

ALABAMA BOARD OF PHYSICAL THERAPY
100 North Union Street, Suite 724
Montgomery, Alabama 36130-5040
Regular Board Meeting
December 7, 2017

- I. Call to Order** – The meeting was called to order by Chair Wiley Christian at 10:00 AM. Board Members present were; Adams, Christian, Hobbs, Molyneux, Strunk, Hemm, McGriff, Matt Bledsoe, Assistant Attorney General, Sheila Wright, Executive Assistant III, and Jeffrey Vinzant, Executive Director.

Open Discussion – Chair Christian greeted everyone and opened the floor to general discussion. The Executive Director provided a recap of Ethics notices sent out, pending Board Member vacancies and dates of upcoming Board member training to be provided by FSBPT. The training will be held at their offices in Alexandria, VA, June 8, 9, &10, 2018. After a brief discussion the floor was closed.

- II. Minutes** – The minutes of the October 5, 2017 meeting were reviewed. Member Adams pointed out the absence of Vinzant’s name in the section where travel was voted upon. Adams motioned approval of the minutes to be amended and was seconded by Member Strunk. All members voted in favor of amended minutes.

III. Reports

New Licensees Report – presented by Sheila Wright. From the period of September 28th through November 27th, 2017: There were 38 Physical Therapists licensed; 23 by endorsement and 15 by examination. There were 62 Physical Therapists Assistants licensed; 45 by examination and 17 by endorsement. There were 3 Temporary Licenses issued to Physical Therapists and none to Physical Therapists Assistants. There were no temporary licenses rescinded for failing the Alabama Law exam. There were 2 FCCPT reports; 1 was substantially equivalent to CWT 5, the other, substantially equivalent to CWT 4. We had a total of 974 renewals; 415 PT’s and 559 PTA’s. There were 14 manual (mail-in) renewals. 9 renewed late and paid the expired renewal fee. Member Molyneux inquired about the total amount of current temporary licensees and if all were signed up for the next available exam. Molyneux inquired if we allowed them to have a temporary license if not signed up for the next available exam? Ms. Wright indicated that we had allowed only one exception in the past due a personal issue preventing that individual from taking the exam when scheduled. Member Strunk asked if employers were notified on the 9 that renewed past the expiration date and Ms. Wright confirmed that this was done.

Violations Committee Report –Case #17-2-7 Alleged sexual misconduct. Executive Director notified the board that the case has been held over again by the Grand Jury. Counsel stated that he would personally reach out to the Montgomery District Attorney to see the status of this case. The item remains held over pending Counsel’s report. Case #17-11-31, Therapist self-reported traffic violation that resulted in a DUI charge. Copies

of the obtained arrest report were reviewed by Counsel. The Violations Committee recommended to dismiss the case with a letter of reprimand to the therapist. Cases #18-01-02, #18-01-03, #18-01-05, and #18-01-06 were all matters of licensees renewing after 9/30/2017 and practicing with an expired license. All complainants have paid the fine and signed the Consent Agreements. The Committee recommended acceptance of these actions. Case #18-01-20 a Consumer complaint on a therapist for mistreatment. The Committee reviewed patient treatment records and recommended dismissal with letter of concern to the therapist. #18-02-17 complaint against therapist for alleged substance abuse. Counsel recommended formal notification with opportunity for licensee to submit to Wellness Program. After a brief discussion of the cases, a motion to accept the Committee actions was made by Adams, seconded by Molyneux. Adams, Strunk, Molyneux, Hemm, and McGriff voted yea; Christian and Hobbs abstained.

Executive Director Report – Vinzant, provided a report on the activities in the Administrative Office since the October meeting. (Attachment A).

Communications Committee Report – presented by the Executive Director. Vinzant presented review of email and Facebook activity. Vinzant inquired if the Board would be interested in a “Know your Law” email blast. After discussion, it was decided it would be tested in a quarterly time frame. (Attachment B).

Wellness Committee Report-presented by Member McGriff for Dr. Garver. (Attachment C). Member McGriff stated he had been in contact with Dr. Garver and would keep the members updated. Dr. Garver has requested the year-end email on the program. Ms. Wright mentioned she would take care of it.

Financial Report – presented by the Executive Director. Fiscal Year 2017 ending balance submitted to the members. (Attachment D) Discussion of overall financial standing and fund balance.

IV. Unfinished Business

Pharmacology and Therapists - Member Strunk had sent a draft of proposed opinion on medication management and therapists (Attachment E). Discussion included the point that medication review and general medication education with the patient is included in the responsibility of the PT and PTA. For the PTA, changes in the patients’ medications since the last visit should be gathered and directed to the supervising PT. After further discussion on distribution of this opinion, it was decided that this opinion shall be given on a case by case inquiry and it would be best to allow the American Physical Therapy Association to distribute this information to the profession.

Mobility Aides Clarification – Executive Director presented the section of the Administrative Code where the term restorative aide is located. It is agreed that the phrase

needs to be redacted. The members agreed that this change and some more content change is needed. These will be addressed in upcoming sessions.

Licensure Compact—Member Adams reviewed her notes from the Licensure Compacts' first board meeting and pointed out some operational changes. After discussion, the members have agreed to table this item, indefinitely, keeping an eye on changes and development and then deciding in the future if the Compact would be beneficial for our licensees. Points brought up to consider is demand by licensees and looking at the opportunity to streamline our reciprocity process as an alternative. The item voted unanimously to be tabled.

Jurisprudence Access Module—the question as to whether the JAM would be a continuing education requirement, initial license requirement, or both was discussed. Most felt it could be a continuing education requirement. Reservations were expressed as to whether it could be the initial license test. At the end of discussion, it was decided to contact FSBPT and ask more questions of financial commitment needed to make it a continuing education requirement.

VI. New Business

Alternative Approval Pathway—Executive Director presented to the group the option of allowing applicants to register for the NPTE without having to first come through the boards office for approval. Overall, the membership agreed that it was a good move to make administratively. The requirement of our rule change to meet this procedure will be combined with the timing of the rule change needed to eliminate the mobility aide language.

Animal Physical Therapy—the Board had been asked two questions in regards to this item. First question was to inquiries coming from licensees in regard to concerns of Auburn Veterinary School providing an animal physical therapy program and the second question was directly from a therapist wanting to provide animal physical therapy.

Member McGriff left the meeting at 11:56AM.

As far as the Auburn Veterinary School, we have not seen anything formally where they are offering any specialties in animal physical therapy. It was noted the main issue is that the use of the protected term “physical therapy”, as defined by the Physical Therapy Practice Act, brings to conversation. The potential for public confusion regarding the service being offered is an additional point of concern and ensuring that the public understands the differences. On the matter of the inquiry by the therapist, it was decided to notify the therapist wanting to pursue the animal physical therapy that our Practice Act currently only addresses the human condition. If he decides to pursue this, the board does not regulate it, and he would be on his own. He is to not represent himself as an Alabama LPTA when he is engaging in the animal therapy activity. The discussion closed noting

that the situation of animal physical therapy being offered would be monitored to see if it materializes.

Risk Management—additional coverage was presented to the Board. This was an item that had just become available prior to the meeting's agenda. After review, a motion to purchase the maximum additional coverage was made by Strunk, seconded by Hobbs, all member voted in approval.

Annual Review of Executive Director—Vinzant presented to the Board that he has been in the position for a year and a performance evaluation was due. Chair Christian mentioned that historically the reviews had been done by the Chair, but wanted the membership to be aware of the process. After discussion, it was agreed that the Chair would do the review the Executive Director.

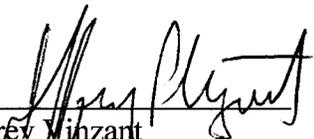
VII. ANNOUNCEMENTS

Scheduled board meetings:

- February 8, 2018 (Board Office, Montgomery)
- April 20 & 21, 2018 (Perdido Beach Resort)
- June 21, 2018 (Board Office, Montgomery)
- August 10 & 11, 2018 (Westin Hotel, Birmingham)
- October 11, 2018 (Board Office, Montgomery)
- December 13, 2018 (Board Office, Montgomery)

IX. ADJOURN

The meeting adjourned at 12:21 PM.



Jeffrey Vinzant
Executive Director



Wiley Christian, III
Board Chair

REPORT FROM THE EXECUTIVE DIRECTOR
December 7, 2017

Fiscal Year 2017 has been finally closed. It seems to have taken longer than what one would think it would have taken, but, we ended the year with a healthy balance. Due to the lengthy time frame of the closing of the year, with an exception of payroll, the State financial system seems very sluggish and slow. Billing from various agencies to us seems slow and cumbersome.

On a positive note, the first week of November; Wiley, Alana, Chad, and myself all attended the annual FSBPT meeting in Santa Ana Pueblo, NM. The facility and the scenery were wonderful. The meeting itself, I think all would agree, has given us some ideals for thought on items like the Licensure Compact, JAM, and Alternate Approval Pathway. One item the Wiley and I were particularly interested in is a Model Board Action Guidelines matrix that FSBPT is currently in the developmental stage on. When completed, this matrix will provide boards a "road map" of recommended disciplinary actions to take on Practitioners with the goal of building a consistency on disciplinary outcomes between the Jurisdictions.

Since the renewal process is now over, the office staff has been working on getting applications of December graduates in order and ready for processing to new licensees after the first of the year.

As always, a thank you to all board members for your service.

Submitted by:

Jeffrey Vinzant

COMMUNICATIONS COMMITTEE REPORT
December 7, 2017

Blast e-mails were sent:

Email sent on 10/13/2017 with names of expired licensees.

Facebook activity:

October 9th, --Post on Office closed for Columbus Day.
October 9th, --Forwarded Post from ALAPTA on proclamation of Physical Therapy Awareness Month.
October 23rd, --Forwarded post from ALAPTA on barriers on Direct Access nationwide.
October 25th, --Forwarded post from ALAPTA on Huntsville work at Downtown Mission Rescue.
October 25th, --Forwarded post from United Ability on a partnership of Speech and Physical Therapy.
October 30th, --Forwarded post from APTA on walking can extend your life.
November 6th, --Post on FSBPT meeting and Jill Heitzman.
November 9th, --Post on Veterans Day and office hours.
November 17th, --Forwarded post from APTA on Tricare and PTA billing.
November 21st, --Forwarded post from ALAPTA on call for action on H&HS changes.
November 21st, --Forwarded post from APTA on 2018 Medicare Fee schedule.
November 22nd, --Post on Thanksgiving and board office hours.

How about a bi-weekly email blast of KNOW YOUR RULES?

This is being done in another jurisdiction. They send out an email to all licensees where they have selected a particular rule and provide a short detail of how, why, intent, etc.

Alabama Physical Therapy Wellness Committee

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11.14.2017

Gentlemen/Ladies:

I am glad to report that all these Physical Therapy Health Professionals are all fully compliant at this time. I want to express their gratitude to a Board who has taken the stance to be a part of rehabilitation of its constituents.

PTA D-14-01 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-14-02 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA 09-08-34 (Public) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-15-01 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PT D-15-03 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-15-02 (Deferral) is currently under contract and is compliant with all of the treatment center recommendations.

PT D 16-01 (Deferral) has signed documents, is under contract and is compliant with all reports and all screens are negative

PTA D -16-03 (Deferral) has completed treatment (alcohol) and is being monitored by us.

PT D-17-1 (Deferral) has completed treatment (alcohol) and is being monitored by us.

PT D-17-2 Has completed treatment and is being monitored by our committee

PT 17-4 Has completed signing documents and is being monitored by us as of April 9, 2017

PTA H17- has completed treatment (alcohol) and is being monitored by us.

The PTA previously mentioned who had tested positive at an application drug screen and self-reported it had a valid RX at the time. He did voluntarily undergo some more complex testing and has been cleared to work with no consequences

All these individuals have mentors, and all are involved in the profession of Physical therapy at this time.

Mike Garver

Alabama Board of Physical Therapy
 Financial Review
 FY 2017

Beginning Fund Balance: \$ 681,363 *adjusted

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
Revenue:	295,034.00	6,671.00	9,000.00	5,198.00	2,560.00	10,025.00	8,920.00	17,165.00	8,524.10	39,033.50	77,295.00	227,121.00	706,547
Expenses:													
Salaries & Benefits	18,555.03	14,136.31	20,133.25	6,065.25	11,928.38	18,673.25	5,842.10	14,375.50	18,543.04	5,842.10	14,218.70	16,312.44	164,625
Travel in State	3,021.80	1,506.65	284.54	1,582.63	1,529.34	0.00	3,751.09	835.70	319.51	2,057.44	3,045.48	544.80	18,479
Travel out of State	0.00	0.00	524.20	940.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,465
Conferences	0.00	0.00	150.00	750.00	0.00	285.00	0.00	0.00	0.00	200.00	0.00	0.00	1,385
Repairs & Maintenance	0.00	13.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14
Telecom-Web services	932.99	397.82	563.69	350.16	667.72	561.88	502.96	448.00	536.69	343.78	556.25	757.78	6,620
Attorney General Fee	3,015.00	0.00	0.00	3,270.00	0.00	0.00	0.00	2,070.00	0.00	0.00	1,605.00	1,950.00	11,910
STAARS Support Fee	66.72	12.81	0.00	0.00	2,250.00	0.00	2,250.00	0.00	0.00	2,250.00	0.00		6,830
Comptroller's Fee	138.77	151.75	98.82	95.82	84.41	60.21	123.53	102.88	112.00	56.67	114.85	168.39	1,308
State Business Sys Fee	2,269.29	50.83	12.81	31.48	13.83	7.15	34.51	4.15	16.63	16.63	4.15	42.96	2,504
Rent	4,656.50	4,723.59	4,723.59	4,723.59	4,723.59	4,723.59	4,723.59	4,723.59	4,723.59	4,723.59	4,723.59	4,723.59	56,616
Professional Services	6,666.66	3,333.33	3,333.33	3,333.33	3,333.33	3,712.95	3,333.33	3,333.33	3,333.33	3,333.33	3,333.33	3,333.33	43,713
Memberships & Dues	2,500.00	0.00	0.00	0.00	975.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,475
Office Supplies	222.28	387.69	93.78	0.00	637.44	9.48	710.00	135.40	140.00	124.44	238.30	204.75	2,904
Office Equipment	0.00	0.00	482.00	70.00	4,097.24	0.00	0.00	0.00	6.13	80.83	3.06	6.02	4,745
Postage Services	194.68	350.56	91.06	46.32	51.70	67.31	62.11	48.35	78.60	0.00	81.67	376.91	1,449
Reference Service Fee	0.00	0.00	0.00	0.00	0.00	600.00	0.00	0.00	4,230.00	0.00	0.00	0.00	4,830
Risk Management	2,061.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,061
ADA Accommodation Fee	0.00	0.00	0.00	330.50	0.00	225.00	0.00	0.00	0.00	212.50	12.50	372.50	1,153
Cellular Contract	123.16	0.00	81.68	0.00	40.84	40.84	41.24	41.24	41.24	41.24	41.24	41.24	534
Miscellaneous	60.00	90.00	13.80	0.00	0.00	25.00	0.00	50.00	25.00	235.00	0.00	0.00	499
Total Expenses:	44,483.88	25,155.14	30,586.55	21,589.71	30,332.82	28,991.66	21,374.46	26,168.14	32,105.76	19,517.55	27,978.12	28,834.71	337,119
Current Fund Balance:	<u>\$ 1,050,791</u>												

Adverse drug events (ADEs) have been shown to be one of the most common types of adverse events after hospital discharge (*Agency for Healthcare Research and Quality, July 2016*)¹. Ensuring safe care transitions includes medication reconciliation, instructing patients and caregivers in self-care methods and facilitating communication with physicians. The Centers for Medicare and Medicaid Services (CMS) currently requires Home Health Agencies (HHAs) and PTs in private practice or working incident to the services of a physician to perform medication reconciliation and/or a drug regimen review, either as a condition of participation or to obtain full payment for services.

Moreover, because of the Improving Post-Acute Care Transitions Act of 2014 (IMPACT), skilled nursing facilities, inpatient rehabilitation facilities and long term acute care hospitals will also be required to complete a medication reconciliation on all patients they admit as of October 1, 2018.

The practice of physical therapy is comprised of many facets of care and oversight. While the list of responsibilities and activities associated with physical therapy is lengthy, the first and foremost concern is to ensure the patient is safe and care that is provided does not jeopardize the health and well-being of the patient.

To meet this obligation, the physical therapist must act in good faith to:

- Provide a comprehensive evaluation/examination regardless of practice setting
- Consider intrinsic and extrinsic factors that would impact a patient's ability, progress and outcome associated with care
- Determine factors that need to be considered when establishing a care plan
- Understand the impact and potential adverse effects of exercise and/or activity may have on a patient

A comprehensive review of medications is an integral part of this obligation. Medications can impact a patient's condition or inhibit a patient's anticipated progress while under a therapy plan of care.

Agency, facility and company policies may differ in how they define elements of medication review. For purposes of this document, the following definitions apply:

- **Drug Regimen Review** - A review of all medications the patient is currently using to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and non-compliance with drug therapy².
- **Medication Reconciliation** – The process of creating the most accurate list possible of all medications a patient is taking – including drug name, dosage, frequency, and route – and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points³.
- **Medication Management** - Definition adopted by the pharmacy profession in 2004 inclusive of a service or group of services that optimize therapeutic outcomes for individual patients. Includes medication therapy review, pharmacotherapy consults, anticoagulation management, immunizations, health and wellness programs, and many other clinical services. Pharmacists provide medication therapy management to assist patients in achieving the best benefits from their medications by actively managing drug therapy and by identifying, preventing, and resolving medication related problems⁴.

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¹ <https://psnet.ahrq.gov/primers/primer/11>

² Home Health Conditions of Participation 484.55c

³ Institute for Healthcare Improvement; <http://www.ihl.org/Topics/ADEsMedicationReconciliation/Pages/default.aspx> Accessed 4/19/2017

⁴ American Pharmacists Association; <http://www.pharmacist.com/mtm> Accessed 4/19/2017

Are Physical Therapists qualified to perform a drug regimen review and medication reconciliation?

Yes. The *Standards and Required Elements for Accreditation of Physical Therapist Education Programs*, developed by the Commission on Accreditation in Physical Therapy Education (CAPTE)⁵ includes Standard 7:

The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

Required Elements:

7A: *The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, and psychosocial aspects of health and disability.*

The Centers for Medicare and Medicaid Services (CMS) also thinks physical therapists are qualified to perform a drug regimen review and medication reconciliation. Federal guidance has acknowledged that it is within the scope of practice for a physical therapist to perform a patient screen in which medication issues are assessed, even if the physical therapist does not perform the specific care needed to address the medication issue. In 2016, CMS released a final rule for the conditions of participation (CoP) for home health agencies (HHAs). Among the updates to the exiting CoP, the final rule established new requirements for HHAs and expanded the role a physical therapist may serve in a HHA – that of clinical manager. As a clinical manager, a physical therapist may provide oversight of all patient care and services, including but not limited to assigning staff, identifying qualifications for staff, and creating policies for HHA personnel.

Is Medication Management now a part of the Physical Therapist Scope of Practice?

No. Physical therapists cannot take the place of a registered nurse or pharmacist in medication management, nor can they replace the role of the physician in determining dose and therapeutic response. While the role of the physical therapist in medication management should be recognized, the limits of that role must also be respected. For therapists practicing in a home health setting, in a therapy-only case, the complete drug regimen review must still be performed by the registered nurse with input from the physical therapist.

⁵ Revised 11/11/2015; updated 3/4/2016

What role can a physical therapist have in medication management?

1. **Screen** a patient to create the most accurate list possible of all medications a patient is taking
2. **Evaluate** a patient's current medication list and compare that list against the physician's admission, transfer, and/or discharge orders to identify interactions and/or duplicate drug therapy
3. **Collect information** through assessment of patient signs/symptoms for drug effects and signs/symptoms of non-compliance
4. **Identify adverse events/reactions** and:
 - a. Communicate those back to a designated drug regimen reviewer at a home health agency
 - b. Communicate those back to a designated drug regimen reviewer in a skilled nursing facility
 - c. Communicate those back to the physician when working in a private practice or hospital setting
5. **Education**: on the side effects and/or benefits of general adherence to all medications

What tasks are within the scope of a physical therapist to evaluate?

- Gathering information on the medications a patient is taking
- Gathering information on the patient's ability to take the proper dosage
- Identifying the purpose of medications and the potential implications for PT treatment
- Assessing the physiologic effects of current medication and their implications for ongoing PT treatment
- Provide basic information to the patient on the medications that may have an impact on the PT plan of care

What tasks would be considered OUTSIDE the scope of a physical therapist?

- Providing an educational intervention on medications that are unrelated to the PT plan of care
- Assessing the efficacy or effectiveness of a medication on a patient's condition
- Changing the dosage of a medication

What tasks are within the scope of a physical therapist assistant?

- Gathering information on the medications a patient is taking and communicating that to the physical therapist (and nurse manager when applicable)
- Gathering information on the patient's ability to take the proper dosage (and nurse manager when applicable)

What tasks would be considered OUTSIDE the scope of a physical therapist assistant?

- Anything other than the gathering of information

When should a PT be expected to contact the physician with concerns?

- **Home Health**: In a therapy-only case, the PT should contact a nurse manager to advise them of the medication profile being completed. The Nurse manager should call the physician if any potentially significant issues are found.
- **Skilled Nursing Facility**: The PT should contact a nurse manager to advise them of the medication profile being completed. The Nurse manager should call the physician if any potentially significant issues are found.
- **Hospital**: The PT should contact a nurse manager to advise them of the medication profile being completed. The Nurse manager should call the physician if any potentially significant issues are found.
- **Private practice/Outpatient**: The PT should contact the physician and/or a physician extender to advise them of any issues found with the medication profile.

- All settings: The PT should document what the results of a drug regimen review were and what, if any actions were taken, in order to identify issues that might be pertinent to the physical therapy plan of care.

When should a PT be expected to implement any changes to the medication regimen?

- Home Health: In a therapy-only case, the Nurse manager should contact the patient to inform them of any changes the physician has made in their medication regimen and/or schedule a visit to provide an educational intervention.
- Skilled Nursing Facility: The Nurse manager should write a verbal order and implement any changes made in the medication regimen.
- Hospital: The Nurse manager should write a verbal order and implement any changes made in the medication regimen.
- Private practice/Outpatient: The physician and/or physician extender would be responsible to contact the patient if any potentially significant issues are found.
- All settings: The PT should not be expected to take verbal orders on medication changes, discharged medications or new medications.

When should a physical therapist be expected to complete these activities?

Only when the agency/facility/practice has implemented a policy and procedure that requires collaboration between the physical therapist and other staff.

**Alabama Board of Physical Therapy
Administrative Code
700-X-3-.03 Roles And Responsibilities Of Licensees.**

(1) Roles and Responsibilities, Generally. Within the provision of physical therapy service there are three recognized levels of personnel: The professional physical therapist who is licensed to practice physical therapy; the physical therapist assistant who is licensed to assist the physical therapist; and the physical therapist aide/attendant who is not licensed but is usually an on-job-trained individual who provides support activities for the physical therapist and the physical therapist assistant and unlicensed person. The physical therapist must assume primary responsibility for physical therapy care rendered by supportive personnel under his/her supervision or direction. Both direction and supervision include, when appropriate, observation of the application of physical therapy procedures, conferences related to patient progress, verbal and written reports.

(2) Definitions.

(a) Direction means the action of the physical therapist in delegating duties to a physical therapist assistant, maintaining close communication with the physical therapist assistant, and overseeing the physical therapist assistant's activities on a frequent regularly scheduled basis.

(b) Supervision means the direct onsite overseeing of the performance of assigned or delegated duties or functions.

(c) Diagnosis for physical therapy means the identification of functional limitations and/or impairments and/or disabilities which are used to guide physical therapy treatments. It is not a medical diagnosis or the identification of a disease.

(3) Roles and Responsibilities, Specifically.

(a) Physical Therapist. The roles and responsibilities of a person licensed by this Board to practice physical therapy in the State of Alabama generally are:

1. To interpret a practitioner's referrals.
2. To perform and document the initial evaluation, as well as the physical therapy plan of care which may include:
 - (i) Diagnosis rendered by the referring or previously diagnosing health care provider
 - (ii) Diagnosis for physical therapy
 - (iii) Presenting problems

<p>(iv) Past medical history including, but not limited to, conditions for which patient is taking medication and conditions which are currently being treated by a physician</p>	<p>Drug Regimen Review</p> <p>Consider intrinsic and extrinsic factors that would impact a patient's ability, progress and outcome associated with care</p> <p>Determine factors that need to be considered when establishing a care plan</p>
<p>(v) List of medications being taken by the patient</p>	<p>Drug Regimen Review Medication Reconciliation</p>
<p>(vi) Objective findings of the physical therapy evaluation</p>	<p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p>
<p>(vii) Assessment as to what the current problem(s) is/are that require physical therapy intervention</p>	<p>Determine factors that need to be considered when establishing a care plan</p> <p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p> <p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p>

(viii) Goals, both short-term and long-term if appropriate

(ix) Physical therapy plan of treatment including frequency and duration

3. A Physical Therapist will not be disciplined for accepting a referral from a licensed assistant to a physician acting pursuant to a valid supervisory agreement or a licensed certified registered nurse practitioner in a valid collaborative practice agreement with a licensed physician as long as the physical therapist has a reasonable good faith belief that the assistant to a physician is acting pursuant to a valid supervisory agreement or the nurse practitioner is in a valid collaborative practice agreement with a licensed physician.

<p>4. To identify and document precautions, special problems, contraindications, anticipated progress, and plans for reevaluation.</p>	<p>Medication Reconciliation</p> <p>Understand the impact and potential adverse effects of exercise and/or activity may have on a patient</p>
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5. To implement and supervise that program.	Understand the impact and potential adverse effects of exercise and/or activity may have on a patient
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6. To select and delegate the appropriate portions of the treatment plan and program.

7. To delegate only those patient care duties to supportive personnel who are qualified under the provisions of these rules to perform such duties.	
8. To reevaluate the patient and adjust the treatment plan, perform the final evaluation of the patient and discharge planning.	<p>Consider intrinsic and extrinsic factors that would impact a patient's ability, progress and outcome associated with care</p> <p>Determine factors that need to be considered when establishing a care plan</p>
9. To designate or establish channels of written and oral communication.	
10. To maintain adequate records of the case and report to appropriate sources.	<p>Collect information – e.g. assess patient signs/symptoms for drug effects and signs/symptoms of non-compliance</p> <p>Identify adverse events/reactions – communicate to physician</p> <p>Education – e.g. on the side effects and/or benefits of adherence to drug therapy</p>

11. To direct no more than four licensed physical therapist assistants at one time.

12. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

13. To provide supervision of physical therapist and/or physical therapist assistant students who are on clinical experiences approved by their school as part of their Commission on Accreditation of Physical Therapy Education (CAPTE) approved educational program.