



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Physical Therapy Section
May 24, 2012
10:00 a.m.

Members Present

Raymond Bilecky
Lynn Busdeker
Thomas Caldwell, Chair (left @11:23am, returned @ 1:45 pm)
Sam Coppoletti, Secretary
Mary Kay Eastman
Ronald Kleinman
James Lee

Members Absent

Karen Holtgreffe

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

Adam Miller, OPTA
Carolyn Towner, OPTA
Alyssa Meyer
Alyssa Taylor
Amanda Gallow
Barry Burton
Becca Brinker
Cara Whalen
Catie Broecker
Christina Durrrough
Christopher Cervenka
Douglas Ebner

Elizabeth Thornton
Emily Offenberger
Emily Smith
Eric Schaffner
Gina Salerno
Jake Fanning
Jenny Kohr
Josh Tann
Kaitlin Woods
Kara Armstrong
Katie Barnes
Kelly Wheeler
Kevin Brown
Lisa Bresson
Lisa Trabold
Lynn Krimmer
Marcus Williams
Margaret Calloway
Megan Boettcher
Megan Kaptein
Megan Vandrak
Meghan McCausland
Nichole Miller
Nick Smith
Sara Jones
Sarah Babcock
Sarah Hendershot
Scott Marguglio
Scott Sheaffer
Shannon Zak
Stephanie Schwartz
Will Zihlman

Call to Order

The meeting was called to order by the Chair, Thomas Caldwell, at 10:08 a.m.

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

Approval of Minutes

Action: Raymond Bilecky moved that the minutes from the March 8, 2012, meeting be approved as submitted. Mary Kay Eastman seconded the motion. The motion carried.

Action: Mary Kay Eastman moved that the retreat minutes from the April 11, 2012, meeting be approved as submitted. Ronald Kleinman seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director informed that Section that draft of Joint Board bill was sent out for comments to the Board members and the three professional associations.
- The Executive Director informed the Section that the Board staff is steadily processing physical therapy examination applications.
- The Executive Director introduced the Board's new investigator assistant, Adam Pennell.

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

Administrative Reports

Licensure Applications

Action: James Lee 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 March 8, 2012 through, May 24, 2012, taking into account those individuals subject to discipline, surrender, or non-renewal. Mr. Lee 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. Ronald Kleinman seconded the motion. The motion carried.

Physical Therapist – Examination

Abel, Katherine	Adams, Samantha	Albers, Kelly
Asp, Sean	Bailey, David	Baker, Tricia
Barber, Allison	Blankenship, Marvin	Brailer, Laura
Brockmann, Katie	Bruhl, Alisha	Buchanan, Alice
Buschur, Eric	Collins, Jenna	Crone, Megan
Crosby, Shacorrah	Dallas, Tiffany	Dolcich, Christina
Domsitz, Allison	Early, Samantha	Emery, Karla
Faulkner, Kelsey	Fein, Carolyn	Fennig, Nichole
Flanagan, Krista	Freeman, Joi	Garba, Bruce
Garrity, Christina	Gawel, Justina	Gay, Steven
Gerwin, Sarah	Godlove, Tiffany	Goergy, Monica
Gorey, Kara	Green, Rachael	Grimm, Alexander
Groman, Katharine	Haines, Sara	Hamm, Melissa
Hardwick, David	Haws, Amanda	Hazners, Sandra
Hertzler, James	Hess, Nicholas	Hlopak, Amy
Holder, Hannah	Holzappel, Joel	Hutchison, Anthony
Huynh, Lan	Iceman, Jacalyn	Ithurburn, Matthew
Jamili, Ashkan	Jordan, Kathryn	Kalbus, Elizabeth
Kaminski, Christina	Korfel, Ashley	Koroscil, Kristen
Kotera, Alexander	Koy, Joshua	Krechting, Jennifer
Kulatilake, Theshara	Kusmier, Carleen	Laing, Britt
Leahy, Taryn	Lebryk, Jennifer	Lies, Kristen
Liles, Jennifer	Lorenzo, Bret	Maki, Emily
McClanahan, Thomas	McElfresh, Sean	McGinty, Patrick
Misiak, Aaron	Mokedanz, Alycia	Muehlenkamp, Polly
O'Connor, Shannon	Oen, Drew	O'Neill, Thomas
Padgett, Nicholas	Parrott, Joshua	Plummer, Mary Claire
Polen, Rachael	Potts, Lauren	Racicki, Stephanie
Rapacz, Marianne	Renwand, Bryon	Rice, Wade
Roskovensky, Gregory	Ryan, Danielle	Savaet, Lindsay
Savaet, Lindsay	Schauer, Jenna	Schumacher, Anthony
Schwarz, Leslie	Senn, Brittany	Stier, Amanda
Stimmell, Tonya	Strayer, Stacey	Stucky, Amanda
Supler, Ryan	Swantek, Kenneth	Szakats, Meghan
Tamas, Ashley	Trojan, Alison	Turner, Erin
Uniacke, Erin	Urey, Jessica	Vanderhoff, Brooke

Vengrow, Danika
Weber, Brittany
Westerheide, Katherine
White, Brian
Wilms, Angela
Yanek, Daniel

Vizmeg, Jessika
Wellman, Craig
Westerheide, Katherine
Wilhelm, Mark
Wittibschlager, Elizabeth
Yost, Jennifer

Vorst, Lindsey
Werner, David
Wharton, Katherine
Will, Kara
Wright, Jennifer
Zenz, Gretchen

Physical Therapist Assistant – Examination

Aldrich, Brianne
Bailey, Valerie
Brown, David
Casselberry, Connie
Courtright, Elizabeth
Everman, Kelly
Fulton, Brian
Harris, Terry
Higgins, Holly
Hiteshew, Amy
Jackson, Joshua
Keaton, Karen
Kudlo, Danae
Lindner, Allison
Mason, Renee
McManaway, Angela
Otey, Barbara
Ricciardi, Nathan
Sayger, Jessica
Searight, Delores
St. Clair, Danielle
Suwinski, Brittany
Watson, Kevin

Applegate, Lawrence
Blevings, Kyle
Calmes, Matthew
Coblentz, Lamar
Davis, Dennis
Ferguson, Lelonna
Gerbick, Brianne
Hayes, Rachel
Hines, David
Hodges, Jimmy
Jennings, Kimberly
Kosta, Emily
Lambert, Dawnita
Lingenfelter, Peter
Matthews, Jessica
Moomaw, Emily
Purcell, Amy
Robinson, Jeffrey
Scala, Joseph
Shepherd, Andrea
Starr, Jenna
Turner, Kevin
Weaver, Erin

Aysh, Aileen
Brazile, Vanessa
Campbell, Jessica
Cortez, Juan
Doyle, Leah
Fox, Mark
Harmon, Kelci
Hickman, Joshua
Hite, Melissa
Huff, April
Johns, Miranda
Kromenacker, Renee
Lewis, Chastity
Los, Alexandra
McMahon, Kathryn
Newman, Kristi
Reynolds, Megan
Sawman, Danny
Schad, Danielle
Smith, Michael
Stewart, Jeffry
Vandyne, Laura
Willoughby, Tera

Action: James Lee 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 March 8, 2012 through, May 24, 2012, taking into account those licenses subject to discipline, surrender, or non-renewal. Sam Coppoletti seconded the motion. The motion carried.

Physical Therapist – Endorsement

Andersen, Eric
Clarke, Stacey
Deis, Meghann
Heilman, D'andra
Lupkey, Danyelle
Mussari, Tammie
Shah, Ravin
Tan, Rodel
Wamsley-Barr, Andrea

Appel, Tetiana
Craft, Tiffany
Dwertman, Michelle
Kagey, Molly
Mathew, Rani
Nota, David
Smith, Alison
Volpenhein, Erica

Calico, Leslie
Davidson, Amanda
Frye, Thomas
Lah, Adam
McNabb, Elizabeth
Reuter, Elise
Spears, Jessica
Wade, Jennifer

Physical Therapist Assistant – Endorsement

Allen, Nicholas
Henderson, Bryan
Scerri, Connie

Blystone, Scott
Nye, Catherine

Fyffe, Ryan
Sams, Cassie

Physical Therapist Reinstatement

Bohenek, Kathryn
Heathcock, Jill
Wendel, Joyce

Gubler, James
Muller, John

Harris, Stacey
Siegel, Margaret

Physical Therapist Assistant Reinstatement

Bobo, Jeffery

Johnson, Tracy

Testing Accommodations Requests

James Lee recommended that the Section grant the testing accommodation of additional time: time and a half, separate testing room, and the use of caffeinated beverages for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5159615 based on the documentation provided. **Action:** Thomas Caldwell moved that the Section grant the testing accommodation of additional time: time and a half, separate testing room, and the use of caffeinated beverages for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5159615 based on the documentation provided. Lynn Busdeker seconded the motion. James Lee and Sam Coppoletti abstained from voting. The motion carried. The Section granted the testing accommodation request for Robert Grobmyer.

James Lee recommended that the Section grant the testing accommodation of additional time: time and a half, for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist examination file #5178681 based on the documentation provided. **Action:** Lynn Busdeker moved that the Section grant the testing accommodation of additional time: time and a half for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist examination file #5178681 based on the documentation provided. Thomas Caldwell seconded the motion. James Lee abstained from voting. The motion carried. The Section granted the testing accommodation request for Nicole Grisak.

James Lee recommended that the Section grant the testing accommodation of additional time: time and a half, reader, and a separate testing room for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5162240 based on the documentation provided. **Action:** Lynn Busdeker moved that the Section grant the testing accommodation of additional time: time and a half, reader, and a separate testing room for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5162240 based on the documentation provided. Thomas Caldwell seconded the motion. James Lee abstained from voting. The motion carried. The Section granted the testing accommodation request for Annette Walker.

James Lee recommended that the Section grant the testing accommodation of additional time: time and a half, for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5182052 based on the documentation provided. **Action:** Thomas Caldwell moved that the Section grant the testing accommodation of additional time: time and a half for the National Physical Therapy Examination and Ohio Jurisprudence Examination for physical therapist assistant examination file #5182052 based on the documentation provided. Raymond Bilecky seconded the motion. James Lee abstained from voting. The motion carried. The Section granted the testing accommodation request for Dan Popa.

Continuing Education Liaison Report

Sam Coppoletti informed the Section that Thomas Birk complied with his continuing education requirements.

Assistant Attorney General's Report

Yvonne Tertel, AAG, had no formal report for the Section.

Case Review Liaison Report

Thomas Caldwell reported that the Enforcement Division closed eight and opened ten new cases since the March 8, 2012 meeting. There are twenty-two cases currently open. There are three disciplinary consent agreements, two adjudication orders, and one non-disciplinary agreement being monitored.

Thomas Caldwell informed the Section that Susan Kester and Rhonda Iams complied with all terms and conditions and were released from their disciplinary consent agreements.

Thomas Caldwell informed the Section that Abelardo Dorantes complied with all terms and conditions and was released from his adjudication order.

Enforcement Actions

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-FY12-005 in lieu of going to a hearing. **Action:** James Lee moved that the consent agreement for case PT- FY12-005 be accepted in lieu of going to a hearing. Mary Kay Eastman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for Thomas Billingsley, PT.

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-FY12-007 in lieu of going to a hearing. **Action:** Sam Coppoletti moved that the consent agreement for case PT- FY12-007 be accepted in lieu of going to a hearing. Ronald Kleinman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for Amy Patton, PTA.

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-FY12-021 in lieu of going to a hearing. **Action:** James Lee moved that the consent agreement for case PT- FY12-021 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for Sarah Rowe, PTA.

Thomas Caldwell recommended that the Section accept the consent agreement for case PT-FY12-023 in lieu of going to a hearing. **Action:** Ronald Kleinman moved that the consent agreement for case PT- FY12-023 be accepted in lieu of going to a hearing. Sam Coppoletti seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The Section accepted the consent agreement for Christopher Litzinger, PT.

Thomas Caldwell recommended that a notice of opportunity for a hearing be issued for case PT-FY12-030 for practicing with an expired license and obtaining a license by fraud or deception, a violation of section 4755.47 (A) of the Revised Code and accompanying Administrative Code rules. **Action:** James Lee moved that a notice of opportunity for a hearing be issued for case PT-FY12-030 for practicing with an expired license and obtaining a license by fraud or deception, a violation of section 4755.47 (A) of the Revised Code and accompanying Administrative Code rules. Lynn Busdeker seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Thomas Caldwell recommended that a notice of opportunity for a hearing be issued for case PT-FY12-020 for having a sexual relationship with a patient under the therapist's care, a violation of section 4755.47 (A) of the Ohio Revised Code and corresponding Administrative Code rules. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY12-020 for having a sexual relationship with a patient under the therapist's care, a violation of section 4755.47 (A) of the Ohio Revised Code and corresponding Administrative Code rules. Mary Kay Eastman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried.

Action: Thomas Caldwell moved to go into private session for quasi-judicial deliberations on enforcement matters. Mary Kay Eastman seconded the motion.

The Executive Director called the roll:

Raymond Bilecky	Yes
Lynn Busdeker	Yes
Thomas Caldwell	Yes
Sam Coppoletti	Yes
Mary Kay Eastman	Yes
Karen Holtgreffe	Absent
Ronald Kleinman	Yes

James Lee Yes

The Section went into private session at 10:35 am and came out at 10:47 am.

Thomas Caldwell recommended that the Section summarily suspend the license of the individual named in the matter of case PT-FY12-034 and issue a notice of summary suspension and notice of opportunity for a hearing. **Action:** James Lee moved to enter an Order of Summary Suspension in the matter of PT-FY12-034 in accordance with section 4755.47 (E) of the Ohio Revised Code, and to issue a notice of summary suspension and notice of opportunity for a hearing. Ronald Kleinman seconded the motion.

The Executive Director called the roll:

Raymond Bilecky	Abstained
Lynn Busdeker	Yes
Thomas Caldwell	Abstained
Sam Coppoletti	Yes
Mary Kay Eastman	Yes
Karen Holtgreffe	Absent
Ronald Kleinman	Yes
James Lee	Yes

The motion carried.

Affidavit Hearing

Good afternoon. My name is Sam Coppoletti, Secretary of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. Let the record show that these proceedings were called to order at 1:30 pm on May 24, 2012, at the Vern Riffe Center, 77 South High Street, Columbus, Ohio, 43215. Members of the Board present for the proceedings are:

The Executive Director called roll:

Raymond Bilecky	Present
Lynn Busdeker	Present
Thomas Caldwell	Absent
Sam Coppoletti	Present
Mary Kay Eastman	Present
Karen Holtgreffe	Absent
Ronald Kleinman	Present
James Lee	Present

It will be noted for the record that a majority of the members of the Board are present. There will be three adjudication proceedings today. The proceedings are in the matters of case number PT-FY12-004, Robert F. McDonough, PTA, PT-FY12-008, Nichole R. Snyder, PTA, and PT-LD-FY12-001, Dennis B. Cooke, PT reinstatement applicant.

These proceedings shall be affidavit-based adjudications relative to Notices of Opportunity for Hearing mailed to the respondents in the aforementioned cases and believed to have been properly serviced according to the Administrative Procedures Act (Chapter 119. of the Ohio Revised Code).

As the respondents did not properly request a hearing in any of the cases, these proceedings will be held before the Board pursuant to *Goldman v. State Medical Board of Ohio*. The individuals named do not have the ability to present written or oral testimony today, but may be present to hear the proceedings and outcome.

You have already received sworn affidavits from the Board's Enforcement Division Supervisor and Investigator, and accompanying exhibits for the Goldman Proceedings are in your board packet. The affidavits contain the

evidence and testimony upon which you will deliberate. Please take a few moments to review the evidence and testimony.

In lieu of a stenographic record being made, let the minutes reflect the original sworn affidavits and exhibits shall be kept as the official record of the proceedings in the aforementioned matters in the Board office.

I will now recognize Assistant Attorney General, Yvonne Tertel, for the purpose of providing brief synopses of the cases.

Ms. Tertel reviewed the cases for the Board.

Having heard Ms. Tertel's synopses, may I now have motion to admit the sworn affidavit and the accompanying exhibits in the aforementioned case into evidence?

Action: Ronald Kleinman moved to accept the facts and exhibits outlined in the affidavit for Robert F. McDonough, case number PT-FY12-004. Lynn Busdeker seconded the motion. Raymond Bilecky abstained from voting. Thomas Caldwell was absent for the vote. The motion carried.

Action: Ronald Kleinman moved to accept the facts and exhibits outlined in the affidavit for Nichole R. Snyder, case number PT-FY12-008. Lynn Busdeker seconded the motion. Raymond Bilecky abstained from voting. Thomas Caldwell was absent for the vote. The motion carried.

Action: Ronald Kleinman moved to accept the facts and exhibits outlined in the affidavit for Dennis B. Cooke, reinstatement file PT-LD-FY12-001. Lynn Busdeker seconded the motion. Raymond Bilecky abstained from voting. Thomas Caldwell was absent for the vote. The motion carried.

There being no further evidence to come before the Board, these proceedings are now closed at 1:39 pm.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceeding by deliberation on the sworn affidavits and exhibits. A written copy of the board's decision will be mailed to each respondent.

At this time, is there a motion to adjourn this meeting in order to go into private session for the purpose of quasi-judicial deliberation on the matters that are required to be kept confidential under division (E)(1) of section 4755.02 of the Revised Code: case numbers PT-FY12-004, Robert F. McDonough, PTA, PT-FY12-008, Nichole R. Snyder, PTA and PT-LD-FY12-001, Dennis B. Cooke, PT reinstatement applicant.

Action: James Lee moved to go into private session for the purpose of quasi-judicial deliberation on the matters. Mary Kay Eastman seconded the motion.

Jeffrey Rosa called roll:

Raymond Bilecky	Yes
Lynn Busdeker	Yes
Thomas Caldwell	Absent
Sam Coppoletti	Yes
Mary Kay Eastman	Yes
Karen Holtgreffe	Absent
Ronald Kleinman	Yes
James Lee	Yes

The Section went into private session at 1:40 pm and came out at 2:26 pm. Raymond Bilecky left the room during private session.

Thomas Caldwell arrived at 1:45pm

In the matter of case number PT-FY12-004, Robert F. McDonough, PTA, after review of the evidence, the Board makes the following findings of fact:

1. Robert F. McDonough, PTA, received the audit notice letter via ordinary mail.
2. Robert F. McDonough, PTA, failed to provide proof of his continuing education activities for the 2011 reporting period.
3. Robert F. McDonough, PTA, received the Notice of Opportunity for Hearing, via ordinary mail with a certificate of mailing.
4. The Notice of Opportunity for Hearing informed Robert F. McDonough, PTA, of the Board's intent to take disciplinary action against his license as a physical therapist assistant in the state of Ohio for violating Revised Code section 4755.47 (A)(22) and Ohio Administrative Code rule 4755-23-08 as incorporated by Revised Code section 4755.47 (A)(6).

In the matter of case number PT-FY12-004, Robert F. McDonough, PTA, after review of the evidence, the Board makes the following conclusions of law:

1. Robert F. McDonough, PTA, was properly served with the Notice of Opportunity for Hearing pursuant to Revised Code section 119.07.
2. Robert F. McDonough, PTA, violated Revised Code section 4755.47 (A)(22) and Ohio Administrative Code rule 4755-23-08 as incorporated by Revised Code section 4755.47 (A)(6).

Action: Ronald Kleinman moved to revoke the license of Robert F. McDonough, PTA, effective on July 20, 2012. Lynn Busdeker seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The license of Robert F. McDonough, PTA is hereby revoked, effective July 20, 2012.

In the matter of case number PT-FY12-008, Nichole R. Snyder, PTA, after review of the evidence, the Board makes the following findings of fact:

1. Nichole R. Snyder, PTA, received the audit notice letter via ordinary mail with a certificate of mailing.
2. Nichole R. Snyder, PTA, failed to respond to the audit notice letter and provide proof of her continuing education activities for the 2011 reporting period.
3. Nichole R. Snyder, PTA, received the Notice of Opportunity for Hearing, via ordinary mail with a certificate of mailing.
4. The Notice of Opportunity for Hearing informed Nichole R. Snyder, PTA, of the Board's intent to take disciplinary action against her license as a physical therapist assistant in the state of Ohio for violating Revised Code section 4755.47 (A)(6) and Ohio Administrative Code rule 4755-23-08 (E)(3).
5. Nichole R. Snyder, PTA, did not request a hearing on the aforementioned charge.

In the matter of case number PT-FY12-008, Nichole R. Snyder, PTA, after review of the evidence, the Board makes the following conclusions of law:

1. Nichole R. Snyder, PTA, was properly served with the Notice of Opportunity for Hearing pursuant to Revised Code section 119.07.
2. Nichole R. Snyder, PTA, violated Ohio Administrative Code rule 4755-23-08 (E)(3) as incorporated by Revised Code section 4755.47 (A)(6).

Action: James Lee moved to revoke the license of Nichole R. Snyder, PTA, effective on July 20, 2012. Mary Kay Eastman seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The license of Nichole R. Snyder, PTA is hereby revoked, effective July 20, 2012.

In the matter of case number PT-LD-FY12-001, Dennis B. Cooke, PT reinstatement applicant, after review of the evidence, the Board makes the following findings of fact:

1. Dennis B. Cooke's license to practice as a physical therapist in the state of Ohio was revoked on April 3, 2003, for falsification of reports, treatments and evaluations, and failure to countersign physical therapist assistant notes.
2. The Board received a reinstatement application from Dennis B. Cooke on July 19, 2011, in which he documented previous disciplinary action by the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board.
3. Dennis B. Cooke was sent a Notice of Opportunity for Hearing via certified mail on December 6, 2011. This mailing was signed for by Dennis B. Cooke on December 16, 2011. Dennis B. Cooke was

- required to request a hearing within 30 days of the mailing date of the Notice of Opportunity for Hearing.
4. The Notice of Opportunity for Hearing informed Dennis B. Cooke of the Board's intent to propose to deny his application to have his license to practice as a physical therapist reinstated in the state of Ohio for the following violation(s)/reason(s):
 - a. Violation of Revised Code section 4755.47 (A)(9).
 - b. Statutory basis for reinstatement denial:
Rule 4755-23-15 (B) of the Administrative Code authorizes the Board to consider various factors when evaluating an application for reinstatement of a license.
 5. Dennis B. Cooke failed to provide the Board with a written request for a hearing on the aforementioned charges within the specified timeframe pursuant to Ohio Revised Code Chapter 119.
 6. Dennis B. Cooke has not completed any continuing education since his 2003 license revocation.
 7. Dennis B. Cooke has not practiced physical therapy in more than five (5) years.

In the matter of case number PT-LD-FY12-001, Dennis B. Cooke, PT reinstatement applicant, after review of the evidence, the Board makes the following conclusions of law:

1. Dennis B. Cooke was properly served with the Notice of Opportunity for Hearing pursuant to Revised Code section 119.07.
2. Dennis B. Cooke violated Revised Code section 4755.47 (A)(9), and does not meet the statutory basis for license reinstatement.

Action: Sam Coppoletti moved to approve Dennis B. Cooke's physical therapist reinstatement application pending the completion of the following:

1. Dennis B. Cooke shall complete twenty-four (24) hours of continuing education with Ohio Approval Numbers.
2. Dennis B. Cooke shall submit verification of licensure from any and all states he holds or has held a professional license.
3. Dennis B. Cooke shall, at his own expense, pass the National Physical Therapy Examination (NPTE) for physical therapist by June 1, 2014.
4. Dennis B. Cooke shall, at his own expense, pass the Ohio Jurisprudence Examination by June 1, 2014.
5. Dennis B. Cooke shall, at his own expense, unconditionally pass the ProBE Program offered by the Center for Personalized Education for Physicians (CPEP) by June 1, 2013.

Lynn Busdeker seconded the motion. Thomas Caldwell and Raymond Bilecky abstained from voting. The motion carried. The license reinstatement application of Dennis B. Cooke is hereby approved pending the completion of the items listed above.

The Executive Director is hereby instructed to prepare adjudication orders to carry out the mandates of this Board and serve the orders on Mr. Robert F. McDonough, PTA, Ms. Nichole R. Snyder, PTA, and Dennis B. Cooke, PT reinstatement applicant, in the manner prescribed by law.

This concludes the Matter of Robert F. McDonough, case number PT-FY12-004, the Matter of Nichole R. Snyder, case number PT-FY12-008, and the Matter of Dennis B. Cooke, PT-LD-FY12-001, PT reinstatement applicant.

Correspondence

1. **Brenda Akers, PTA:** Ms. Akers asked the Section whether physical therapist assistants can perform stretching only as an educational based goal for physical therapy in a school-based setting. **Reply:** Stretching only as an educational based goal for physical therapy in a school-based setting can only be performed if the IEP team approves it and if the physical therapy evaluation shows a need for the service. If so, it should be one of the interventions the child is receiving. It is the position of the Physical Therapy Section that the physical therapist has ultimate responsibility for all care and services delivered as physical therapy. If the recipient of services is under the understanding that the treatment, care, or education is physical therapy, the physical therapist rendering such care or supervising such care is the responsible provider. The physical therapist then must assure that the care is provided according to rules 4755-27-01 through 4755-27-05 of the Ohio Administrative Code, that treatments are rendered according to safe and ethical standards, and are of a type and quality to be effectual to the client's needs. A physical therapist

assistant, according to section 4755.40 (C) of the Ohio Revised Code, may only work under the direction of a physical therapist. Physical therapist assistants may not initiate treatment without a completed physical therapist evaluation and plan of care. The school superintendent cannot delegate to a physical therapist assistant. This question also relates to Ohio Department of Education (ODE) regulations. The Section recommends that you contact Cathy Csanyi, the Occupational Therapy/Physical Therapy Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at cathy.csanyi@ode.state.oh.us to address the situation described in your email.

2. **Theresa Chambers, PT, DPT:** Dr. Chambers asked the Section for clarification on cosigning physical therapist assistant notes when using electronic documentation. **Reply:** It is the position of the Physical Therapy Section that “All documentation shall be co-signed by the supervising physical therapist” The Section does not feel that the example you provided would meet this requirement. In accordance with rule 4755-27-07 of the Administrative Code, a handwritten or electronic signature is acceptable by a physical therapist or physical therapist assistant. When using an electronic signature, a hard copy of the individual’s printed name and handwritten signature must be kept on file at the practice location, and the physical therapist or physical therapist assistant must assure that the electronic signature can be tracked to a unique logon code used only by that individual. Should your computer system or program not permit counter-signature by the physical therapist for notes entered by a physical therapist assistant, then you need to make arrangements with your vendor for the computer system to be revised or improved to permit such counter-signature. Should you not electronically be capable of dual signatures, you may enter a separate note within the same documentation system, referencing the date of the note(s) being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan or you may produce a hard paper copy that is co-signed by the physical therapist. It is the position of the physical therapy section that the urgency of reviewing and co-signing notes may vary with the patient population and with the acuity of the patient’s condition. The physical therapist should be able to demonstrate that effective supervision was provided for the particular patient care delegated to the physical therapist assistant. The physical therapist’s co-signature should be entered into an electronic medical record prior to the time established by the facility to close the record to further entries.
3. **Jennifer Bartrum, PT:** Ms. Bartrum asked the Section for clarification on the practice guidelines for private practice setting and cash-based practice. **Reply:** In response to your question about the establishment of a private practice in Ohio, section 4755.471 of the Ohio Revised Code describes the authorized forms of business entities which can be established for providing physical therapy services. In addition, all part of the Ohio Physical Therapy Practice Act, including the Code of Ethical Conduct established in rule 4755-27-05 of the Administrative Code, would need to be followed when establishing and running any physical therapy practice. In response to your question about direct access and physician notification, if the patient gives the therapist consent to contact the physician, then information must be sent within 5 days. In accordance with the laws governing 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. In addition, if the patient is *not making progress*, then the patient should be referred to a physician or other healthcare provided as described. If the patient has NOT given consent OR is making good progress, the physician does not need to be notified, although keeping an open line of communication is reasonable. There are no criteria for how often a therapist should contact the physician if the physician is notified after 5 days and the patient is making good progress. In response to your question related to the storage of patient information and exception to the physician notification requirement, the Ohio Physical Therapy Practice Act does not specify how therapists keep their medical records and there is no additional information related to the provider notification exceptions noted in the laws. There is nothing in the Ohio Physical Therapy Practice Act that limits physical therapists from providing cash based services. However, rule 4755-25-05 (A)(3) of the Ohio Revised Code states, “A licensee shall only seek compensation that is reasonable for the physical therapy services delivered. A licensee shall never place the licensee’s own financial interests above the welfare of the licensee’s patients. A licensee, regardless of the practice setting, shall safeguard the public from unethical and unlawful business practices.”
4. **Amy McMillin, PT:** Ms. McMillin asked the Section a question regarding clarification on the appropriate billing code for negative pressure cupping therapy. **Reply:** Your questions relate 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.

5. **Nicholas Saller, PT:** Mr. Saller asked the Section questions regarding the Section's position on teletherapy for self-pay clients who cannot make regular appointments due to scheduling issues. **Reply:** The Ohio Physical Therapy Practice Act is silent on the use of telerehabilitation in physical therapy practice, however, the Section recommends that the physical therapist providing telerehabilitation services be licensed in the state where the patient is located. If you plan to provide services to patients outside of Ohio, you should also contact the physical therapy board in that state to determine if they have any provisions related to telerehabilitation.
6. **Deborah Pettit, PT:** Ms. Pettit asked the Section if physical therapist assistants can perform tracheostomy suctioning. **Reply:** It is the opinion of the Ohio Physical Therapy Section that it is not within the scope of practice for a physical therapist assistant to do tracheostomy suctioning even with training. It is within the scope of practice, however, for a physical therapist to do this type of treatment if trained and shown to be competent in the intervention, as suctioning requires an examination for appropriateness for this intervention and evaluation of how much and when to stop treatment. 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.
7. **Karen Rudolph, PTA:** Ms. Rudolph asked the Section questions regarding the legalities of an individual holding dual licensure as a both a physical therapist assistant and a licensed massage therapist. **Reply:** It is the position of the Physical Therapy Section that a physical therapist/physical therapist assistant who is also licensed as another healthcare professional would not be governed by the Ohio Physical Therapy Practice Act provided that the therapist/assistant was not holding himself out as a physical therapist/assistant, and so long as the therapist/assistant was not billing or being reimbursed for physical therapy services. In providing services other than physical therapy, the physical therapist or physical therapist assistant must make it clear to the client or family that the therapist is acting only in this other capacity. That is, communication must be done in such a way that if the client or family is asked, he/she could clearly testify in a legal proceeding as to the role of the individual who was providing treatment. The facility must also not represent this role as being more skilled due to additional education/credentials than required for that job description. You may also wish to note that your professional liability policy (if you have one) would not cover you while acting in any capacity other than as a licensed physical therapist or physical therapist assistant.
8. **Randall Bal:** Mr. Bal asked the Section questions regarding physical therapists can own and run a physical therapist practice as an LLC. **Reply:** According to section 4755.471 (A) of the Ohio Revised Code, a physical therapist may render professional services in Ohio through a corporation formed under division (B) of section 1701.03 of the Revised Code, a limited liability company formed under Chapter 1705. of the Revised Code, a partnership, or a professional association formed under Chapter 1785. of the Revised Code. R.C. 4755.471 (A) does not preclude licensed physical therapist from rendering professional services as a physical therapist through another form of business entity, including, but not limited to, a nonprofit corporation or foundation, or in another manner that is authorized by or in accordance with sections 4755.40 to 4755.53 of the Revised Code, another chapter of the Revised Code, or rules of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board adopted pursuant to sections 4755.40 to 4755.53 of the Revised Code. R.C. 4755.471 also specifies the other professions that the physical therapist may form the business to provide professional services, as noted below: (B) A corporation, limited liability company, partnership, or professional association described in division (A) of the this section may be formed for the purpose of providing a combination of the professional services of the following individuals who are licensed, certificated, or otherwise legally authorized to practice their respective professions: (1) Optometrists who are authorized to practice optometry under Chapter 4725. of the Revised Code; (2) Chiropractors who are authorized to practice chiropractic or acupuncture under Chapter 4734. of the Revised Code; (3) Psychologists who are authorized to practice psychology under Chapter 4732. of the Revised Code; (4) Registered or licensed practical nurses who are authorized to practice nursing as registered nurses or as licensed practical nurses under Chapter 4723. of the Revised Code; (5) Pharmacists

who are authorized to practice pharmacy under Chapter 4729. of the Revised Code; (6) Physical therapists who are authorized to practice physical therapy under sections 4755.40 to 4755.56 of the Revised Code; (7) Mechanotherapists who are authorized to practice mechanotherapy under section 4731.151 of the Revised Code. (8) Doctors of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery who are authorized for their respective practices under Chapter 4731. of the Revised Code.

9. **Nick Encheff, PT:** Mr. Encheff asked the Section questions regarding whether it is legal/ethical to accept a monetary acknowledgment from a vendor and whether the company can waive payments for services to acquire new clients. **Reply:** In response to your questions, according to the code of ethical conduct for physical therapists and physical therapist assistants, established in rule 4755-27-05 of the 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. (3) A licensee shall only seek compensation that is reasonable for the physical therapy services delivered. A licensee shall never place the licensee's own financial interests above the welfare of the licensee's patients. A licensee, regardless of the practice setting, shall safeguard the public from unethical and unlawful business practices. (4) A licensee shall not intentionally or knowingly offer to pay or agree to accept any compensation, directly or indirectly, overtly or covertly, in cash or in kind, to or from any person or entity for receiving or soliciting patients or patronage, regardless of the source of the compensation. (5) A licensee shall not influence a patient or the patient's family to utilize, purchase, or rent any equipment based on the direct or indirect financial interests of the licensee. Recommendations of equipment must be based solely on the therapeutic value of that equipment to the patient. A licensee who owns or has a direct financial interest in an equipment or supply company must disclose the financial interest to the patient if the licensee sells or rents, or intends to sell or rent, to the patient. Regarding your second issue, In accordance with paragraph (A)(8) of the code of ethical conduct for physical therapists and physical therapist assistants, established in rule 4755-27-05 of the Ohio Administrative Code, a licensee shall safeguard the public from over utilization and underutilization of physical therapy services. Physical therapists and/or physical therapist assistants may perform screens without a physician's referral and without notification of a health care professional under direct access rules. Any screen conducted by a physical therapist assistant must be cosigned by the physical therapist.
10. **Joy Sims, PT:** Ms. Sims asked the Section for clarification on the role of physical therapist assistants in the assessments portion of the SOAP note. **Reply:** Yes, a physical therapist assistant can give their interpretation of how the patient is doing, however they cannot make an assessment. 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.
11. **Renee Brinker, PT:** Ms. Brinker asked the Section whether physical therapist assistants can perform dry needling. **Reply:** It is the position of the Ohio Physical Therapy Section that physical therapists assistants cannot legally perform dry needling under the Ohio Physical Therapy Practice Act.
12. **Amanda Gabehart, PT, DPT:** Dr. Gabehart asked the Section questions regarding clarification on the requirements for becoming a clinical instructor. **Reply:** There is nothing in the Ohio Physical Therapy Practice Act regarding when a physical therapist is eligible to serve as a clinical instructor (CI). The Commission on Accreditation of Physical Therapy Education (CAPTE), however, does have criteria and recommends that an individual have at least one year of experience before being a CI. As you move forward, you may also wish to refer to the APTA's credentialed clinical instructor program, CCIP.
13. **Kary Phelps:** Ms. Phelps asked the Section questions regarding the appropriate documentation for a physical therapist assistant to inform the physical therapist that a client should continue the current the plan of treatment. **Reply:** Yes, you should communicate to the physical therapist to obtain an extended order to continue seeing a patient. Your 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. **Donald Harris, PT, DPT:** Dr. Harris asked the Section whether there are any restrictions for a newly licensed physical therapist working in a home health setting. **Reply:** The laws and rules governing physical therapy practice in the State of Ohio are not setting specific. There is nothing in the Ohio Physical Therapy Practice Act that would prevent a new graduate from treating patients in the home health setting. Your question relates to payer policies and not to the Ohio Physical Therapy Practice Act. Third party payers, including Medicare and Medicaid, may have regulations that are more restrictive than the laws and rules that govern the practice of physical therapy in Ohio. 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.
15. **Lindsay Watson, PT:** Ms. Watson asked the Section if physical therapists can be employed by a group of healthcare professionals and if a physical therapist can provide therapeutic exercise in conjunction with a speech therapist in an informal playgroup. **Reply: In response to your first question,** according to section 4755.471 (A) of the Ohio Revised Code, a physical therapist may render professional services in Ohio through a corporation formed under division (B) of section 1701.03 of the Revised Code, a limited liability company formed under Chapter 1705. of the Revised Code, a partnership, or a professional association formed under Chapter 1785. of the Revised Code. R.C. 4755.471 (A) does not preclude licensed physical therapist from rendering professional services as a physical therapist through another form of business entity, including, but not limited to, a nonprofit corporation or foundation, or in another manner that is authorized by or in accordance with sections 4755.40 to 4755.53 of the Revised Code, another chapter of the Revised Code, or rules of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board adopted pursuant to sections 4755.40 to 4755.53 of the Revised Code. R.C. 4755.471 also specifies the other professions that the physical therapist may form the business to provide professional services, as noted below: (B) A corporation, limited liability company, partnership, or professional association described in division (A) of the this section may be formed for the purpose of providing a combination of the professional services of the following individuals who are licensed, certificated, or otherwise legally authorized to practice their respective professions: (1) Optometrists who are authorized to practice optometry under Chapter 4725. of the Revised Code; (2) Chiropractors who are authorized to practice chiropractic or acupuncture under Chapter 4734. of the Revised Code; (3) Psychologists who are authorized to practice psychology under Chapter 4732. of the Revised Code; (4) Registered or licensed practical nurses who are authorized to practice nursing as registered nurses or as licensed practical nurses under Chapter 4723. of the Revised Code; (5) Pharmacists who are authorized to practice pharmacy under Chapter 4729. of the Revised Code; (6) Physical therapists who are authorized to practice physical therapy under sections 4755.40 to 4755.56 of the Revised Code; (7) Mechanotherapists who are authorized to practice mechanotherapy under section 4731.151 of the Revised Code. (8) Doctors of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery who are authorized for their respective practices under Chapter 4731. of the Revised Code. **In response to your second question,** there is nothing in the Ohio Physical Therapy Practice Acts that prohibits physical therapists and speech therapists from providing services at the same segmented time. However, the Section recommends that you communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Physical Therapy Practice Act. **In response to your third question,** yes, a physical therapy evaluation/reevaluation and plan of care would be required if representing physical therapy.
16. **Allyson Hoops, AT:** Ms. Hoops asked the Section questions regarding physical therapist making return to play decisions for an athlete and clarification on the documentation required to return an athlete to play. **Reply:** It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from making return to play decisions. 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.

OT/PT Joint Correspondence

- JB1. Beverly Arredondo, OTA:** Ms. Arredondo asked the Occupational and Physical Therapy Sections whether occupational therapy assistants / physical therapist assistants can complete the final visit in a home health setting. **Reply:** Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 (A) of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments,

occupational therapy assistants may gather and summarize objective information for the discharge summary, with or without the patient and/or occupational therapist being present. However, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development. Collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. However, third party payer policies, and/or facility policies may be more restrictive than the Ohio Occupational Therapy Practice Act. According to rule 4755-27-03 (C)(9) of the Ohio Administrative Code, discharge planning and the completion of the discharge evaluation are the responsibility of the supervising physical therapist and cannot be delegated to others. This evaluation and planning must 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 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. 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. Be aware that payer policies may have specific requirements for final visits to be completed by the physical therapist.

JB2. Tandra Adams, PT: Ms. Adams asked the Occupational and Physical Therapy Sections whether occupational and physical therapists are required to perform a reassessment when the client is moved from a hospital to hospice in order to continue therapy services in the hospice location. **Reply:** The scenario you describe is related to hospital/facility policies, accrediting bodies, and/or reimbursement agencies which have other requirements and guidelines, including requiring a physician's referral and/or prescription, which need to be met for accreditation and/or reimbursement purposes. These requirements may be more restrictive than the Occupational Therapy Practice Act. In addition to a change in payer, this scenario also reflects a possible need to reevaluate appropriateness of the prior plan of care and goals. Pursuant to the code of ethical conduct established in rule 4755-7-08 (C)(1)(b) of the Ohio Administrative Code, licensees should NOT provide treatment interventions that are not warranted by the client's condition or continue treatment beyond the point of reasonable benefit to the client. Your questions relate 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. In addition, we recommend you talk with your billing and coding department since the patient is issued a new patient number when transferred, this may be considered a new admission on a different unit which would require a re-evaluation similar to when a patient is transferred from a regular hospital floor to a rehabilitation unit in the hospital.

JB3. William Henry, OT: Mr. Henry asked the Occupational and Physical Therapy Sections questions regarding assigning occupational therapy caseloads, transferring occupational therapy plan of care, and whether it is legal for occupational and physical therapists to complete evaluations and have no contact with the therapy assistants after the evaluation is completed. **Reply: In response to question one,** a school administrator cannot assign students to an occupational therapy assistant. Under the Ohio Occupational Therapy Practice Act, the occupational therapist is ultimately responsible for all clients served by an occupational therapy assistant. The occupational therapy assistant does not maintain a caseload that is separate from the occupational therapist. The occupational therapist must provide appropriate supervision and assure that treatments are rendered according to safe and ethical standards and in compliance with rule 4755-7-04 of the Administrative Code, which states that "the supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of

persons supervised, including the occupational therapy assistant, student occupational therapist, student occupational therapy assistant and unlicensed personnel.” The occupational therapist and occupational therapy assistant need not be assigned to the same building, but the supervising therapist must provide adequate supervision to the assistant. See response to question 3 for supervision requirements. It is the responsibility of the occupational therapist to determine which students are treated by an occupational therapy assistant. Please review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents, which are available on the Board’s website (<http://otptat.ohio.gov>). **In response to question two**, the Ohio Occupational Therapy Practice Act only establishes ratios for the number of occupational therapy assistants (OTA) an occupational therapist (OT) may supervise and does not regulate caseload levels. Ratios establishing the number of students that an occupational therapist may serve are located in administrative rules adopted by the Ohio Department of Education. Rule 3301-51-09 (I)(3)(c) & (e) of the Ohio Department of Education’s Operating Standards states that an OT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the number of students to whom the therapist provides direct service. Paragraph (I)(1) of rule 3301-51-09 also states that determination of the appropriate ratio for an individual therapist must take into consideration the following: The severity of each eligible child’s needs; The level and frequency of services necessary for the children to attain IEP goals/objectives; Time required for planning services; Time required for evaluations including classroom observations; Time required for coordination of the IEP services; Time required for staff development; Time required for follow up; and Travel time required for the number of building served. Services provided to students without disabilities must also be considered in determination of therapist/student ratio. This includes screenings, assessments, consultation, and counseling with families and professionals. Attending Intervention Assistance Team (IAT) meetings, participating in Response to Intervention (RTI) programs, and training education professionals as a part of these programs also must be considered when determining the therapist/student ratio. All students served by an OTA are part of the supervising therapist’s caseload. In accordance with ODE’s Operating Standards, as well as the Ohio Occupational Therapy Practice Act, OTAs do not have their own caseloads separate from that of the supervising therapist. It is the position of the Occupational Therapy Section that all responsibilities of the OT and OTA, including both direct and indirect service to students, must be considered when determining an appropriate therapist caseload. The number of students to whom the supervising therapist provides direct service must be reduced as the number of assistants a therapist supervises expands, since this increases the number of students for whom the therapist is responsible. The therapist must ensure provision of appropriate services and must not serve and/or supervise service for more students than he/she can provide skilled care, including informed direction of all aspects of the service provided for students by the assistant. The code of ethical conduct requires licensees, regardless of practice setting, to maintain the ability to make independent judgments and strive to effect changes that benefit the client (4755-7-08 (B)(9)). Educational agencies following the requirement of rule 3301-51-09 (I)(1), which states that additional factors must be considered when determining the appropriate caseload for a therapist, would bring therapist caseloads closer to a level that is in alignment with the therapist providing service only to the number of students that they can provide skilled care as required by their respective professional practice acts. It is the duty of the Occupational Therapy Section to protect the consumers of occupational therapy services and ensure that students receive care consistent with safe and ethical practices. To this end, licensees are required to report to their licensing board any entity that places them in a position of compromise with the code of ethical conduct as stated in rule 4755-7-08 (B)(12) of the Administrative Code. Please refer to the Board’s website (<http://otptat.ohio.gov>) to review the *Determination of Appropriate Caseload for School-Based Occupational Therapy and Physical Therapy Practice Position Paper* and the *Comparison of Responsibilities of Occupational Therapy Practitioners in School-Based Practice Chart* documents. The Section recommends contacting Cathy Csanyi, the OT/PT Specialty Consultant with the Ohio Department of Education, Office for Exceptional Children at (419) 747-2806 or via email at cathy.csanyi@ode.state.oh.us. The Ohio Occupational Therapy Association’s pediatrics member support group chair may be able to assist you with many of your questions regarding school based practice. You can contact the Ohio Occupational Therapy Association at www.oota.org. **In response to question three**, pursuant to rule 4755-7-01 of the Administrative Code, the supervising occupational therapist must determine that the occupational therapy assistant possesses a current license to practice occupational therapy prior to allowing him or her to practice. The occupational therapy assistant is also responsible for

making sure the supervising occupational therapist possesses a current license to practice occupational therapy prior to providing supervision of occupational therapy treatment. Supervision/collaboration requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times. Supervision is an interactive and collaborative process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, treatment plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client's treatment plan without first consulting with the evaluating and/or supervising occupational therapist of record. The evaluating and/or supervising occupational therapist of record 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, either in the client records or in a separate document (e.g.: collaboration log), that the supervision took place. **Your third question also addresses Ohio Physical Therapy Rules and Laws.** No, a physical therapist must be available via telecommunications with the physical therapist assistant once the initial evaluation and plan of care are completed. As stated in rule 4755-27-02 (B) of the Administrative Code, Physical therapist assistants are not qualified to: (1) Interpret physician referrals; (2) Conduct initial patient evaluations; (3) Write initial or ongoing patient treatment plans; (4) Conduct re-evaluations of the patient or adjust treatment plans; and (5) Perform the discharge evaluation, and complete the final discharge summary. Supervision of the physical therapist assistant requires that a supervising physical therapist need not be physically on-site, but must be available by telecommunication at all times and able to respond appropriately to the needs of the patient. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapy practice. In addition, the following factors must be taken into account: Complexity and acuity of the patient's/client's needs; Proximity and accessibility to the physical therapist; Supervision available in the event of emergencies or critical events; Type of setting in which the service is provided. The Ohio Physical Therapy Practice Act is silent on how often the supervising physical therapist must treat or re-evaluate patients delegated to physical therapist assistants. In all practice settings, the physical therapist should re-evaluate a patient in accordance with the needs of the patient/client. The frequency of re-evaluation of a patient must be individualized and based upon that patient's impairments and response to treatment. A physical therapist is to see the patient/client upon request of the physical therapist assistant for re-examination, when a change in treatment plan of care is needed, prior to any planned discharge, or in response to a change in the patient/client's medical status. The Physical Therapy Section also recommends that you consult your payer policies as Medicare and other insurance companies may have specific rules regarding the frequency of interventions provided by a supervising physical therapist. In order to meet acceptable standards of care, the physical therapist assistant has a legal obligation in the overall care of the patient to ensure the supervising physical therapist performs the review and assessment.

JB4. Juanita Almond-Davis OT: Ms. Almond-Davis asked the Occupational and Physical Therapy Sections questions regarding discharging clients, signing documentation, writing orders, upgrading goals; home assessments verses evaluation, how long a resident can be on hold until they have to be re-evaluated. **Reply:** *In response to your first question*, it is the position of the Occupational Therapy Section that occupational therapy assistants may gather and summarize objective information for the discharge summary; however, they may not interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations for the purpose of discharge plan development, as indicated in rule 4755-7-03 of the Ohio Administrative Code. The collaboration between the occupational therapy assistant and the occupational therapist must be reflected in the patient documentation. *In response to your second question*, occupational therapists are not required to have a referral and/or prescription to evaluate or treat patients in the State of Ohio. The decision whether an occupational therapy assistant or occupational therapist is permitted to write orders for therapy in patient charts is based on facility policy. 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. Please note that any documentation by an occupational therapist assistant must be co-signed by the supervising occupational therapist. *In response to your third question*, it is the position of the Occupational Therapy Section that the initial plan, long-term goals, and initial short-term

goals must be written by the occupational therapist. The occupational therapist may collaborate with the occupational therapy assistant in the development of these items. Once the initial plan of care and goals are established, the occupational therapy assistant may update short-term goals in collaboration with the occupational therapist. Please review rule 4755-7-03 (B) of the Administrative Code for additional information on the roles and responsibilities of the occupational therapist and occupational therapy assistant. ***In response to your fourth question***, a home assessment is the sole responsibility of the physical therapist. However, prior to the completion of a home assessment, the physical therapist assistant may go into the home, without the patient being present, to perform an environmental survey (architectural barriers, floor plan, etc.). If the patient is going into his/her home environment and his/her function in the home is being assessed, this assessment must be performed by a physical therapist. A physical therapist assistant may continue an established treatment plan of functional activities in the home or other non-clinical environment once the home assessment has been completed. Pursuant to section 4755.04(C) of the Revised Code and rule 4755-7-03 (A) of the Administrative Code, it is the position of the Occupational Therapy Section that for home assessments, occupational therapy assistants ***may gather*** objective information and report observations, with or without the patient and/or occupational therapist being present. However, they ***may not*** interpret this data. It is the responsibility of the occupational therapist to interpret and make recommendations. A home assessment ***may*** be performed by an occupational therapy assistant (OTA) with a current client under an ***established*** occupational therapy treatment/intervention plan. The OTA can gather objective information and report observations, with or without the client and/or occupational therapist (OT) present. It is the responsibility of the OT to interpret the data gathered by the OTA and collaborate with the OTA to make recommendations. Any collaboration between the OT and OTA must be reflected in client documentation. A home assessment is an assessment typically performed prior to discharge home from an inpatient or skilled nursing rehabilitation setting. It is primarily performed to determine equipment and environmental needs for the client's safety at home. It is ***not*** an evaluation performed within home health services. A home assessment ***may*** be performed by an occupational therapy assistant with a current client under an ***established*** occupational therapy treatment/intervention plan. The occupational therapy assistant can gather objective information and report observations, with or without the client and/or occupational therapist present. It is the responsibility of the occupational therapist to interpret the data gathered by the occupational therapy assistant and collaborate with the occupational therapy assistant to make recommendations. Any collaboration between the occupational therapist and occupational therapy assistant must be reflected in client documentation. ***Your fifth question*** is related to payor policy and not to Ohio Occupational Therapy or Physical Therapy Practice Acts. 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. ***In response to your sixth question***, it is the position of the Occupational Therapy Section that for any documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. The therapist assuming the plan of care cannot retroactively co-sign documentation prior to assuming the plan of care. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the patient must be transferred by that occupational therapist to another occupational therapist. If the patient is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the patient, including the supervision of any occupational therapy personnel providing services to that patient.

JB5. Donna Davidson, OT: Ms. Davidson asked the Section whether there are state laws prohibiting an occupational and physical therapist from performing a co-treatment with the same client, if the therapists are related. **Reply:** There is nothing in the Ohio Occupational and Physical Therapy Practice Acts that prohibits occupational therapists or physical therapists from providing services at the same segmented time. However, the Sections recommend that you communicate with the facility and payer to determine if they have requirements that are more restrictive than the Ohio Occupational and Physical Therapy Practice Acts. Pursuant to the code of ethical conduct established in rule 4755-7-08 (B) of the Ohio Administrative Code, professionalism of the occupational therapy licensee includes conforming to the minimal standards of acceptable and prevailing occupational therapy practice, including practicing in a manner that is moral and honorable. (9) A licensee shall exercise sound judgment and act in a trustworthy manner in all aspects of occupational therapy practice. Regardless of practice setting, the occupational therapy practitioner shall maintain the ability to make independent judgments. A licensee shall strive to effect changes that benefit the client. (10) A licensee shall accurately represent the qualifications, views, contributions, and findings of

colleagues and students. (11) A licensee shall not misrepresent the credential, title, qualifications, education, experience, training, and/or specialty certifications held by the licensee. There is nothing in the laws and rules governing the practice of physical therapy that prohibits relatives from working together with the physical therapist co-signing the notes of the other relative who is a physical therapist assistant. 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. 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. At any time when compliance with this or any other portion of the code of ethical conduct is compromised or could appear to be compromised by the relationship, the supervision of the physical therapist assistant and, therefore, care of the patient, should be transferred to a different therapist.

JB6. Jose Reyes, Mr. Reyes: Mr. Reyes asked the Sections whether occupational and physical therapists can perform massage therapy on clients. **Reply:** In accordance with section 4755.04(A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use massage in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code, and is practicing within the occupational therapy scope of practice. If massage will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques. It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice related to use of the massage CPT code. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. Yes, performing massage is within the scope of practice of the physical therapist and physical therapist assistant.

JB7. Christine Faler, PT: Ms. Faler asked the Sections for clarification on how occupational and physical therapy practitioners should appropriately document pulse oximetry readings. **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 documentation of pulse oximetry by occupational therapy practitioners is allowed 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. However, hospital or facility policies, accrediting bodies, and/or reimbursement agencies may have other requirements and guidelines. The Ohio Physical Therapy Practice Act does not dictate the format of documentation, to meet best practice standards the treatment/intervention must include measurable objectives performed, which then must be documented in the medical record The Physical Therapy Section recommends that you consult payer policies, facility or agency policies, or the American Physical Therapy Association for information on documentation. 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>). It is based on APTA’s *Guidelines: Physical Therapy Documentation of Patient/Client Management*. 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. “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. Valerie Mickles, OTA: Ms. Mickles asked the Sections for clarification whether the evaluating PRN occupational and physical therapist are required to transfer the plan of care to the full time staff and clarify if the evaluating therapist is responsible for co-signing the plan of care for the assistant. **Reply:** In accordance with rule 4755-7-08 (C)(2) of the Ohio Administrative Code, a licensee shall transfer the care of the client, as appropriate, to another health care provider in either of the following events: (a) Elective termination of occupational therapy services by the client; or (b) Elective termination of the practitioner-client relationship by the licensee. If, for any reason, the evaluating occupational therapist will no longer be available to provide and supervise the occupational therapy care, the client must be transferred by that occupational therapist to another occupational therapist. This includes the situation where an occupational

therapist is providing temporary coverage and might only evaluate a client and then delegate treatment to an occupational therapy assistant. The occupational therapist is terminating any further professional relationship with that client and must transfer their responsibilities to another occupational therapist. Termination of care does not include an occupational therapist taking regularly scheduled days off or job sharing. In those situations, another occupational therapist would be providing coverage or sharing the occupational therapy responsibility. Each occupational therapy practice should determine a system that will allow for this transfer of care in situation where an occupational therapist is terminating the client/therapist relationship. That transfer of care must be documented in the client's medical record by identifying the new occupational therapist by name, if there is an occupational therapist, or transferring to the individual responsible for management of therapy services, if there's not an occupational therapist, for reassignment. The occupational therapist who accepted the transfer of care is then responsible for supervising all aspects of the occupational therapy program that are delegated to occupational therapy personnel. If the client is not transferred to another occupational therapist, the evaluating occupational therapist is responsible for the overall care of the client, including the supervision of any occupational therapy personnel providing services to that client. Pursuant to section 4755.47 (A)(5) of the 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)(h) of this rule cites "Abandoning the patient by inappropriately terminating the patient/practitioner relationship by the licensee" as a "failure to adhere to the minimal standards of acceptable prevailing practice." It is the position of the Physical Therapy Section that if for any reason, the evaluating physical therapist will no longer be available to provide and supervise the physical therapy services, the evaluating physical therapist must transfer the patient to another physical therapist. This includes situations where a physical therapist's sole responsibility is to evaluate a patient either due to temporary coverage or as terms of their employment. The evaluating physical therapist in this instance must complete and document the transfer of their responsibilities to another physical therapist to provide and supervise the physical therapy services for the patient. Termination of care does not include a physical therapist taking regularly scheduled days off or job sharing. 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 delegated to physical therapy personnel, including co-signing physical therapist assistant documentation. If the patient is not transferred to another physical therapist, the evaluating physical therapist is responsible for the overall care of the patient including the supervision of any physical therapy personnel providing services to that patient. If a team of physical therapists has a system that allows for transfer of care to assure that patients are scheduled appropriately and that a physical therapist is always assigned to supervise each patient's care whenever the patient is seen, the PRN physical therapist is not required to make an extra visit to document the transfer. However, in a situation where the PRN therapist is not confident that another physical therapist on the team is assuming responsibility for each patient's care, the PRN therapist should arrange with the employer for the opportunity to arrange and document the transfer of care.

- JB9. Margaret Magovich, PT, DPT:** Dr. Magovich asked the Sections if it is legal to copy previous occupational and physical therapy notes into a new note by the therapists. **Reply:** The Sections would caution you from repeatedly utilizing the *cut and paste option* to ensure the documentation reflects the specific services provided to each individual client. Your daily documentation should accurately reflect what has occurred with the patient at the time of service and who has provided that service. It is the responsibility of the occupational therapist to provide accurate documentation. Pursuant to 4755-7-08 (B) of the Administrative Code, professionalism of the licensee includes conforming to the minimal standards of acceptable and prevailing occupational therapy practice, including practicing in a manner that is moral and honorable. Conduct may be considered unethical regardless of whether or not actual injury to a client occurred. (3) All occupational therapy documentation, including, but not limited to, evaluations, assessments, intervention plans, treatment notes, discharge summaries, and transfers of care must be in written or electronic format. (4) A licensee shall not falsify, alter, or destroy client records, medical records, or billing records without authorization. The licensee shall maintain accurate client and/or billing records. (15) 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 client occurred, includes, but is not limited to: (a) Documenting or billing for services not actually performed. (17) A licensee shall not use or participate in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims. While there is nothing in the Ohio Physical Therapy Practice Act that dictates how a physical therapist or physical therapist assistant documents, the scenario you indicated may be 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.

Old Business

Update on Dry Needling

At the Section retreat, the Section discussed creating an FAQ for dry needling. Also, the Section worked on a method for calculating the number of hours to award for determining/credentialing continuing competence courses for dry needling. The Section will have the members serving on the Continuing Competence Taskforce work with OPTA on this process.

Update on Concussion Management

Carolyn Towner provided an update on the status of H.B. 143.

Continuing Competence Taskforce Update

Raymond Bilecky reported that the taskforce will meet on June 27, 2012. Mr. Bilecky anticipates that the Board representation on the committee may rotate as assigned.

Review Response for Cassandra Zoll (March 2012 Corr #10)

The Section made revisions to the drafted response.

New Business

Rules Renumbering Project

The Executive Director gave an overview of the next steps in the rules renumbering project.

Draft Rule Language for Teletherapy

The Section made revisions to the draft. The Section will add the definition of consultation in the draft language. The Executive Director and Rules Liaison contact stakeholders for comments on the proposed draft.

Open Forum

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

Ohio Physical Therapy Association (OPTA) Report

Adam Miller informed the Section that:

- Shane Yates stepped down as Executive Director of OPTA. OPTA anticipates having a new director in place by early October 2012.
- OPTA will send out feedback to members about becoming a Board Member
- The Continuing Competence Taskforce will be meeting soon

Carolyn Towner gave a legislative report.

Federation of State Boards for Physical Therapy (FSBPT) Report

- Raymond Bilecky gave a brief description of FSBPT for the visiting OSU students.
- The Executive Director will coordinate a meeting with FSBPT staff to review/compare the Ohio Physical Therapy Practice Act to the Federation's model practice act. Mary Kay Eastman, Lynn Busdeker, and James Lee will work with the Executive Director on the implementation of this review.

Items for Next Meeting

- Update on Concussion Management
- Update on Continuing Competence Task Force

Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, July 19, 2012.

Adjournment

Lynn Busdeker moved that the meeting be adjourned. Ronald Kleinman seconded the motion. The motion carried. The meeting adjourned at 3:22 p.m.

Respectfully submitted,
Diane Moore

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

Sam Coppoletti, PT, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

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

SC:jmr:dm