following paragraphs are taken from that document. The supervising occupational therapist has ultimate responsibility for all students served by the occupational therapy assistant. The frequency and nature of the occupational therapist's treatment or direct, onsite supervision/observation of students delegated to occupational therapy assistants is individualized and determined by such factors as the needs and clinical complexity of the student, the experience of the occupational therapy assistant, and whether continual reassessment of the student's status is needed during intervention. The occupational therapist must provide supervision at least once per week for all occupational therapy assistants who are in their first year of practice. Occupational therapy assistants beyond their first year of practice must be supervised at least once per month. Evidence must be established that the supervision took place. The supervising occupational therapist need not be on-site, but must be available for consultation with the occupational therapy assistant at all times. Supervision is an interactive process; simply co-signing documentation does not meet the minimal level of supervision. Supervision must include a review of student assessment, reassessment, intervention plan, interventions, and discontinuation of the intervention. The Ohio Occupational Therapy Practice Act does not specifically regulate caseload levels. However, occupational therapists are required to ensure that they accept no more students than they can provide appropriate management for, based on the unique needs of the students, taking into account the complexity of the population being served. The ultimate responsibility for care of the student lies with the supervising occupational therapist, regardless of whether the occupational therapist or occupational therapy assistant provides follow-up treatment. In any given period of time, an occupational therapist must not provide or supervise care for a higher number of students than that for which skilled care by licensed practitioners can be delivered. The occupational therapist must assure that treatments are provided according to safe and ethical standards.

**JB9. Jacqueline Burns:** Ms. Burns asked the Sections whether there is anything in the Ohio Occupational and Physical Therapy Practice Acts that would prohibit occupational and physical therapy practitioners from supervising or reporting to family members. **Reply:** There is nothing in the laws and rules governing the practice of physical therapy that prohibits family members from working together. However, section 4755-27-05(A)(2) of the Ohio Administrative Code, the Code of ethical conduct for physical therapists and physical therapist assistants, does require that a licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of physical therapy practice. A licensee shall strive to effect changes that benefit the patient. Pursuant to rule 4755-7-08 (A)(6)(c) of the Ohio Administrative Code, occupational therapy practitioners shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship. However, please refer to facility and/or third-party payer policies regarding family members supervising other family members.

### **Old Business**

#### PT Section Educational Role - PT Caseloads

The Section discussed featuring a discussion regarding caseloads in various specific practice settings as a rolling topic/discussion for future newsletters. Marilyn Mount will revise the document based on the editorial comments from the Section members. The Section will review the revised document at the November Section meeting.

#### Newsletter Update

The Section's goal is to publish two newsletters a year. Mary Kay Eastman will make revisions to the topic titled "IEP is not the plan of care". Marilyn Mount will work on revision for the article regarding caseloads for review at the November 2010 Section meeting.

### **New Business**

#### Proposal for CE Credit for APTA Credentialed Clinical Instructors

There is nothing in the current Ohio Physical Therapy Practice Act that allows continuing education for clinical instructors. Joshua Rudinsky presented his proposal to the Section to consider granting continuing education credit to APTA Credentialed Clinical Instructors. Mr. Rudinsky formula suggested that the Section offer one credit of continuing education for every two weeks of rotation clinical instructor's supervision. In addition to earning a

continuing education credit, this would be an incentive for clinicians to take on more students. Mr. Rudinsky consulted with OPTA CE Committee informally and requested recommendations on restructuring his proposal to the Section. Lynn Colby, OPTA CE Committee member, informed the Section that the committee reviewed the rules in Kentucky, California, and Wisconsin, since those states currently offer credit for clinical instructors. The Section thanked Mr. Rudinsky and the OPTA CE Committee for working on putting together the information for the Section's consideration.

The Section will consider offering a maximum of twelve hours of continuing education for physical therapist clinical instructors and a maximum of six hours of credit for physical therapist assistant clinical instructors. The Section will draft proposed language to allow APTA Credentialed Clinical Instructors to earn continuing education credit for serving in this role. The Section will review the draft proposal at the November Section meeting.

#### 2011 Meeting Calendar Review

The Section reviewed the proposed meeting dates and made no changes. Kimberly Payne informed the Section that she would not be able to attend the July 2011 Section meeting.

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

- Katie Rogers reported that the OPTA conference will be held on October 15-16, 2010.
- Katie Rogers will give a presentation on health care reform in each district starting next week.
- OPTA Public Relations Committee placed advertisements in the Ohio Magazine and on the radio in efforts to promote physical therapy.
- OPTA is actively planning the next Advocacy Day, which will be held in May 2011.
- OPTA and Thomas Caldwell are working on educating the Ohio High Schools Athletic Association (OHSAA) on expanding their definition on "qualified" health care professionals managing concussions and return to play decisions for athletes. OHSAA excluded physical therapist from their definition. However, physical therapists trained in concussion management are qualified health care professionals to make return to play decisions.

Marilyn Mount and Karen Holtgreffe will host the booth at the upcoming OPTA Annual Conference in October.

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

The Section discussed the FSBPT motions and delegates for the upcoming meeting in October 2010.

The Section reviewed the correspondence related to the suspension of testing on the National Physical Therapy Examination for graduates from Egypt, India, Pakistan, and the Philippines. The Section continues to support FSBPT position for temporarily suspending access to the examination to graduates from the restricted countries.

James Lee informed the Section that he attended the FSBPT Jurisdiction Board Member training. Dr. Lee reported that the training covered the FSBPT organizational structure, introduction to regulatory law and terminology, and possible conflicts of interest. Dr. Lee further reported that the group discussions included various topics such as jurisdiction matters, limiting maximum attempt to take NPTE, directly reporting disciplinary actions to FSBPT, examination security. Dr. Lee's formal report is attached to the minutes for reference.

#### Items for Next Meeting

- Newsletter Update
- Retreat Planning
- Executive Director's Evaluation
- Proposed Rules for mentoring and clinical instructors

#### Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, November 4, 2010.

#### Adjournment

Thomas Caldwell moved that the meeting be adjourned. James Lee seconded the motion. Mary Kay Eastman was absent for the vote. The motion carried. The meeting adjourned at 4:31 p.m.

Respectfully submitted,  
*Diane Moore*

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Raymond Bilecky, PT, Chair  
Ohio Occupational Therapy, Physical Therapy,  
and Athletic Trainers Board, PT Section

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Marilyn Mount, 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

MM:jmr:dm