

Alabama Board of Physical Therapy Newsletter

FALL 2019
VOLUME 26, ISSUE 1

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT,
Secretary 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Board Members Update



On August 7, 2019, Governor Kay Ivey reappointed Jonathan Zecher as PT Member representing the 5th Congressional District of Alabama. Jonathan's term will run through October 6, 2024. Jonathan is the founding partner of Focus Physiotherapy. A graduate of the University of Alabama in Birmingham's Department of Physical Therapy, Jonathan has been a manual therapist in the Huntsville/Madison area since 1999.

Jonathan has a passion for clinical education and devotes his time teaching and mentoring other therapist in their manual skills and clinical reasoning. He completed his certification as an orthopedic specialist (OCS) from the American Board of Physical Therapy Specialties in 2005 and advanced

credentialing in manual therapy the following year. In addition, he completed a fellowship (FAAOMPT) in orthopedic manual therapy in 2009. In 2015, Jonathan received his Physical Therapy Doctor of Science (DSc) from Andrews University. As a former Grissom and UAH soccer player, Jonathan continues to stay active coaching and playing. He also loves spending time with his family in the outdoors.

In other Board Member news, PTA Member Randi Borrego, who represented the southern half of the state, has resigned her appointment. The Board will conduct its next annual nominations meeting April 17, 2020 where we will accept nominations to replace Ms. Borrego and nominations for the PT Member position representing the 1st Congressional District, which comes open in October 2020. Please visit our website for and check your emails early spring for more information as the date of this meeting approaches.



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

Alabama Board of Physical Therapy Newsletter

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT,
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Demographics of Practitioners in Alabama | Wiley Christian, III, PT, Board Chair

During a legislative meeting the State of Alabama Board of Physical Therapy was challenged to provide a comprehensive account of the demographics of its licensees. On behalf of the board, I would like to personally thank everyone that completed the online renewal questionnaire which provided this much needed information.

According to the legislator, all agencies should be able to account for and assess its licensee's impact on the needs of the consumers of the State of Alabama. One way to accomplish this task is to know who, where, and what we are. We frequently hear concerns expressed about the underserved populations in our state and in order to address this issue an objective assessment was created to confirm and fully understand the problem.

According to our findings the State of Alabama our profession remains Caucasian female dominate with an equal representation of PT's and PTA's. However to our surprise, we identified several counties with as few as one physical therapy professional to serve their needs. It is also noted that the majority of our physical therapy professionals identify themselves as employed in unaffiliated outpatient; not affiliated with a hospital, health system, military or other government agency and home health care settings. Representation in skilled nursing and acute care hospitals were third and fourth on the list of settings.

The board hopes that collecting and sharing this data will prove useful for tracking, identifying and improving public access to physical therapy for the citizens of our state.

**Editors Note—the information presented is a result of the data collected during the 2019 Annual Renewal cycle. Total licensees is less than actual due to new graduate licensees are not included. Additionally, type of practice is the selection of the licensee, not the board, and reflect the licensees choice of what setting they practice. Please direct any inquires to info@pt.alabama.gov.*

Continued on page 3



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

FALL 2019
VOLUME 26, ISSUE 1

Alabama Board of Physical Therapy Newsletter

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT,
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

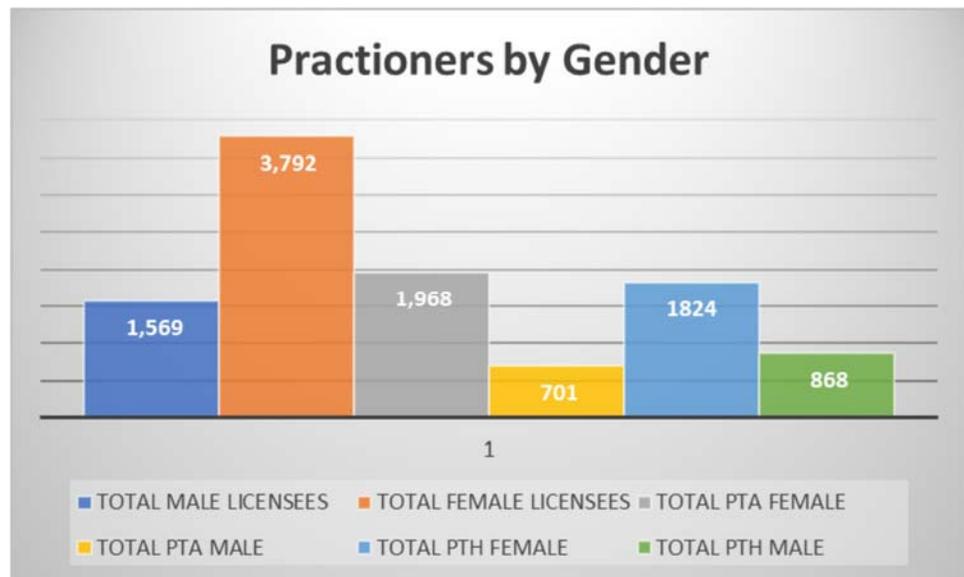
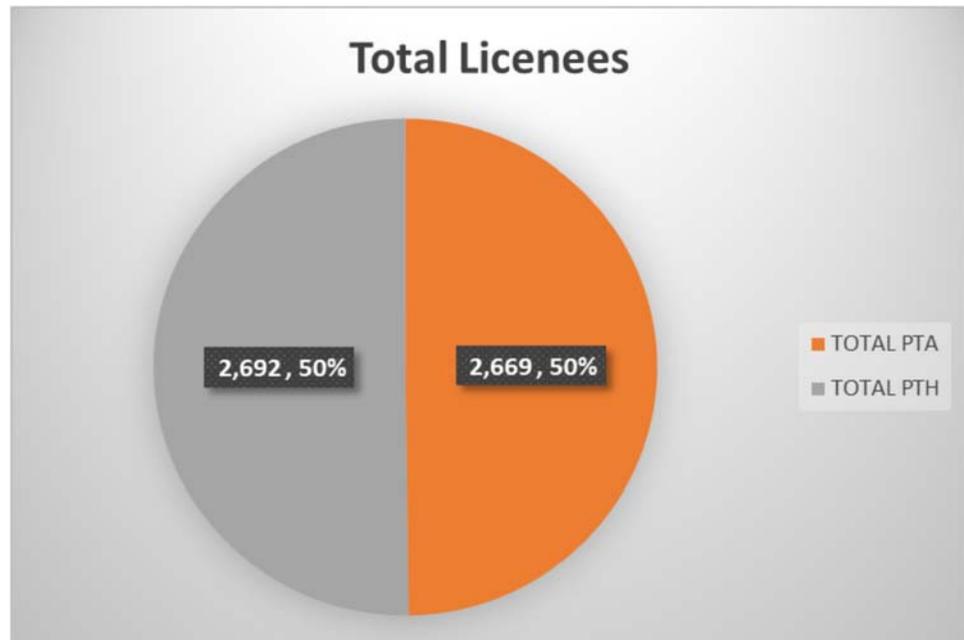
Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

Alabama Board of Physical Therapy Newsletter

FALL 2019
VOLUME 26, ISSUE 1

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT,
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

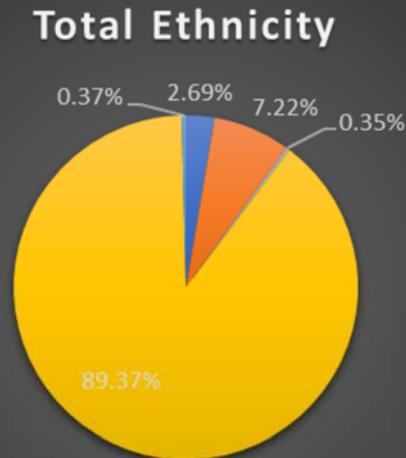
Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

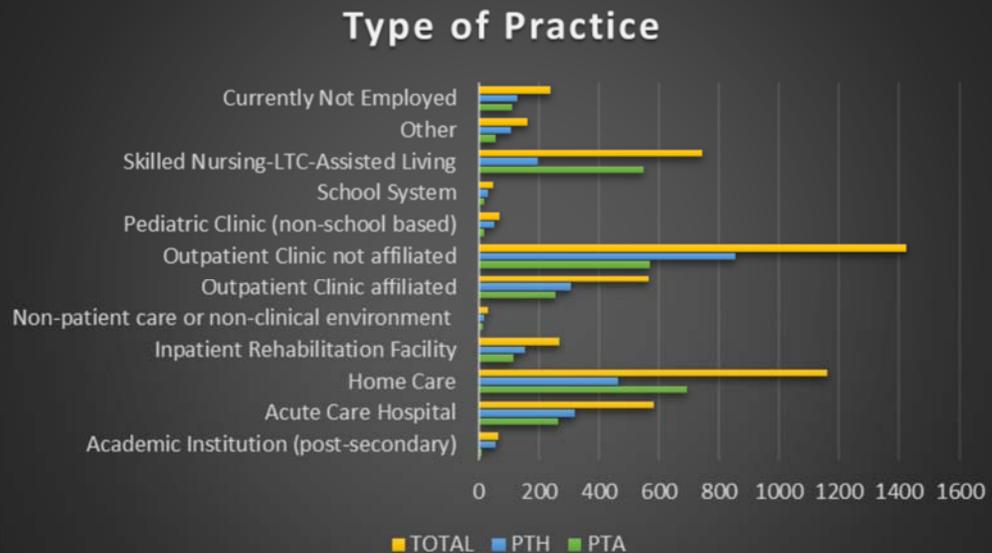
April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743



ASIAN BLACK HISPANIC WHITE OTHER



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

FALL 2019
VOLUME 26, ISSUE 1

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Alabama Board of Physical Therapy Newsletter

The Sunset Committee and What You May Be Asked to Do

Margaret Hemm, Ed.D. Consumer Member

The Sunset Committee is a joint legislative committee made up of twelve members equally divided between the Alabama Senate and House of Representatives. The Committee must review the operations of State agencies every four years and can recommend one of three alternatives for each agency to include: continuance without statutory modification, continuance with statutory modification, or termination. Generally, the Committee requires agencies under review to provide specified information about their operations. The Department of Examiners of Public Accounts assist the Sunset Committee in obtaining, compiling, and evaluating the operations and will compile a report to the Sunset Committee to include, but not limited to, the following:

- Compliance with the State's Open Meetings Act
- Analysis of the agency's comprehensive annual financial reports (CAFR)
- Determination if the agency is or is not charging fees authorized by the statute
- Determination if Board minutes are appropriate and accurately record Board actions
- Determination of the nature and extent of agency communication with the public and its clients
- Evaluation of the agency's licensing process

The Sunset Committee is then required by law to hold public hearings and receive testimony from the public as well as all interested parties. The Committee schedules two-day meetings to review the agencies that are up for sunset. The first day of the review is typically to examine the report from the Department of Public Accounts and the second day is when the public hearing is held. The Alabama Board of Physical Therapy will be reviewed following the regular legislative session in 2020. Licensees and members of the public may be contacted to provide feedback regarding Board operations and actions. Your participation in the process and/or to attend the public hearing is encouraged. These dates will be posted so stay tuned!

As the Consumer Member on the Board, I continue to be impressed with all of the work that each of the Board members do to ensure our purpose to protect the public from the incompetent practice of physical therapy through ensuring all applicants meet the qualifications for entry into the profession, through the adoption of rules defining and delineating unlawful conduct, and through swift and effective discipline for those practitioners who violate our statute and regulations.



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

Alabama Board of Physical Therapy Newsletter

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Changes in Post-Acute Care | Ellen Strunk, PT, MS

Over the last twelve months, therapists working in the post-acute care environment have experienced significant change. Skilled nursing facilities (SNFs), home health agencies (HHAs) and inpatient rehabilitation facilities (IRFs) all received news in their final rules for 2020 that, while not unexpected, is likely overwhelming to many. More recently there has been social media outcry, anger and anxiety about how some providers have responded to this change. The Alabama Board of Physical Therapy (ABPT) and its publications cannot comment on business decisions corporate entities make in response to environmental and regulatory changes. We can take the opportunity to remind licensees of Chapter 700-X-3 of the Administrative Code which reminds us that we are obligated to conduct ourselves professionally. 700-X-3-.01 states that PTs and PTAs are to "respect the rights and dignity of all individuals and are to be guided at all times by concern for the welfare of those patients entrusted to their care."

Skilled Nursing Facility's Patient Driven Payment Model (PDPM)

On July 31, 2018 the Centers for Medicare and Medicaid Services (CMS) published the *Prospective Payment System (PPS)* and *Consolidated Billing for Skilled Nursing Facilities (SNF) Final Rule for Fiscal Year (FY) 2019*. The rule finalized CMS's proposal to replace the current SNF PPS Resource Utilization Group (RUGs) with a new payment model called the Patient-Driven Payment Model (PDPM) beginning on October 1, 2019. In the SNF PPS *Final Rule for Fiscal Year (FY) 2020*, published on August 7, 2019 CMS made very few minor changes to the PDPM model. The change in payment model is welcomed by many therapists and other professionals who were critical of the Resource Utilization Group (RUG) PPS model because it tied payment to the volume of therapy minutes delivered. For years, therapists were put in a position where they felt the volume of therapy services was more important than the value of therapy services delivered.

PDPM is a fundamental shift from the RUG's system since it determines payment using only data that describe the patient's characteristics and/or the medical treatments that are required by their active diagnoses. In fact, the number of therapy days and minutes delivered have no influence over what a SNF is paid. Under the new system, patients will be assigned a Case Mix Group (CMG) using five components: physical therapy (PT), occupational therapy (OT), speech language pathology (SLP), nursing, and non-therapy ancillaries. Each of the components is outlined in Table 1 for reference. The PDPM model brings with it a philosophical change in how CMS is approaching payment for skilled nursing facility services. Under the RUG's model, a SNF had to provide specific amounts of therapy service in order to receive specific amounts of payment. The intensity of that therapy service was directly tied to the level of payment. Under PDPM, that philosophy of "do this much and you get this payment" is gone forever. In other words, CMS is expecting SNF providers to determine "how much service" is needed in order to provide the "right outcome" for the patient. "How much payment" the SNF receives is not dependent on the amount of service or what service is provided. Essentially, SNFs are shifting into the value-based world of payment under PDPM.

Is it scary for therapists? Absolutely. On the positive side, it does give rehabilitation services in the SNF a clean slate to demonstrate the value we provide to the population we serve. Our days are no longer filled with volume thresholds that must be met. Instead, we can focus on person-centered care. We can begin to better understand how patient characteristics influence our decisions about exercise prescription. A new definition of group therapy also came with the new system: "2 to 6 patients at the same time who are performing either the same or similar activities". This gives therapists the opportunity to use their clinical judgment about not only when to use group therapy but also what is the appropriate number of patients to have in a particular group. So, what will you do with these new opportunities?

Continued on page 7



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

Alabama Board of Physical Therapy Newsletter

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Home Health Agency's Patient Driven Grouper Model (PDGM)

On October 31, 2018 the Centers for Medicare and Medicaid Services (CMS) published the *CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case-Mix Adjustment Methodology Refinements*. model, while also maintaining its timeline for implementation. The rule finalized CMS's proposal to replace the current Home Health Resource Groups (HHRGs) with a new payment model called the Patient-Driven Group Model (PDGM) beginning on January 1, 2020. In the Home Health PPS *Final Rule for Fiscal Year (FY) 2020*, published on October 31, 2019 CMS slightly modified and finalized a few of the more controversial parts of the PDGM

Home health agencies may experience a disruption in their cash-flow as it relates to business operations at the same time they are implementing PDGM on January 1, 2020. There are two significant changes for HHAs: (1) A new claim period of 30 days and (2) A reduction in the 'up-front' payment amount associated with the Request for Anticipated Payment (RAP). Under the new payment model, the unit of payment for home health services will move from a 60-day period to a 30-day period, while the certification period for home health agencies will remain at 60-days. Moreover, HHAs are used to receiving 60% of their anticipated payment upon submission of a RAP, and the remaining 40% when the final claim for the 60-day period is submitted. This changes to 50%/50% for second and subsequent claim periods.

Like their colleagues in the SNF, home health therapists have experienced the criticisms related to therapy visits and the HHRG level. The HHRG payment is currently influenced by the number of therapy visits delivered over the course of a 60-day episode: as the number of therapy visits increases, so does the payment to the home health agency.

Similar to the PDPM, the new Home Health model is designed to classify the patient using only clinical characteristics and other patient information components (See Table 2). In the PDGM, there are 5 main case-mix variables: the Admission Source and Timing, the Principal Diagnosis, the Functional Impairment Level, and the Comorbidity Adjustment. Only the Functional Impairment Level will come from the OASIS start of care assessment (or follow up assessment if indicated), while the remainder of the variables will come from the claim form.

Another significant change for HH providers in CY 2020 will be the ability to utilize therapist assistants to perform maintenance therapy. In the past, only therapists/clinicians were allowed to provide maintenance therapy home health visits. In its final rule, CMS referenced previous comments submitted by therapists expressing concerns about shortages of therapists, especially in rural areas. Therefore, for episodes starting on/after January 1, 2020, therapist assistants will be able to perform maintenance therapy services under a maintenance program established by a qualified therapist under the HH benefit, if they are acting within the therapy scope of practice defined by their state licensure laws. However, the physical therapist would still be responsible for the initial assessment, the plan of care, the maintenance program development and any modifications, as well as a reassessment every 30 days, in addition to supervising the services provided by the therapist assistant.

During times of change, it is not uncommon to become concerned. We all have a duty to insure our patients receive the treatment they need and require. CMS has stated they plan to monitor any changes in therapy utilization patterns as well as provider behavior. They have a responsibility to maintain beneficiary access to services. In both the SNF final rule and the HH final rule, CMS specifically pointed out that therapy remains a valuable service for Medicare beneficiaries. If it appears that providers are adopting behaviors that put Medicare beneficiaries at risk of lower outcomes, or worse yet, harm, CMS said they would take swift action with program integrity measures, in addition to making refinements to the payment models

Continued on page 8



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

Alabama Board of Physical Therapy Newsletter

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743



ALABAMA BOARD OF PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

Table 1: Components Used in the PDDM

Component	Patient Characteristics	Important MDS* Sections	Per Diem Payment
PT	Primary reason for SNF Stay falls into 1 of 4 categories: 1) Major Joint Replacement or Spinal Surgery 2) Non-Orthopedic Surgery or Acute Neuro 3) Other Orthopedic 4) Medical Management	I0020B	Beginning with Day 21, per diem payment amount decreases by 2% every 7 days
	Functional Status Self-Care: 3 items	GG0130A, B, C;	
	Functional Status Mobility: 8 items	GG0170B, C, D, E, F, I, J, K	
OT	Primary reason for SNF Stay falls into 1 of 4 categories: 1) Major Joint Replacement or Spinal Surgery 2) Non-Orthopedic Surgery or Acute Neuro 3) Other Orthopedic 4) Medical Management	I0020B	Beginning with Day 21, per diem payment amount decreases by 3% every 7 days
	Functional Status Self-Care: 3 items	GG0130A, B, C;	
	Functional Status Mobility: 8 items	GG0170B, C, D, E, F, I, J, K	
SLP	Primary reason for SNF Stay falls into 1 of 2 categories: 1) Acute Neuro 2) Non-Neuro	I0020B	Per diem payment is the same for all covered days
	Cognitive Status	Section C	
	Presence of swallowing disorder	Section K	
	Presence of mechanically altered diet	Section K	
Nursing	Presence of other SLP comorbidities	Sections I, O	Per diem payment is the same for all covered days
	Active medical conditions and orders for treatment	Sections C, E, H, I, J, K, M, N, O	
	Functional status in late-loss ADL abilities	GG0130A, C; GG0170B, C, D, E, F	
	Presence of symptoms of depression	Section D	
Non-Therapy Ancillary	Number and type of active diagnoses present	Section I (but not I0020B) SNF Claim	Per diem payment tripled days 1-3; then at baseline for remaining covered days
	Other services and treatments ordered	Sections H, I, K, M, O	

*Minimum Data Set

Table 2: Components Used in the PDGM

Timing*	Admission Source^	Clinical Grouping^	The Primary Reason for the HH episode is:	Functional Level~	Comorbidities**	LUPA^^	
Early or Late	Community or Institutional	Musculoskeletal Rehabilitation	PT, OT, or ST for musculoskeletal condition	Lo, Med, HI	None Low High	>/=2 </=6	
		Neuro/Stroke Rehabilitation	PT, OT, or ST for neurological condition	Lo, Med, HI		>/=2 </=6	
	May be indicated by: Occurrence code 61 (acute care hospital discharge within 14 days of the "From Date" of any HH claim) OR Occurrence code 62 (SNF, IRF, LTCH, IPF discharge within 14 days of the "From Date" of any HH claim)	Assessment, Treatment & Evaluation of:					
		Wounds – PO Wound Aftercare and Skin/Non-surgical Wound Care	Surgical wound(s), non-surgical wounds, ulcers, burns, other lesions	Lo, Med, HI		>/=2 </=5	
		Behavioral Health Care	Psychiatric conditions	Lo, Med, HI		>/=2 </=5	
		Complex Nursing Interventions	Complex medical & surgical conditions including IV, TPN, enteral nutrition, ventilator, and ostomies	Lo, Med, HI		>/=2 </=4	
		Medication Management, Teaching and Assessment (MMTA): Assessment, Evaluation, Teaching and Medication Management for:					
		MMTA – Surgical Aftercare	Surgical aftercare	Lo, Med, HI		>/=2 </=5	
		MMTA – Cardiac/Circulatory	Cardiac or other circulatory related conditions	Lo, Med, HI		>/=2 </=5	
		MMTA – Endocrine	Endocrine related conditions	Lo, Med, HI		>/=2 </=5	
MMTA – GI/GU	GI or GU related conditions	Lo, Med, HI	>/=2 </=4				
MMTA – Infectious Disease/ Neoplasms/ Blood-forming Diseases	Conditions related to infectious diseases, neoplasms, and blood-forming diseases	Lo, Med, HI	>/=2 </=4				
MMTA – Respiratory	Respiratory related conditions	Lo, Med, HI	>/=2 </=5				
MMTA – Other	A variety of medical and surgical conditions not classified in one of the previously listed groups	Lo, Med, HI	>/=2 </=5				

*Timing: Early(1stepisode) or Late (2nd or later episode)

^Admission Source: Community or Institutional (Institutional is defined as an acute care, inpatient psychiatric facility, long term care hospital, skilled nursing facility, or inpatient rehabilitation facility stay that occurred in the 14 days prior to the HH SOC); For the 2nd and subsequent episodes, if an acute care stay (only) occurred in the 14 days prior to the subsequent episode of care. ^Clinical Groups: 12 groups to describe the primary reason for which patients receive HHC

~Functional Level: Low, Medium, High using OASIS items (Grooming; Current ability to dress upper body; Current ability to dress lower body; Bathing; Toilet transferring; Transferring; Ambulation and locomotion; Risk for rehospitalization). Each category has its own cut-off points for low, medium, or high functional level. **Comorbidities: Presence of one or more 13 comorbidity subgroup interactions would receive the low adjustment; Presence of one or more 34 comorbidity subgroup interactions would receive the high adjustment; Absence of secondary diagnoses in either comorbidity would receive no adjustment.

^^LUPA thresholds vary depending on the final PDGM group assigned. ^^LUPA thresholds vary depending on the final PDGM group assigned.

Alabama Board of Physical Therapy Newsletter

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Wellness Program Update

The Alabama Board of Physical Therapy began its Wellness Program in 2014. As of this past spring, the Board now has four participants who have successfully completed the program. The following is an unedited testimonial from one of those participants. We are sharing this in the hopes that more will come forward and see the benefits of participation in the Wellness Program.

I want to share a little bit of my experience as a participant in The Alabama Board of Physical Therapy Wellness Program. I entered the Wellness Program as a participant in October 2014. Not only did entering the Wellness Program allow me to work and provide for my family, while being monitored, it also saved my life.

I am going to keep this short and simple. I know that everyone reading this won't understand, but I am hoping that if someone is struggling with addiction or alcoholism and reads this, they will read a message of HOPE. Addiction/alcoholism doesn't show favoritism. It doesn't care if you are a PT, PTA, doctor, or lawyer. It doesn't care how hard you have worked for your education/degree. But it is real and can take everything from you, including your life. I am living proof that there is RECOVERY, and there is HOPE of finding a new way to live.

For 5 years in the Wellness Program, I was monitored and had certain things required of me. I was willing to do it. I had worked hard for my degree and I needed to provide for my family. I am so grateful for the Wellness Program, because not only did it allow me to work, while being monitored, but I was able to build a solid foundation of recovery and change my life. One of the things required by the Wellness Program was that I had to attend meetings. I was able to find a program that worked for me. I attended 3 meetings a week, sometimes more, for over 5 years. Currently, I still attend meetings. By doing this I learned how to live differently. I learned I am not morally deficient, that I have a disease. I learned to deal with life on life's terms. I learned how to have a relationship with a power greater than myself, which is God for me. I have learned how to forgive myself, and how to love myself. I actually have learned how to live. All of this was done while my identity was only known to the Wellness Program Director.

When the terms of my contract were fulfilled, I thanked the Alabama Board of Physical Therapy. I thanked them for having the Wellness Program that held me accountable. I thanked them for allowing me to work as a therapist and provide for my family, while being monitored and working on myself. Most of all I thanked them for helping me Save Myself. [#grateful in recovery](#) [#Anonymous](#)

If you are a Practitioner who is struggling with addiction, there is help. Contact our Wellness Program Manager:

Michael Garver, DMD
19260 North Mobile Street
P.O. Box 426
Citronelle, AL 36522

Fax: (251) 866-5570
Phone: (251) 866-5585
E-mail: abptwellness@gmail.com

All inquires are confidential



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

FALL 2019
VOLUME 26, ISSUE 1

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Alabama Board of Physical Therapy Newsletter

Patient Privacy-Best Practice | Wiley Christian, III, PT, Board Chair

There have been a number of questions from licensees on whether a second person in the room is required during pelvic floor muscle exams. According to APTA and the Section on Women's Health there is no policy regarding second person in the room during pelvic floor muscle exams and treatment.

Here are some suggestions to consider for having a second person in the room: For treatment of minors/children – practitioners should ask a parent to attend. For opposite gender, practitioners may have a second person in the room when female therapists are treating male patients or when male therapists are treating female patients.

It is recommended that you have documented, signed informed consent for physical therapy evaluation and treatment. Although a generic/general consent form for PT evaluation and treatment is appropriate and that pelvic floor muscle exam is part of our evaluation and within the practice of physical therapy. It is recommended that a more specific explanation of pelvic examinations be incorporated into the form since a separate consent form for pelvic floor muscle exam may raise concerns that pelvic examinations aren't within physical therapy practice.

Thorough communication and explanation regarding the pelvic floor muscle exam and treatment, including the reason for the examination and what is involved is recommended. This information should be included in the provider's documentation as well.

Some practitioners send a letter to patients before their first visit that states they may have an internal assessment of the pelvic floor musculature and that they are welcome to bring someone with them. This approach addresses the practices that do not have an employee available to provide a second person in the room.

Good documentation throughout – evaluation, treatment plan and treatment session is recommended. Give the patient the option to have a second person in the room and document that the question was asked and always provide a second person if a patient desires. Also document if the patient refuses a second person in the room.

Gaining an understanding of the patient's personal sense of modesty, dignity and personal boundaries is essential to effective draping and professional interaction. The greater the amount of exposure necessary during the treatment process, the greater the importance of this understanding.



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

Alabama Board of Physical Therapy Newsletter

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Yes, it's time for Jurisprudence | Jeffrey Vinzant, Executive Director

In 2014, the Board made a fundamentally significant change in the continuing education requirements for annual renewal for the Practioner. The decision to no longer certify CE courses and leave it to the professional judgement of the licensee, simplified a process in such a way we believe has made our state, compared to others nationwide, one of the easiest to obtain CE's for your annual renewal requirement. However; in that change, the board added a 2 hour Alabama Jurisprudence CE requirement to be fulfilled every five years (2020, 2025, 2030, etc.). Beginning the next renewal period of July 1, 2020, all licensees, unless newly licensed in the past year, will be required to have the two hours of AL Jurisprudence as part of their continuing education reflected on that renewal.

At this point, we will hopefully provide some information that will answer the most frequently asked question we have had at the board office recently.

Q: Are all licensees required to have the AL Jurisprudence?

A: Yes, the only exemption is for licensees newly licensed obtaining their first renewal.

Q: 10 hours of CE is required each year, is the AL jurisprudence CE in addition to that?

A: No, licensees are required to have 8 hours of general PT CE and 2 hours of AL Jurisprudence CE for the 10 hours.

Q: What if I submitted 2 hours of AL jurisprudence CE with last year's renewal, do I have to do it again?

A: Yes, you were given credit for that submission toward your 10 hours of CE for annual renewal at that time for that License renewal. This is will be this year's requirement and a new one will be required.

Q: How far back will you accept my AL Jurisprudence CE course taken?

A: The compliance period for 2020 began on October 1, 2018. Therefore; any AL Jurisprudence coursed taken since that time will be honored, if not already submitted in a previous renewal.

Next, we would like to review with everyone course options for completing the jurisprudence CE requirement. The American Physical Therapy Association and Alabama Physical Therapy Association both have online courses to fulfill the requirement. Additionally, many online CE providers market themselves as providing jurisprudence including alabamaptjurisprudence.com. It is important to point out that the requirement is Alabama Jurisprudence not just general PT jurisprudence, so, buyer beware! The Alabama Board of Physical Therapy began conducting a free course this past April after regularly scheduled board meetings. So far, we have offered the course in Montgomery, Birmingham, and Huntsville. Our next opportunities for licensees are:

February 21, 2020—Wallace Community College-Dothan

April 17, 2020—University of South Alabama—Mobile

August 2020—Birmingham—TBA

Please pay attention to your email and our website for updates of time, date, and locations of these events. Lastly, if you have any specific questions about the jurisprudence CE requirement that has not been addressed, please contact our offices at 334-242-4064 or email at info@pt.alabama.gov.



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

FALL 2019
VOLUME 26, ISSUE 1

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT,
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Alabama Board of Physical Therapy Newsletter

DISCIPLINARY NOTICES:

Case # 19-03-11
Allegations: Patient Abuse
Disposition: Fine and CE course
Closed & Approved: August 15, 2019
Name: Thomas Martin, PTA3946

Case # 19-05-12
Allegations: Falsification of records
Disposition: Fine
Closed & Approved: May 30, 2019
Name: Tammy Bush, PTA5873

Case # 19-06-01
Allegations: Falsification of records
Disposition: Fine
Closed & Approved: May 8, 2019
Name: Jason Coloma, PTH8294

Case # 19-08-31
Allegations: Falsification of records
Disposition: Fine
Closed & Approved: May 31, 2019
Name: Donald Scott Deaton, PTA1423



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040

FALL 2019
VOLUME 26, ISSUE 1

Board Members

Wiley Christian, III
PT, Chair
1st Congressional District

Nathan McGriff, PTA,
Treasurer, 2nd Congressional District

Jonathan Zecher, PT
5th Congressional District

Alina Adams, PT
4th Congressional District

Ellen Strunk, PT,
Secretary, 6th Congressional District

Margaret Hemm,
Consumer Member

Legal Counsel

Matt Bledsoe
Assistant Attorney General

Administrative Staff

Jeffrey Vinzant,
Executive Director

Sheila Wright,
Executive Assistant III

April Tucker, ASA I

E-mail:
info@pt.alabama.gov

PHONE:
(334) 242-4064
TOLL FREE:
(888) 726-9743

Alabama Board of Physical Therapy Newsletter

Upcoming Board Meetings

December 5, 2019—Board Office, Montgomery 10:00AM

February 21, 2020—Meeting & Jurisprudence Seminar, Wallace Community College-Dothan. Meeting at Noon, Seminar at 2:00PM

April 17, 2020—Board Meeting with Nominations & Jurisprudence Seminar, University of South Alabama. Meeting at Noon, Seminar at 2:00PM

June , 2020—Board Office, Montgomery Date & Time **TBA**

August, 2020—Meeting & Jurisprudence Seminar, Date & Location –TBA, Meeting at Noon, Seminar at 2:00PM

All meetings are open to the public.

All licensees that attend the Jurisprudence seminars will receive certificates of completion of their Alabama Jurisprudence requirement for their 2020 License renewal. Seminars are free to all licensees. Please pay attention for emails from the Board office that will have registration link and seminar information for each location.



ALABAMA BOARD OF
PHYSICAL THERAPY

100 North Union Street, Suite 724 Montgomery, Alabama 36130-5040