



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Physical Therapy Section
November 6, 2014
9:30 a.m.

Members Present

Lynn Busdeker
Matthew Creed
Ronald Kleinman, Chair
James Lee
Chad Miller
Trevor Vessels, Public Member
Jennifer Wissinger

Members Absent

Karen Holtgreffe

Legal Counsel

Melissa Wilburn, Assistant Attorney General

Staff Present

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

Guests

Halle Runion, OPTA
Carolyn Towner, OPTA
Saran Alexander
Alison Carolozzo
Lindsay Frysinger
Mitchell Haines

Call to Order

Ronald Kleinman, Chair, called the meeting to order at 9:10 a.m. The Section welcomed the new Board Member Jennifer Wissinger, PT.

Approval of Minutes

Action: James Lee moved that the minutes from the September 11, 2014, meeting be approved as submitted. Chad Miller seconded the motion. The motion carried.

Executive Director's Report

- The Executive Director informed that Section that the Ohio Department of Administrative Services is concerned that the new licensing system may not be viable due to vendor issues. The State is moving along as if the project will be viable. The new go live date is late February 2015.

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

Discussion of Law and Rule Changes

The Executive Director presented the 2015 Five Year Rules to the Section.

Allyson Bonadies
Regina Samboa
Michele Courtney
Tracess Melaragno
Rick Wickstrom
Emmalee Taricska
Sara Neinaber
Josh Gardner
Sean Meers
Lauren Sparks
Allison Weeks
Natalie Miller
Matt Longfellow
Christina William
Alexandra Courts
Brenna Congeni
Kristina Kehoe
Josh Salsbury
Joey Fletcher
Matt Whalen
Cliff Wolosiansby
Abigail Binzer
Kelly DiTomay
Chris Welch
Sarah Levine
Bridgette Drockton
Andra Hamilton
Alexandra Reid

Administrative Reports

Licensure Applications

Action: Chad Miller moved that the Physical Therapy Section ratify, as submitted, the individuals approved by the Occupational Therapy, Physical Therapy, and Athletic Trainers Board to sit for the National Physical Therapy Examination for physical therapists and physical therapist assistants from September 11, 2014 through November 6, 2014, taking into account those individuals subject to discipline, surrender, or non-renewal. Mr. Miller 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. James Lee seconded the motion. The motion carried.

Physical Therapist – Examination

Banna, Kyle	Boggs, Danielle	Brown, Jessica
Bunn, Lillian	Burkhart, Chasidy	Carmosino, Kadi
Choufani, Kawsar	Combs, Whitney	Dubroy, Kristen
Gillies, Brenden	Gratzmiller, Jeffrey	Haviza, Abigail
Hershey, Katie	Hodulik, Andrea	Jennings, Bradley
Jonard, Taylor	Kern, Louray	Keylor, Chelsey
Kramer, Hannah	Lampe, Marissa	Leach, Laura
Lewis, Pamela	Lillibridge, Nicole	Lydon, Erika
Malloy, Alexander	Mandia, Juanito	Marsh, Jeffrey
Moffitt, Kelly	Morton, Seth	Ogonek, Nathan
Popa, Stephanie	Popa, Wesley	Rich, Angeline
Rozeski, Brynn	Schott, Lauren	Smith, Kathryn
Traylor, Emili	Trice, Daniela	Ursick, Marissa
Warren, Stacy	Westbrook, Adrienne	

Physical Therapist Assistant – Examination

Bach, Laura	Bailey, Justin	Bonnette, Christopher
Brown, Anne	Burns, Beth	Cass, Tayler
Chappell, Shaun	Chukwulobe, Nathan	Dartt, Robin
Delzeith, Teresa	Devault, Ashley	Dickinson, Brandon
Downing, Erin	Ettl, Renee	Evans, Bethany
Faulstick, Erin	Gerchak, Aliesha	Gill, Nicholas
Greener, Livia	Griesheimer, Heather	Hardman, Dylan
Hester, Amanda	Hook, Jordan	Jones, Breanna
Jones, Leslee	King, Paige	Kocka, Bethan
Lawrence, Joshua	Lynch, Jessica	Miller, Mark
Morton, Nicholas	Moudjed, Hadjira	Mullins, Stephanie
Nauta, Wesley	Noble, Amanda	Nord, Scott
Nuzum, Katie	Nwaneri, Stanley	Ollila Amanda
Ousley, Joshua	Palmer, Patricia	Parsley, Chad
Peck, Angela	Pickard, Kayla	Piper, John
Polachek, Victoria	Ritter, Monica	Romeo, Natalie
Santus, Olivia	Schlatter, Kelli	Schultz, Holly
Shihabi, Nabil	Sidoti, Vincenzo	Sizemore, Maureen
Springer, Aubrey	Stills Brittany	Stockdale, Joseph
Thiel, Michelle	Vitello, Heather	Wagner, Stephen
Whitesel, Erika	Williams, Kylee	Wirrig, Marissa
Wurster, Shannon	Wyatt, Stevie	

Action: Chad Miller moved that the Physical Therapy Section ratify, as submitted, the physical therapist and physical therapist assistant licenses issued by endorsement and reinstatement by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from September 11, 2014 through November 6, 2014, taking into account those licenses subject to discipline, surrender, or non-renewal. Matthew Creed seconded the motion. The motion carried.

Physical Therapist – Endorsement

Balmaceda, Reigna Paula	Bourne, Amy	Brill, Nicole
Duska, Elizabeth	Freimark, Jessica	Hines, Jennifer
Hoard, April	Jobe, Lindsay	Kelley, David
Kwee, Christopher	May, Howard	McKenzie, Cortney
Morgan, Charlene-Jay	Norell, Abigail	Parker, Terrin
Patterson, Erika	Precht, Robert	Rockwood, Samantha
Russo, Gabriella	Schlussel, James	Scholtz, Ashley
Segador, Merry Lesan	Stan, Sydney	Tanner, Chelsey

Physical Therapist Assistant – Endorsement

Andreini, Christa	Bennett, Maria	Breesawitz, Kristina
Couch, Sarah	Debord, Gabriel	Fitzsimmons, Nathaniel
Offenberger, Christina	Owens, Kimberly	Sisley, Kara

Physical Therapist Reinstatement

Brzozowski, Kelly

Physical Therapist Assistant Reinstatement

Carpenter, Lori

Testing Accommodations Requests

Chad Miller recommended that the Section grant the testing accommodation of additional time: 30 minutes and a separate room for physical therapist examination file #5406896 based on the documentation provided. **Action:** James Lee moved that the Section approve the testing accommodation of additional time: 30 minutes and a separate room for physical therapist examination file #5406896 based on the documentation provided. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Stephanie Stefano.

Chad Miller recommended that the Section grant the testing accommodation of additional time: time and a half and a separate room for physical therapist assistant examination file #5415004 based on the documentation provided. **Action:** Matthew Creed moved that the Section approve the testing accommodation of additional time: time and a half and a separate room for physical therapist assistant examination file #5415004 based on the documentation provided. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Ashley L. Harvey.

Chad Miller recommended that the Section grant the testing accommodation of additional time: time and a half, reader, and a separate room for physical therapist assistant examination file #5417265 based on the documentation provided. **Action:** Lynn Busdeker moved that the Section approve the testing accommodation of additional time: time and a half, reader, and a separate room for physical therapist assistant examination file #5417265 based on the documentation provided. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried. The Section granted the testing accommodation request for Melissa Cofer.

Continuing Education Liaison Report

James Lee informed the Section that the OPTA CE Policies and Procedures updates were approved by the OPTA CE Committee. The Board suggested that the OPTA accept transcripts from National Clearing House.

OPTA asked the Section for guidance on a CE course for PTA's and joint mobilization. The Section reviewed the documentation presented and determined that it would meet the continuing education requirements. Halle Runion will forward the information to the OPTA CE Committee.

Assistant Attorney General's Report

Melissa Wilburn, AAG, gave a brief report.

Case Review Liaison Report

Chad Miller reported that the Enforcement Division closed two and opened seven new cases since the September 11, 2014 meeting. There are thirty-eight cases currently open. There are four disciplinary consent agreements and one adjudication order being monitored.

Enforcement Actions

Chad Miller recommended that the Section accept the consent agreement for case PT-FY14-027 in lieu of going to a hearing. **Action:** James Lee moved that the consent agreement for case PT-FY14-027 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Michael J. Geddes, PTA.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY14-045 in lieu of going to a hearing. **Action:** James Lee moved that the consent agreement for case PT-FY14-045 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Jennifer A. Gaul, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY14-049 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY14-049 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Lea A. Snyder, PT.

Chad Miller recommended that the Section accept the surrender consent agreement for case PT-FY15-002 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-002 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the surrender consent agreement for Prasad Pothini, PT, in which Mr. Pothini agrees to voluntarily surrender his license for failure to obtain the required continuing education for the 2014 license renewal and the Section hereby simultaneously revokes his physical therapist license.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-003 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-003 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Heather C. McMillin, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-004 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-004 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Jennifer L. Owens, PT.

Chad Miller recommended that the Section accept the surrender consent agreement for case PT-FY15-006 in lieu of going to a hearing. **Action:** Matthew Creed moved that the surrender consent agreement for case PT-FY15-006 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Regina Perna, PT, in which Ms. Perna agrees to voluntarily surrender her license for failure to obtain the required continuing education for the 2014 license renewal and the Section hereby simultaneously revokes her physical therapist license.

Chad Miller recommended that the Section accept the surrender consent agreement for case PT-FY15-007 in lieu of going to a hearing. **Action:** Matthew Creed moved that the surrender consent agreement for case PT-FY15-007 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Tyler T. Middleton, PT, in which Mr. Middleton agrees to voluntarily surrender his license for failure to obtain the required continuing education for the 2014 license renewal and the Section hereby simultaneously revokes his physical therapist license.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-008 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-008 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Emily P. Wasik, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-009 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-009 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Stacy L. Surnear, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-010 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-010 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Kristy L. Parry, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-011 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-011 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Lori Holzworth-Brohm, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-012 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-012 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Marcia W. Boote, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-013 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-013 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Cheryl Levering, PT.

Chad Miller recommended that the Section accept the consent agreement and addendum for case PT-FY15-005 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement and addendum for case PT-FY15-005 be accepted in lieu of going to a hearing. James Lee seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Todd J. Tscherne, PT.

Chad Miller recommended that the Section accept the consent agreement for case PT-FY15-016 in lieu of going to a hearing. **Action:** Matthew Creed moved that the consent agreement for case PT-FY15-016 be accepted in lieu of going to a hearing. Lynn Busdeker seconded the motion. Chad Miller abstained from voting. The motion carried. The Section accepted the consent agreement for Melissa A. Smith, PT.

Chad Miller recommended that a notice of opportunity for a hearing be issued for case PT-FY15-029 for violation of consent agreement terms. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY15-029 for violations of consent agreement terms. James Lee seconded the motion. Chad Miller abstained from voting. The motion carried.

Chad Miller recommended that a notice of opportunity for a hearing be issued for case PT-FY14-028 for overutilization. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY14-028 for overutilization. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried.

Chad Miller recommended that a notice of opportunity for a hearing be issued for case PT-FY15-020 for failure to obtain the continuing education required for the 2014 license renewal. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY15-020 for failure to obtain the continuing education required for the 2014 license renewal. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried.

Chad Miller recommended that a notice of opportunity for a hearing be issued for case PT-FY15-021 for failure to obtain the continuing education required for the 2014 license renewal. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY15-021 for failure to obtain the continuing education required

for the 2014 license renewal. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried.

Chad Miller recommended that a notice of opportunity for a hearing be issued for case PT-FY15-022 for failure to obtain the continuing education required for the 2014 license renewal. **Action:** Lynn Busdeker moved that a notice of opportunity for a hearing be issued for case PT-FY15-022 for failure to obtain the continuing education required for the 2014 license renewal. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried.

Affidavit Hearing

Good afternoon. My name is Ronald Kleinman, Chairperson of the Occupational 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 10:10 am on November 6, 2014, 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:

Lynn Busdeker	Present
Matthew Creed	Present
Karen Holtgreffe	Absent
Ronald Kleinman	Present
James Lee	Present
Chad Miller	Present
Jennifer Wissinger	Present

It will be noted for the record that a majority of the members of the Board are present. There will be one adjudication proceeding today. The proceeding is in the matter of case number PT-LD-14-001, Michael A. Conley.

This proceeding shall be an affidavit-based adjudication relative to a Notice of Opportunity for Hearing mailed to the respondent 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 respondent did not properly request a hearing in the case, this proceeding will be held before the board pursuant to *Goldman v. State Medical Board of Ohio*. The individual named does 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 affidavit from the Board's Enforcement Division Supervisor and accompanying exhibits for the Goldman Proceeding in your board packet. The affidavit contains 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 affidavit and exhibits shall be kept as the official record of the proceedings in the aforementioned matter in the Board office.

I will now recognize Assistant Attorney General, Melissa Wilburn, for the purpose of providing a brief synopsis of the case.

Ms. Wilburn reviewed the case for the Board.

Having heard Ms. Wilburn's synopsis, may I now have motion to admit the facts and exhibits outlined in the sworn affidavit in the aforementioned case into evidence?

Action: Lynn Busdeker moved to admit the facts and exhibits outlined in the sworn affidavit for case number PT-LD-14-001, Michael A. Conley. Matthew Creed seconded the motion. Chad Miller abstained from voting. The motion carried.

There being no further evidence to come before the board, this proceeding is now closed at 10:17 pm.

The procedural and jurisdictional matters having being satisfied, we will now continue with the proceeding by deliberation on the sworn affidavit and exhibits.

At this time, is there a motion to recess the meeting in order to go into private session for the purpose of quasi-judicial deliberation on case number PT-LD-14-001, Michael A. Conley, and to reconvene the meeting after deliberations are complete?

Action: Lynn Busdeker moved to recess the meeting to go into private session for the purpose of quasi-judicial deliberation on these matters. Matthew Creed seconded the motion.

The Executive Director called roll:

Lynn Busdeker	Yes
Matthew Creed	Yes
Karen Holtgreffe	Absent
Ronald Kleinman	Yes
James Lee	Yes
Chad Miller	Yes
Jennifer Wissinger	Yes

The Section went into private session at 10:18 a.m. and came out at 10:29 a.m. Chad Miller left the room during private session and did not participate in the deliberations.

In the matter of case number PT-LD-14-001, Michael A. Conley, after review of the evidence the Board makes the following findings of fact:

1. On February 12, 2014, Mr. Conley submitted an online application to be licensed by examination as a physical therapist assistant.
2. On February 19, 2014, Mr. Conley submitted his “certification of applicant” form, which is part of the application to be licensed by examination as a physical therapist assistant.
3. On February 27, 2014, Lorain County Community College submitted Mr. Conley’s “entry level education pre-completion form”, which is part of the application to be licensed by examination as a physical therapist assistant. This form indicates Mr. Conley was expected to complete the program on May 16, 2014.
4. On April 9, 2014, the Board received an email from the Federation of State Boards of Physical Therapy indicating that Mr. Conley had withdrawn from the April 9, 2014, National Physical Therapy Examination for physical therapist assistants.
5. On April 10, 2014, Jeffrey Rosa, Executive Director of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, received an email from John T. Myers, PT, DPT, the Program Director of the physical therapist assistant program at Lorain County Community College. Dr. Myers indicated that Mr. Conley will likely not graduate as expected.
6. On April 16, 2014, Jeffrey Rosa, Executive Director of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, received a follow up email from John T. Myers, PT, DPT, the Program Director of the physical therapist assistant program at Lorain County Community College. Dr. Myers indicated that Mr. Conley will definitely not graduate on May 17, 2014.
7. On April 24, 2014, the Board received an email from the Federation of State Boards of Physical Therapy indicating that Mr. Conley had withdrawn from the Ohio Jurisprudence Examination and the July 8, 2014, National Physical Therapy Examination for physical therapist assistants.
8. On July 28, 2014, the Board issued a “Notice of Opportunity for Hearing” (hereinafter Notice) to Mr. Conley via certified mail. The certified letter was signed for and received on July 31, 2014. Mr. Conley was required to request a hearing within thirty (30) days of the mailing date of the notice. Mr. Conley failed to request a hearing within the thirty (30) day time period.

9. The Notice informed Conley of the Board's intent to deny his application to sit for the National Physical Therapy Examination for Physical Therapist Assistants and be licensed as a Physical Therapist Assistant by Examination in the State of Ohio for the following reason(s):

Section 4755.47(A) of the Ohio Revised Code authorizes the Board to refuse to grant a license to an applicant for an initial or renewed license as a physical therapist or physical therapist assistant or, by an affirmative vote of not less than five members, may limit, suspend or revoke the license of a physical therapist or physical therapist assistant or reprimand, fine or place a license holder on probation, on any of the following grounds:

Count 1

On or about April 16, 2014, the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board was notified that you were withdrawing from the physical therapist assistant program at Lorain County Community College, Elyria, Ohio; therefore, you are no longer eligible for licensure. Said conduct is grounds for application denial pursuant to Ohio Revised Code section 4755.47 (A)(28), and Ohio Administrative Code rule 4755-23-02 (B).

Count 2

On or about April 120, 2014, the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board was notified that you withdrew to take the National Physical Therapy Examination for Physical Therapy Assistants. Said conduct is grounds for application denial pursuant to Ohio Revised Code section 4755.47 (A)(28), and Ohio Administrative Code rule 4755-23-03 (B)(1).

Section 4755.47(A) of the Ohio Revised Code authorizes the Board to refuse to grant a license to an applicant for an initial or renewed license as a physical therapist or physical therapist assistant or, by an affirmative vote of not less than five members, may limit, suspend or revoke the license of a physical therapist or physical therapist assistant or reprimand, fine or place a license holder on probation, on any of the following grounds:

(28) Violation of any section of this chapter or rule adopted under it.

Section 4755.421 sets forth the licensure application requirements for physical therapy assistants. Under Section 4755.421(A)(4), applicants must provide proof of completion of a two-year program of education that is accredited by a national physical therapy accreditation agency recognized by the United States department of education.

Ohio Administrative Code rule 4755-23-02(B) states:

Educational requirements

“To be eligible for examination or licensure as a physical therapist assistant an applicant must provide evidence that he/she satisfactorily completed a two-year program for physical therapist assistants accredited by the commission on accreditation of physical therapy education. The educational program shall include all clinical education curriculum requirements and courses in anatomical, biological, and other physical sciences and a distribution of course work as found in an accredited physical therapist assistant program.”

Ohio Administrative Code rule 4755-23-03(B)(1) states:

License by examination.

(B) To be licensed by examination as a physical therapist assistant an applicant must pass the following examinations:

- (1) The NPTE for physical therapist assistants administered by the federation of state boards of physical therapy;

Conley did not request a hearing on the aforementioned charges

Action: James Lee moved to accept the findings of fact in the matter of Michael A. Conley, PT-LD-14-001. Matthew Creed seconded the motion.

The Executive Director called roll:

Lynn Busdeker	Yes
Matthew Creed	Yes
Karen Holtgreffe	Absent
Ronald Kleinman	Yes
James Lee	Yes
Chad Miller	Abstained
Jennifer Wissinger	Yes

The motion carried.

In the matter of case number PT-LD-14-001, Michael A. Conley, after review of the evidence, the Board makes the following conclusions of law:

1. Conley was properly served with the notice of opportunity for hearing pursuant to Revised Code 119.07.
2. Conley did not graduate from an accredited physical therapist assistant program.
3. Conley did not sit for the National Physical Therapy Examination for physical therapist assistants.
4. Conley did not sit for the Ohio Jurisprudence Examination.
5. Conley does not meet the requirements to be licensed as a physical therapist assistant in the state of Ohio.
6. Conley's application to be approved to sit for the National Physical Therapy Examination for Physical Therapist Assistants and be licensed as a Physical Therapist Assistant by Examination in the State of Ohio can be denied based upon count 1 and count 2 outlined in the July 28, 2014 Notice, and section 4755.421& 4755.431 of the Ohio Revised Code.

Action: James Lee moved accept the Section's conclusion of law in the matter of Michael A. Conley, PT-LD-14-001. Matthew Creed seconded the motion.

The Executive Director called roll:

Lynn Busdeker	Yes
Matthew Creed	Yes
Karen Holtgreffe	Absent
Ronald Kleinman	Yes
James Lee	Yes
Chad Miller	Abstained
Jennifer Wissinger	Yes

The motion carried.

Action: James Lee moved to deny the application of Michael A. Conley. Lynn Busdeker seconded the motion.

The Executive Director called roll:

Lynn Busdeker	Yes
Matthew Creed	Yes
Karen Holtgreffe	Absent
Ronald Kleinman	Yes
James Lee	Yes
Chad Miller	Abstained
Jennifer Wissinger	Yes

The motion carried.

The application of Michael A. Conley, is hereby denied.

The Executive Director is hereby instructed to prepare an adjudication order to carry out the mandates of this Board and serve the order on PT-LD-14-001, Michael A. Conley, in the manner prescribed by law.

This concludes the Matter of PT-LD-14-001, Michael A. Conley.

Correspondence

- 1. Theresa Palkovic, PT:** Ms. Palkovic asked the Section questions regarding job duties for physical therapy aides. **Reply:** Rule 4755-27-01 of the Administrative Code defines unlicensed personnel as any person who is on the job trained and supports the delivery of physical therapy services. Rule 4755-27-03 of the Administrative Code describes the routine duties that assist in the delivery of physical therapy care and operations that may be assigned to unlicensed personnel. The rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient’s gait pattern. It is NOT intended that unlicensed personnel provide a component of physical therapy treatment to patient A while the physical therapist or physical therapist assistant treats patient B or performs other activities, e.g. documentation. A physical therapist or physical therapist assistant may provide administrative oversight of an unlicensed aide who is providing restorative or maintenance care in a nursing home after the termination of a physical therapy plan of care. Third party payer policies and/or federal regulations may be more or less restrictive than the Ohio Physical Therapy Practice Act. In any situation, licensees should follow the more restrictive policies. Although Medicare regulations for skilled nursing Part A permit therapy aides to perform physical therapy services provided that a physical therapist provides “line of sight” supervision, that practice is illegal in Ohio. In Ohio, therapy aides (unlicensed personnel) are not permitted to perform physical therapy services, other than serving as the second pair of hands as described in the previous paragraph of this letter. Please note that even a current or former DPT student is still considered unlicensed personnel unless that individual holds a physical therapist license.
- 2. Cory Wilcox, PT:** Mr. Wilcox asked the Section questions regarding Medicare Part B clients, plan of care and PRN therapists, and home assessments. **Reply: In response to your first and last set of questions,** they relate to clarification/interpretation of 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 response to your second set of questions,** the Physical Therapy Practice Act is silent on the caseload numbers. In regards to transfer of care and 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. The Ohio Physical Therapy Practice Act is silent on the supervision ratio for physical therapist assistants 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 patient population. 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. While any given employer or facility may establish work expectations including productivity standards, the physical therapy practitioner must ensure that the highest priority patient needs are met. If productivity expectations of an employer 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.” Third party payer policies may be more restrictive than the Ohio Physical Therapy Practice Act. The therapist must comply with payer policies, such as not billing for one-on-one procedures for more than one patient at a time being treated by any one practitioner. 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.

3. **Christopher Buckner, PT:** Mr. Buckner asked the Section questions regarding dry needling in physical therapy practice. **Reply:** Dry needling is a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments including, but not limited to: scarring, myofascial pain, motor recruitment and muscle firing problems. Goals of treatment vary from pain relief, increased extensibility of scar tissue to the improvement of neuromuscular firing patterns. The term “dry needling” may be confusing. It refers to the fact that nothing was injected with the needle. PTs using dry needling: Do not and cannot claim to practice acupuncture; Do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology; Do not use acupuncture diagnosis like tongue and pulse. It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from performing dry needling techniques. As with any specialized procedure, the physical therapist must have training and demonstrate competency in the modality. The manner in which the training is obtained and competency demonstrated are not addressed in the Practice Act. The Physical Therapy Section recommends you contact the OPTA for approved coursework in dry needling at www.ohiopt.org. 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, MPT, OCS.
4. **Larry Guess:** Mr. Guess asked the Section questions regarding corporations employing physical therapist. **Reply:** The Ohio Revised Code empowers the Physical Therapy Section to regulate and license the profession of physical therapy. The Section is not statutorily authorized to provide specific legal advice and suggests that you consult your legal counsel.
5. **Johnna Bear, PT:** Ms. Bear asked the Section questions regarding whether physical therapists can perform work physicals. **Reply:** It is the position of the Physical Therapy Section that nothing in the Ohio Physical Therapy Practice Act prohibits a physical therapist from performing physical examinations within the

parameters you described (musculoskeletal screen, vital assessment and/or functional capacity evaluation. In regards to signing the physical, in this case there is nothing in the Ohio Physical Therapy Practice Act that requires a physician to co-sign the documentation associated with this physical. However, it would ultimately be up to the employer and or the employer's insurance provider if a physician co-signature is needed.

6. **Jacqueline Williams, PT, DPT:** Dr. Williams asked the Section questions regarding whether physical therapist can receive and interpret medication verbal order as a part of the medication management in a home care setting. **Reply:** There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. This does not include the interpretation of verbal orders or the interpretation of medication interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. Other such administrative tasks that are not part of a physical therapy plan of care but that may be performed by physical therapy personnel include removal of staples, coaguchecks, listening for bowel sounds, and other patient assessments. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure.
7. **Frank Aviles Jr, PT:** Mr. Aviles asked the Section questions regarding whether physical therapy practitioners can perform wound care. **Reply:** It is the position of the Ohio 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 demonstrated competency in these procedures.
8. **Clarence Wray, Jr:** Mr. Wray asked the Section questions regarding whether physical therapists are required to be on-site when physical therapist assistants are treating clients. **Reply:** No. A physical therapist is not required to be on-site for supervision of the delivery of physical therapy services. However, 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 and what type of supervision is required by the physical therapist of the physical therapist assistant. 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 sections 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.
9. **Shellie Foley, PT:** Ms. Foley asked the Section questions regarding whether a physician's referral is required prior to performing an initial physical therapy evaluation in a school based setting. **Reply:** In response to your questions regarding school based physical therapy, Ohio Physical Therapy Practice Act does not vary with practice setting. Section 4755.481 of the Revised Code authorizes physical therapists to evaluate and treat without a physician's referral. The physical therapist must, upon consent of the patient, parent, or legal guardian, inform the patient's medical health professional of the physical therapy evaluation within five (5) business days of the evaluation having taken place. These laws and rules apply to all settings. However, if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner's scope of practice. In addition, there is nothing in the law that requires the physical therapist to see a patient without a physician's referral. The physical therapist does have the discretion to request a prescription. There is nothing in the Ohio Physical Therapy Practice Act that dictates how frequently a referral for physical therapy should be renewed. However, since the children are growing and maturing, best practice does suggest that a minimum of an annual renewal of the prescription or physician notification should be done to ensure that changes in the child's medical status are documented in the physical therapy

records. 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, MPT, OCS.

10. **Jaime Castor, PTA:** Ms. Castor asked the Section questions regarding whether physical therapist assistants can upgrade goals. **Reply:** In the situation you describe, you are correct that physical therapist assistants are not able to "update" any goals. Updating goals is solely the responsibility of the physical therapist. Paragraphs B(4) and D of rule 4755-27-02 of the Administrative Code is very specific on what the physical therapist assistant is unable to perform. Progressing a treatment program is not the same as establishing or modifying goals. Goal progression/modification is sole responsibility of the physical therapist. The physical therapist, in all cases, must conduct the initial patient evaluation for physical therapy. 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. The physical therapist shall select the appropriate portions of the program to be delegated and shall direct the physical therapist assistant in the delegated functions. 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. The patient is the ultimate responsibility of the physical therapist. Relying solely on information gathered by the physical therapist assistant during treatment does not constitute a re-evaluation, and may not fulfill the physical therapist's obligation to the appropriate standard of care. Reports written by the physical therapist assistant for inclusion in the patient's record shall be countersigned by the supervising physical therapist. The countersignature shall indicate that the written note has been reviewed by the supervising physical therapist. 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. "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.
11. **Tallie Paz, PT:** Ms. Paz asked the Section for contacts to address ethical and legal billing practices in skilled nursing facilities for Medicare/Medicaid/Insurance. **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.
12. **Renee Coughlin, PT, DPT:** Dr. Coughlin asked the Section questions regarding whether physical therapists can take medication change orders from physicians or physician designee. **Reply:** The physical therapist may not take a medication change order and communicate said order to the patient/patient caregiver in the situation you describe. This type of assessment would be outside the scope of practice for a physical therapist. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. This does not include the interpretation of medication verbal orders or the interpretation of medication interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. Other such administrative tasks that are not part of a physical therapy plan of care but that may be performed by physical therapy personnel include removal of staples, coaguchecks, listening for bowel sounds, and other patient assessments. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure. You may wish to contact the Ohio Board of Nursing at board@nursing.ohio.gov for additional information regarding medication change orders.

13. **Robert Swinehart:** Mr. Swinehart asked the Physical Therapy Section questions regarding whether physical therapists can delegate therapeutic massage / manual therapy and whether athletic trainers can perform therapeutic exercise while working under a physical therapy plan of care and bill it as physical therapy exercise. **Reply:** In response to your questions, both licensed personnel, the massage therapist and the athletic trainer, would be able to work in a physical therapy clinic/setting under the supervision of a physical therapist or physical therapist assistant and be classified as “other licensed personnel”. Rule 4755-27-01 (C) of the Ohio Administrative Code defines “other licensed personnel” as “any person holding an Ohio license to practice as a health care practitioner in a profession other than physical therapy . . . who is working under the direct supervision of a physical therapist or physical therapist assistant, as delegated by the physical therapist, and is performing tasks and duties related to the delivery of physical therapy.” When acting under the direction of a physical therapist, licensed athletic trainers are considered other licensed personnel. In accordance with rule 4755-27-04 of the Administrative Code, the supervising physical therapist or physical therapist assistant is accountable and responsible at all times for the direction of the actions of the persons supervised, including other licensed personnel. A physical therapist assistant can provide direct supervision of other licensed personnel even if the physical therapist is not on-site but is available by telecommunication at all times and able to respond appropriately to the needs of the patient. However, only a physical therapist can determine that a patient may be delegated to other licensed personnel. Other licensed personnel cannot be assigned their own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care. Pursuant to rule 4755-27-03 (F) of the Ohio Administrative Code, “Delegation of tasks related to the operation and delivery of physical therapy to other licensed personnel must be done in accordance with the scope of practice of the other licensed personnel’s professional license, education and training, the level of competence as determined by the supervising physical therapist, and in consideration of the patient’s overall needs and medical status.” The patient contact by the delegating physical therapist or supervising physical therapist assistant may be to provide portions of treatment or to assess the patient’s progress within the existing plan of care. When needed, only the physical therapist may make adjustments to the plan of care. Please refer to Medicare rules or other payer policies about reimbursement for treatment by other licensed personnel since some insurers do not cover services other than those provided by a physical therapist or physical therapist assistant. You may also get information from the Reimbursement Department or Ohio chapter of the APTA. In accordance with rule 4755-27-03 (D) of the Ohio Administrative Code, a physical therapist may choose to refer a patient to another discipline, including physicians, for services. This referral shall be documented by the physical therapist in the medical record to clearly demonstrate a referral for that service. Such referral will not be a delegation of tasks or duties of physical therapy. Billing for this service would be outside of the scope of the 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. **Phil Brown, PT, DPT:** Dr. Brown asked the Section questions regarding whether physical therapy aides can perform ultrasound/phonophoresis. **Reply:** No, unlicensed physical therapy aides are not able to perform ultrasound/phonophoresis under direct supervision of a physical therapist or physical therapist assistant.
15. Rule 4755-27-01 of the Administrative Code defines unlicensed personnel as any person who is on the job trained and supports the delivery of physical therapy services. Rule 4755-27-03 of the Administrative Code describes the routine duties that assist in the delivery of physical therapy care and operations that may be assigned to unlicensed personnel. The rule on delegation to unlicensed personnel is intended to limit the involvement of unlicensed personnel in direct patient care to assisting the physical therapist or physical therapist assistant as “a second pair of hands on the same patient.” For example, the unlicensed aide may assist a physical therapist or physical therapist assistant in transferring a patient who requires the support of two people for a safe transfer, or the unlicensed aide may guard a patient while the therapist steps back to assess the patient’s gait pattern. It is NOT intended that unlicensed personnel provide a component of physical therapy treatment to patient A while the physical therapist or physical therapist assistant treats patient B or performs other activities, e.g. documentation.

16. **Terrin Parker, PT:** Ms. Parker asked the Section questions regarding whether there are specific regulations for physical therapist working in a home health setting. **Reply:** The roles and responsibilities of a physical therapist do not change with practice setting. Your question is specific to a practice setting and the Physical Therapy Section recommends that you research the rules and regulations of home health care with both Medicare and third party payers for specific requirements. The Physical Therapy Section also recommends that you contact the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association.
17. **Michael Marks, PT:** Mr. Marks asked the Section questions regarding the frequency for co-signing physical therapist assistant's notes. **Reply:** Rule 4755-27-03(E)(6) of the Ohio Administrative Code states that "All documentation shall be co-signed by the supervising physical therapist" but does not specify time requirements for co-signing the physical therapist assistant's notes. 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.
18. **Katy Horwitz, PT:** Ms. Horwitz asked the Section questions regarding documentation requirements for physical therapist instructing group fitness classes. **Reply:** The Ohio Physical Therapy Practice Act does not dictate the format of documentation. In the situation you describe, documentation would not be required since you are not providing physical therapy services. 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.

Joint Correspondence

JB1. Victoria Ridgway: Ms. Ridgway asked the Occupational and Physical Therapy Sections questions regarding whether occupational and physical therapy evaluations are required in early intervention settings. **Reply:** 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* (AOTA, 2010) 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 professional responsibilities outlined in rule 4755-7-02 (A) of the Ohio Administrative Code. For example, as a part of the transdisciplinary team, the occupational therapist performs evaluations and analysis of the client and environment; identifies issues and inputs into the development of the ISFP goals and objectives; plans appropriate interventions; and assesses outcomes. An intervention plan (plan of care) is required in the Early Intervention setting. As in any practice setting, appropriate documentation continues to be a requirement. Please refer to the American Occupational Therapy Association's *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008). An intervention plan might include identification of the IFSP goals and objectives targeted by the occupational therapy practitioner, intervention approaches and types of interventions, and outcomes. The occupational therapist determines the aspects of the occupational therapy intervention plan that may be carried out by other team members. Instructing team and family members on ways to implement appropriate activities may be part of the intervention plan. Only services provided by an occupational therapist or occupational therapy assistant may be called occupational therapy. In response to your questions, yes a physical therapist would be required to perform a separate physical therapy evaluation to be able to establish a physical therapy plan of care.

JB2. Email Correspondent: The Email Correspondence asked the Occupational and Physical Therapy Sections questions regarding documenting services provided by occupational and physical therapy practitioners. **Reply:** Please be advised that the codes of ethical conduct adopted by both the Occupational Therapy and Physical Therapy Sections address required reporting in certain situations. Rule 4755-7-08 (A)(9) of the Administrative Code states that "licensees shall report to the occupational therapy section any unprofessional, incompetent, or illegal behavior of an occupational therapist or occupational therapy assistant of which the licensee has knowledge." Rule 4755-27-05 (A)(10) of the Administrative Code contains the same provisions for physical therapy licensees. Rule 4755-27-05 (A) of the Administrative Code also 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 places the licensee in a position of compromise with this code of ethical conduct.” Rule 4755-7-08 (B)(12) contains the same provisions for occupational therapy licensees. In the situation that you describe, deleting services provided due to regulations by an insurance company, in this case Medicare, and your employer, would constitute a violation of the Code of Ethical Conduct and therefore a violation of the Ohio Occupational Therapy and Physical Therapy Practice Acts. Please be advised if this action is performed all occupational therapy and/or physical therapy personnel involved in this patient’s case could be subject to disciplinary action. Rule 4755-27-05 of the Ohio Administrative Code states: (A)(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. (A)(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. (B)(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. (B)(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. Rule 4755-7-08 of the Ohio Administrative Code states: (B) 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. . . . Failure to comply with paragraphs (B)(1) to (B)(17) of this rule may be grounds for disciplinary action pursuant to section 4755.11 of the Revised Code. . . . (B)(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. (B)(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. (B)(14) A licensee shall only seek compensation that is reasonable for the occupational therapy services delivered. A licensee shall never place the licensee’s own financial interests above the welfare of the licensee’s clients. A licensee, regardless of practice setting, shall safeguard the public from unethical and unlawful business practices. The Board recommends that you talk to your compliance department regarding the best possible way to address your concerns. You may also contact your professional organization for additional information regarding this concern.

JB3. Cathy Selway: Ms. Selway asked the Occupational and Physical Therapy Sections questions regarding whether medication assessment is within the scope of practice for occupational and physical therapy. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy practitioner from completing medication reconciliation provided that the occupational therapy practitioner has received the appropriate training and demonstrated/documented competence in this activity. This type of reconciliation may be performed as an administrative task by any health care practitioner during the treatment visit. Occupational therapy practitioner may also play a role in medication management as discussed by the American Occupational Therapy Association in its September 2008 Scope of Practice Issues Update. In this update, AOTA stated: In general practice, health care professionals have focused on teaching (telling patients what their medications do) and compliance or whether they are taking medications as ordered. But OT practitioners have the skills and knowledge to operationalize medication teaching to ensure that it is integrated into the patient’s daily routine successfully and correctly. A nursing referral should be made if the patient needs to be taught specific information about a medication that is not provided on written instructions. But if the concern is performance or how the client learns to manage taking their medications and handling the effects of them in the context of their daily activities and routines, that is an unmet need for clients and home care agencies which OT practitioners can address. Reviewing medication information sheets with patients and assessing whether they understand them is an expectation for therapists by CMS and is well within the scope of OT. Using that information, OTs can then assist patients in translating the instructions into their daily routines and habits. For example, medications to control high blood pressure are often diuretics and can make patients need to use the bathroom more often. The OT can discuss timed voiding, simplified clothing fasteners, mobility issues related to accessing the bathroom, especially away from home and other strategies to manage or avoid

incontinence. This should increase the patient's compliance with taking the medication as directed. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. This does not include the interpretation of medication verbal orders or interpretation of medication interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. Other such administrative tasks that are not part of a physical therapy plan of care but that may be performed by physical therapy personnel include removal of staples, coaguchecks, listening for bowel sounds, and other patient assessments. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure.

JB4. Lisa Chance, PT: Ms. Chance asked the Occupational and Physical Therapy Sections questions regarding co-signature requirement for documenting missed visits by an occupational therapy assistant or physical therapist assistant. **Reply:** In accordance with rule 4755-7-04 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. It is the position of the Section that for any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. For any electronic documentation, the supervising occupational therapist must co-sign and reference the dates of the entries into the patient/client medical record. If needed, the occupational therapist may make a separate entry, referencing the date of the note(s) that are being reviewed with documentation referencing the review, noting agreement, and/or changes needed in the treatment plan. Yes, all physical therapy documentation by a physical therapist assistant should be co-signed by the physical therapist. You may wish to refer to Medicare and other third party payer policies to determine what they require. Insurer policies and/or federal regulations may be more or less restrictive than the Ohio Occupational and Physical Therapy Practice Acts. In any situation, licensees should follow the more restrictive policies.

JB5. Kim Wood: Ms. Wood asked the Occupational and Physical Therapy Sections questions regarding whether occupational therapy assistants/physical therapist assistants can perform medication reconciliation and update the medication profile/lists. **Reply:** There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapy practitioner from completing medication reconciliation provided that the occupational therapy practitioner has received the appropriate training and demonstrated/documentated competence in this activity. This type of reconciliation may be performed as an administrative task by any health care practitioner during the treatment visit. Occupational therapy practitioner may also play a role in medication management as discussed by the American Occupational Therapy Association in its September 2008 Scope of Practice Issues Update. In this update, AOTA stated: In general practice, health care professionals have focused on teaching (telling patients what their medications do) and compliance or whether they are taking medications as ordered. But OT practitioners have the skills and knowledge to operationalize medication teaching to ensure that it is integrated into the patient's daily routine successfully and correctly. A nursing referral should be made if the patient needs to be taught specific information about a medication that is not provided on written instructions. But if the concern is performance or how the client learns to manage taking their medications and handling the effects of them in the context of their daily activities and routines, that is an unmet need for clients and home care agencies which OT practitioners can address. Reviewing medication information sheets with patients and assessing whether they understand them is an expectation for therapists by CMS and is well within the scope of OT. Using that information, OTs can then assist patients in translating the instructions into their daily routines and habits. For example, medications to control high blood pressure are often diuretics and can make patients need to use the bathroom more often. The OT can discuss timed voiding, simplified clothing fasteners, mobility issues related to accessing the bathroom, especially away from home and other strategies to manage or avoid incontinence. This should increase the patient's compliance with taking the medication as directed. The OT role in medication management can include: Recording medication dosages, routes etc. per agency policy when required as part of an assessment. Involving nursing for patient education on new medications if needed. Ensuring that patients know how to take their medications and are, in fact taking them as directed. If not, the OT can explore reasons why they are not being taken or are taken incorrectly. During the assessment, identify when the patient takes medications within their daily

routine and have there been disruptions to that routine that interfere. Identifying habits and routines have worked to support appropriate medication management for the patient in the past. How can we work with them vs. changing them? Assessing medication management as part of the patient's overall ADLs so tasks can be accomplished timely, allowing for medications to be taken within the prescribed time frame relative to food, blood sugar etc. Considering how OT skills and knowledge around energy conservation techniques can assist with managing all ADLs. Medication management in home care is a critical part of the patient's ADL, beyond assistance with opening pill bottles and is well within the OT scope of practice. There is nothing in the Physical Therapy Practice Act that prohibits a physical therapist from performing a medication reconciliation that includes interviewing a patient about current medications, comparing those to the list of prescribed medications, and implementing a computerized program or referring the lists to other practitioners to identify suspected drug interactions. This does not include the interpretation of medication verbal orders or interpretation of medication interactions. Even though not part of the physical therapy plan of care, the reconciliation may be performed as an administrative task of any health care professional. However, no procedure should be performed by a physical therapist or physical therapist assistant unless the practitioner demonstrates competence in that procedure.

JB6. **Caren Maniaci:** Ms. Maniaci asked the Occupational and Physical Therapy Sections questions regarding caseload requirements for occupational and physical therapy practitioners. **Reply:** 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 Ohio Physical Therapy Practice Act is silent on 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 patient population. 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. When attempting to determine caseloads, please remember to take into consideration travel time, number of locations, etc. Please refer to 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 on the Physical Therapy Publications page on the Board's website (<http://otptat.ohio.gov>). The Sections 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. You can contact the Ohio Occupational Therapy Association at www.oota.org; the Ohio Chapter or Reimbursement Department of the American Physical Therapy Association; and/or Mark Smith, OMSP Program Coordinator at the Ohio Department of Education at (614) 752-1493 or via email at mark.smith@ode.state.oh.us.

JB7. Peggy Chester: Ms. Chester asked the Occupational and Physical Therapy Sections questions regarding whether occupational therapists can provide LE PROM and UE PROM if a physical therapist is not involved. **Reply:** There is nothing in the Occupational Therapy Practice Act that would prohibit an occupational therapist from performing passive range of motion to lower extremities. The occupational therapist must document and demonstrate competency in the technique being administered. Occupational therapy services are defined within the Ohio Revised Code 4755.04 to include methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance. Provision of services to enable a client to maintain or achieve increased range of motion is within the scope of practice. There is nothing within the Physical Therapy Practice Act that stipulates the physical therapist or physical therapist assistant is the sole provider of passive range of motion to the bilateral lower extremities. However, best practice would be for the practitioner to demonstrate competence in that procedure before it is to be performed.

JB8. Renee Coughlin: Ms. Coughlin asked the Occupational and Physical Therapy Sections questions regarding whether occupational therapy assistants and physical therapist assistants can make updates to short term goals. **Reply:** 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. The occupational therapy assistant can gather objective information and report observations, with or without the client and/or occupational therapist present. The occupational therapy assistant can document achievement of goals as part of the updating of short-term goals and progress. 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. In accordance with rule 4755-7-04 of the Administrative Code, it is the position of the Occupational Therapy Section that if patient/client documentation includes any type of treatment grid, a single co-signature and date of review on the form is sufficient. Co-signature verifies that the supervisor reviewed the document and agrees with its content. For any hand written documentation, the supervising occupational therapist must co-sign each entry into the patient/client medical record with their name, credential, and date. Also, it is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association. The physical therapist assistant may assess responses to treatments rendered and make statements about progress toward goals as outlined in the plan of care and document this in the assessment portion of the daily or progress note in the medical record. The physical

therapist assistant cannot establish goals or perform physical therapy assessment. Goal modifications may be performed only by a physical therapist and the documentation must clearly reflect the physical therapist's revision(s).

Old Business

Use of Credentials when Conducting Health/Wellness Programs

There was no new information presented at this time.

New Business

Rules Re-Numbering Project

The Executive Director and the Section's Rules Liaison will start doing a comprehensive review of all the rules. The Board will contact OPTA to help identify potential contributors to this project. The Board will hold different subgroups based on the specific content area. The Board anticipates this project will be ready to file in 2016.

Ethics Training

The Executive Director provided the Section members with written instructions on how to access the mandatory on-line ethics training course. Section members are required to forward a copy of their certificate of completion to the Board office to be kept on file for auditing purposes. The deadline to complete the online ethics education is December 31, 2014.

Discussion on PT "Practice" and Worker's Compensation led by Dr. Rick Wickstrom, PT, DPT

Dr. Wickstrom gave a brief presentation about the need to increase awareness to the public and BWC of what physical therapy has to offer to consumers and how physical therapists can get recognized as primary care providers in healthcare.

Open Forum

The Section welcomed questions from the visiting physical therapy students. The Section acknowledged Carolyn Towner for her service as the lobbyist for the Ohio Physical Therapy Association.

The Section recognized Jeff Rosa for serving 11 years as Executive Director of the OTPTAT Board.

Ohio Physical Therapy Association (OPTA) Report

Halle Runion reported that OPTA will have an Advocacy Day in conjunction with the 2015 annual conference. OPTA will conduct a lunch and learn webinar every Tuesday. Carolyn Towner, gave a brief legislative report. Ms. Towner announced that she will be retiring soon and her replacement will be Amanda Sines.

Federation of State Boards for Physical Therapy (FSBPT) Report

Review of FSBPT Annual Meeting and Delegate Assembly

Ronald Kleinman gave a brief overview of topics discussed at the FSBPT Annual Meeting and Delegate Assembly. Jeff Rosa was recognized for his 6 years of service on the FSBPT Board of Directors.

Items for Next Meeting

- Use of Credentials when Conducting Health/Wellness Programs
- Retreat Planning

Items for Retreat 2015

Medication Reconciliation

Use of Credentials when Conducting Health/Wellness Programs

Next Meeting Date

The next regular meeting date of the Physical Therapy Section is scheduled for Thursday, January 8, 2015.

Adjournment

Lynn Busdeker moved that the meeting be adjourned. Matthew Creed seconded the motion. The motion carried. The meeting adjourned at 12:52 p.m.

Respectfully submitted,
Diane Moore

ABSENT

Ronald Kleinman, PT, Chair
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, PT Section

Karen Holtgreffe, 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

KH:jmr:dm