I. Call to Order – The meeting was called to order by Chair Wiley Christian at 9:58 AM. Board Members present were; Adams, Christian, Hemm, McGriff, Strunk, Zecher, Matt Bledsoe, Assistant Attorney General, Sheila Wright, Executive Assistant III, Jeffrey Vinzant, Executive Director. Visitors attending were Andrea Johnson, PT, Amy Smith, PTA, Dana Daniel Blake, PT and Lisa Alamirano, PT.

Ms. Wright provided the devotional.

Chair Christian greeted everyone. Legal Counsel noted that the meeting did have a quorum.

Open Discussion – Member Hemm commented that she really appreciated the draft of the meeting minutes circulated immediately after the meeting. The Executive Director reviewed the new state travel payment schedule that took effect on July 1. Vinzant also mentioned the reinstatement of the board training program by the State Examiner’s Office. The first opportunity is September 12. As soon as other date opportunities are published members will be advised. The Alabama Association of Regulatory Boards will have a Leadership seminar on October 30th at Wynlakes Country Club in Montgomery. The Federation of Association of Regulatory Boards will have its annual Forum on January 24 thru 27, 2019 in New Orleans. Lastly, the Executive Director brought to the attention of the members that the Alabama Physical Therapy Association now has Partner membership program for non-therapist. Vinzant requested a membership for himself, Ms. Wright, Member Hemm, and Counsel Bledsoe. Motion to approve was made by McGriff, seconded by Zecher, all members voted in favor of motion.

The Chair recognized Andrea Johnson, PT current President of the ALAPTA who discussed the ALAPTA’s intent to bring forward legislation to modify the Practice Act. ALAPTA intends to promote the concept patient choice, enhancing free trade, and physical therapy as alternative to opioids. Ms. Johnson noted that once the November elections are over, the association will begin contacting legislators. The legislative session starts in March and the bill should be filed at that time.

II. Minutes – The minutes of the June 2018 meeting were reviewed. Member McGriff made a motion to adopt the minutes as is, seconded by Strunk. Christian, Hemm, McGriff, Strunk, and Zecher voted yea, Adams abstained.
III. Reports

New Licensees Report—Presented by Sheila Wright. Ms. Wright reviewed new license activity from May 31st to August 2nd. There were 140 new licensees. 86 Physical Therapists; 59 by exam and 27 by endorsement. There were 54 Physical Therapist Assistants; 49 by exam and 5 by endorsement. We had 29 Temporary licenses issued; 15 to Physical Therapists and 14 Physical Therapist Assistants. There were two FCCPT reports and both were not substantially equivalent to CWT5. During this period, 79 took the PT exam; 68 passed and 11 failed. The PTA exam 71 took the test; 50 passed and 21 failed. There was a 100% passage on the Alabama Jurisprudence exam.

Violations Committee Report—The Executive Director presented the cases under review by the committee. Case #18-10-6, licensee self-reported public intoxication offense. The committee reviewed circumstances and with no prior problems with this Practitioner, the recommendation is to dismiss with a letter of concern. Case #18-10-26, Failure to provide appropriate supervision is still under investigation and is recommended to be held over until next meeting. Third, a Practitioner in another jurisdiction with a pending DUI is seeking licensure in Alabama. The committee recommends that the individual complete the legal process in the other state before being cleared for licensure. After discussion, motion made by Zecher to accept committee’s recommendations, Adams seconded. Adams, McGriff, Strunk and Zecher voted yea. Christian and Hemm abstained.

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

Communications Committee Report—presented by the Executive Director. Vinzant did a recap of activity since the last meeting, two blast emails have been sent in regard to renewals. A review of Facebook activity for June 13th through August 1st there was a total of 9 posts made, 94 views of the site, 6 “likes” and one new follower added.

Wellness Committee Report—presented by Member McGriff for Dr. Garver (Attachment B). McGriff reviewed the most recent report with the membership. We have one individual who we are still waiting on the decision to enter the program.


IV. Unfinished Business

Applicant Review—Executive Director presented the unfinished application of Ms. Alisa Hogan. After discussion, the board agreed upon offering Ms. Hogan the opportunity to complete the application process conditionally. The conditions set forth were to successfully pass the jurisprudence exam, enter into a consent agreement for a probationary license that will require six months of supervision in a facility based clinical setting, fifty hours of physical therapy continuing education, and clinical supervisor must agree to...
consent to use a board approved tool to assess and provide written progress reports. Motion to approve made by Strunk, seconded by Hemm. All members voted in approval.

Administrative Code modifications—the Executive Director brought up the pending Chapter 2 changes. The only change since the past meeting was the word “raw score” was changed to “score”. After discussion, Adams motioned to accept Chapter 2 changes. Motion seconded by Strunk. All members voted in favor. In Chapter 3 changes, the two proposed draft language changes have just been sent out (Attachment D). After discussion by the members, the Chair tabled the item for future discussion by board. After consensus is reached, language will be posted for feedback from licensees before final decision is made.

V. New Business

LIF meeting review—Member Stunk presented a recap of topics at the Leadership Issues Forum. (Attachment E) Items highlighted are the Board Action Guidelines, Alternate Approval Process, using the term discompetence versus incompetence, and proposed annual conference changes.

The Jurisprudence Access Module was considered in discussion. After further review, the board members agreed that there was no need to pursue a change to the JAM from our current test practice at this time. This item was tabled indefinitely for consideration in the future.

Strunk and Zecher mentioned that they would not be able to attend the October meeting as scheduled. As other dates were considered, Member Adams requested a return to Wallace Community College in October. After the members discussed the October dates, it was agreed upon the next meeting would move to October 18th at Wallace Community College in Hanceville.

VI. Announcements

Scheduled board meetings:

- October 18, 2018 (Bevill Health Building, Wallace Community College, Hanceville)
- December 13, 2018 (Board Office, Montgomery)
- February 7, 2019 (Board Office, Montgomery)

IX. ADJOURN

The meeting adjourned at 12:14 PM.

Jeffrey Minzant
Executive Director

Wiley Christian, III
Board Chair
Since our last meeting, the annual license renewal cycle has begun. As expected, there was a small flurry of activity the first days, but it has slowed down. A second “blast email” reminder and Facebook post were made on August 1st with the intent of stimulating more response. We will continue to promote the “don’t delay, renew today” theme; however, realistically, the most activity will be in the final three to four days before the deadline.

In July, I made two trips to FSBPT in Alexandria. First, was to attend the Leadership Issues Forum with Member Strunk. This was my first LIF meeting and really enjoyed the interactions other Executive Directors and felt like I came back with some new ideas. Secondly, a week later, I returned to participate in the Board Assessment Task Force meeting at the FSBPT offices. We spent two very productive days on building the new board assessment tool that is scheduled to roll out early 2020. A presentation will be made of the work in progress by the task force Chair at the annual meeting.

The FY 2019 Operation Plan has been submitted. The next step will be formulating the FY 2020 budget for the upcoming legislative session.

The request for quotes for the new database system was sent out and IGov officially was awarded the quote. The other vendor, GL Solutions sent a “no bid” quote, based upon their contacting us for particulars. I will be meeting with OIT in the upcoming weeks to coordinate the roll out of the new system. The new office workstations have been ordered, there were some very good deals on equipment available off of state contract.

Finally, Sheila and I have completed our school visits for the year. We’re looking forward to scores coming in and licensing the new graduates.

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

Submitted by:
Jeffrey Vinzant
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

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

PT D 18-6 Has completed treatment and is being monitored by our committee

PTA D18-7 Self-reported to us. Completed treatment and is being monitored by us.

PTA D18-8 Self-reported to us. Has had treatment and has signed and agreement and is being monitored

We are working with a PT who is interested in transferring to ur state, but is unsure as of this writing whether or not he will do so. He promises a decision by the 08.10.18.

Mike Garver
Alabama Board of Physical Therapy  
Financial Review—FY 2018

Beginning Fund Balance:  $1,050,791

|          | OCT     | NOV     | DEC     | JAN     | FEB     | MAR     | APR     | MAY     | JUN     | JUL     | AUG     | SEP     | TOTAL   |
|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Revenue: | 225,144 | 11,193  | 9,268   | 6,790   | 3,766   | 11,985  | 20,319  | 8,048   |         |         |         |         | 305,408 |
| Expenses:|         |         |         |         |         |         |         |         |         |         |         |         |         |
| Salaries & Benefits | 12,146.20 | 14,896.20 | 22,284.80 | 5,988.60 | 13,048.90 | 19,787.10 | 6,138.20 | 17,049.00 | 18,502.50 |
| Travel in State | 2,644.71 | 0.00 | 1,856.25 | 472.25 | 2,105.11 | 0.00 | 4,009.41 | 707.70 | 1,373.96 |
| Travel out of State | 0.00 | 2,518.44 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,518.44 |
| Conferences | 1,740.00 | 0.00 | 0.00 | 500.00 | 0.00 | 285.00 | 0.00 | 0.00 | 0.00 |
| Repairs & Maintenance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Telecom-Web services | 409.30 | 357.00 | 382.16 | 382.87 | 374.84 | 372.08 | 378.62 | 377.78 | 420.47 |
| Attorney General Fee | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,114.43 | 1,620.00 | 0.00 | 0.00 |
| STAARS Support Fee | 2,250.00 | 0.00 | 0.00 | 2,250.00 | 0.00 | 0.00 | 2,250.00 | 0.00 | 0.00 |
| Comptroller’s Fee | 114.77 | 121.63 | 95.82 | 84.41 | 119.98 | 112.00 | 56.67 | 852.30 | 0.00 |
| State Business Sys Fee | 11.08 | 20.79 | 26.33 | 4.15 | 11.08 | 22.17 | 4.15 | 16.63 | 12.47 |
| Rent | 4,816.59 | 5,687.42 | 4,816.59 | 4,816.59 | 4,816.59 | 4,816.59 | 4,816.59 | 4,816.59 | 4,816.59 |
| Memberships & Dues | 3,475.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Office Supplies | 92.74 | 0.00 | 0.00 | 63.36 | 331.65 | 0.00 | 101.51 | 125.03 | 41.42 |
| Office Equipment | 16.60 | 4.14 | 5.28 | 3.26 | 4.02 | 3.24 | 2.15 | 6.19 | 2.14 |
| Postage Services | 217.81 | 107.19 | 112.55 | 97.14 | 120.93 | 57.53 | 62.22 | 100.91 | 87.22 |
| Reference Service Fee | 60.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Risk Management | 1,935.00 | 0.00 | 0.00 | 875.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ADA Accommodation Fee | 0.00 | 225.00 | 0.00 | 0.00 | 12.50 | 0.00 | 0.00 | 0.00 | 237.50 |
| Cellular Contract | 41.24 | 82.48 | 41.24 | 41.24 | 41.24 | 41.24 | 41.24 | 41.24 | 41.24 |
| Miscellaneous | 0.00 | 0.00 | 0.00 | 0.00 | 28.57 | 0.00 | 0.00 | 0.00 | 28.57 |
| Total Expenses: | 33,304.37 | 27,353.62 | 32,954.35 | 18,912.20 | 24,288.97 | 30,919.52 | 24,395.57 | 26,686.40 | 28,688.01 |

Current Fund Balance:  $1,108,697
STATUTORY AUTHORITY - Practice Act Section 34-24-191. Definitions.
(a) For the purposes of this article, the following words and phrases shall have the meanings respectively ascribed by this section:

(9) PHYSICAL THERAPY AIDE. A person trained under the direction of a physical therapist who performs designated and supervised routine tasks related to physical therapy services.

DRAFT Proposal 1A (Modification of Existing Language)

700-X-3-.03 (c) Physical Therapy Aide.

(c) Physical Therapy Aide. The roles and responsibilities of physical therapy aides in physical therapy care are:

(1) To perform assigned patient related support duties (including but not limited to preparation of patient, support or stabilization during treatment, and applying or removing assistive/supportive devices) under the direct on-site supervision of the physical therapist or physical therapist assistant.

   (i) The aide may only perform activities that do not require the clinical decision making of the physical therapist or physical therapist assistant.

(2) To perform without supervision non-patient related duties (including but not limited to housekeeping, clerical, reception, transporting, transfers and treatment area preparation) prepare patients and area for physical therapy treatment.

(3) To assist patients in dressing, removing clothing, and applying or removing assistive or supporting devices.

(4) To support or stabilize patients to assist the physical therapist or physical therapist assistant.

(5) To transport patients.

(6) To transfer or assist in transfer of patients when appropriate.

(7) To perform housekeeping duties.

(8) To perform clerical or reception duties when directed by the physical therapist.

(9) To assist in performance of routine treatment procedures as delegated and directly supervised (onsite) by the physical therapist or physical therapist assistant.

   (i) The aide may only perform activities that do not require the clinical decision making of the physical therapist or physical therapist assistant.

(10) To perform designated tasks with the following restrictions:
(i) The PT or PTA supervising the aide must reassess the patient at the beginning of each treatment session to determine what treatment procedures are appropriate for that treatment session.

(ii) If modality treatments are to be provided, the PT or PTA supervising the aide must designate the exact location to be treated, the length of treatment, and the parameters of the modality being used.

(iii) The aide may not perform any hands-on treatment, including, but not limited to, manual resistance exercise, passive range of motion, soft tissue mobilization or joint mobilization. This does not prohibit an aide from assisting licensed personnel in handling a patient when more than one person is needed.

(iv) If exercise is to be provided, the licensee supervising the aide must be in direct line of sight.

(11) An aide may perform restorative care on patients discharged from physical therapy.
STATUTORY AUTHORITY - Practice Act Section 34-24-191. Definitions.
(a) For the purposes of this article, the following words and phrases shall have the meanings respectively ascribed by this section:

(9) PHYSICAL THERAPY AIDE. A person trained under the direction of a physical therapist who performs designated and supervised routine tasks related to physical therapy services.

DRAFT Proposal (Replacement of Existing Language)

700-X-3-.03 (c) Physical Therapy Aide.

(1) Description: A physical therapy aide, or anyone who holds himself out to be a physical therapy aide, is an individual other than a licensee under Section 34-24-210 who aids the licensed physical therapist or physical therapist assistant in the licensee's provision of physical therapy services.

a. Any person who aids in the provision of physical therapy services under the direct on-site supervision of a licensed physical therapist or physical therapist assistant, and is not functioning under other regulatory authority, is considered to function as a physical therapy aide.

b. Health care personnel who do not function as physical therapy aides may receive direction from physical therapists with regard to patient related activities, but must not either refer to or represent their services as physical therapy.

c. Physical therapy students participating in formal clinical education associated with a CAPTE accredited schools are excluded.

(2) Roles and Responsibilities: The physical therapy aide, at the discretion of the licensee, may provide supportive activities to patient care.

a. Supportive activities delegated to the physical therapy aide do not require formal education and shall not require the unique knowledge, judgment, and skills of a physical therapist or physical therapist assistant.

b. Supportive activities include assisting a patient in preparation for intervention by a licensee, assisting the licensee during intervention provided by that licensee, or assisting a patient after cessation of intervention by a licensee.

c. Supportive activities do not include the direct provision of any patient intervention. Licensed physical therapists and physical therapist assistants are the only providers of physical therapy intervention.

d. The physical therapist shall not delegate the same type and level of duties to the physical therapy aide as are delegated to the physical therapist assistant.

e. In a physical therapy wellness setting, after conducting an appropriate screening regarding suitability for wellness or preventive services, a physical therapist may delegate the provision of specified client wellness or preventive services to a physical therapy aide who has appropriate education, training or experience to perform and/or assist in the implementation of wellness or preventive services, provided that the physical therapist is available to the aide by phone or other communications device.

f. A physical therapy aide shall identify themselves to patients as a physical therapy aide.
(3) Supervision: The physical therapy aide must have direct on-site supervision at all times when providing patient-related supportive activities for the physical therapist or the physical therapist assistant.
   a. For the purposes of this rule, "on-site" shall mean the immediate area of the patient and immediately available at all times to provide in person direction, assistance, advice, or instruction to the aide or the patient.
   b. Exceptions. An aide may perform non-treatment-related activities (such as secretarial, clerical, and housekeeping duties) and patient-related activities that do not involve treatment (such as transporting patients, undressing and dressing patients, removing and applying assistive and supportive devices) without direct supervision.

(4) Violations: A physical therapy aide who violates the above regulations shall be considered by the Board to be practicing physical therapy in violation of the Alabama Physical Therapy Practice Act and may be referred to the Attorney General's Office for prosecution.
I. BOARD ACTION GUIDELINES
- Uniform application of discipline
- Transparency in disciplinary process
- Fairness to licensees and public/consumers

Does AL want to do this?
- Committee is developing a 4-step process for review
- Developing training materials
- WebEx recorded in early 2018
- Annual Conf Educational session and a Workshop

II. ALTERNATE APPROVAL PROCESS (AAP)
- Making candidates approved for exam
- CHANGE: instead of Board looking at application and then state “granting approval for NPTE exam”, the FSBPT would grant OK to take exam and then after the applicant passes, the board looks at everything else the state required
- 6 x lifetime limit
  - After 2nd failure, FSBPT gives feedback to applicant on what areas they should study for next time
- No > 3 in one 12-month period
- No pending flags
- No > 2 “low scores” (<400)

Does AL want to do this?
- If you “opt in”, there are only some accommodations they can made.
- May require changing laws/rules
- Requires addendum to existing NPTE contract
- Under AAP, the FSBPT takes on responsibility for reviewing requests for reasonable accommodations (ADA)
III. PREPARING FOR THE FUTURE

- Dyscompetence vs Incompetence
- Risk-Based regulation
  o How do we promote what is the right thing to do?
- What is healthy practice?
  o Measure # risks and # supports through self-assessment
- Continuing Competence vs Continuing Professional Development
- FSBPT discussing with HPTSO if partnership in developing a risk reduction incentive is feasible

IV. BYLAWS

1. Credentialing
   o Proposed to change definition of “Delegate” to dispense with delegate / alternate delegate credentialing process
   o Would assign the chair or their designee as Delegate
   o Member Board Admins could electronically confirm their President/Chair or designee is their Delegate and the Delegate will execute a conflict of interest statement
   o If Delegate can’t attend, they would forward the “key” to someone else.
   o RATIONALE: Decrease # hours spent by FSBPT in credentialing.

2. Process for Election
   o Consider moving Candidate Forum to LIF
   o Option 1: Voting prior to and onsite at Annual Conf
   o Option 2: Prior to Annual conf via secure electronic/mail process. Means the Annual conference is ONLY educational

3. Areas of Focus: Annual Motion Requirement
   o Last time they changed was 2010
   o Currently must be presented to Delegates annually even when no changes

4. Definitions: Annual Meeting vs Delegate Assembly
   o Currently used interchangeable in the bylaws
   o Create separate terms:
     ▪ Annual Education Meeting
     ▪ Delegate Assembly

5. Revising an area of focus
   o Current: “To identify and promote effective regulation in PT that ensures the delivery of safe and competent PT care, while respecting states’ rights and responsibilities.”
   o Propose: “To identify and promote effective regulation in PT that ensures the delivery of safe and competent PT care, while respecting states’ rights and responsibilities.”

6. Options for Canceling a Delegate Assembly Meeting
   o Currently state meet F2F 1 x year
   o Is it necessary?
   o Rationale: Save costs.

7. Public Member Term Limit
   o Only position that has 10-year term limit while other FSBPT board members have a 6-yr. limit

8. Eligibility of Treasurer
   o Current: allows for Asso member who has not been on a member licensing board to run for the position
   o Propose: require the position to have experience on member board or an administrator to a member board like the President and VP
9. Title of Officers on BOD
   o President to Chair
   o VP to Vice-Chair

V. BOARD ASSESSMENT TOOL
   • 2001 – was work
   • 2007 – stopped
   • 2017 – issue popped up again
   • What to measure?
     o Board Functioning
     o Board Finances
     o Licensing
     o Education/Prevention/Outreach
     o Legislation/Rulemaking
     o Discipline/Enforcement

VI. INPTRA
   • International Network of Physiotherapy Regulatory Authorities

VII. TELEHEALTH TASK FORCE
   • Changing name from telehealth/Practice to Digital Practice
   • Engagement research

VIII. PT COMPACT COMMISSION (PTCC)
   • PTCOMPACT.org
   • PTCC independent of FSBPT
   • July 9: PTC went live: TN, MO, ND and now MS
   • Offering webinars for outreach
   • Will be a session at Annual Conference

IX. MINIMUM DATA SET (MDS)
   • Data collected at regular intervals on all licensees to gain knowledge on workforce
   Does AL want to do this?
     ➢ Does AL have statutory authority to collect?

X. NPTE
   • Developing 15-20 sec videos to present a mini-case
   • Since 2016, when they implemented feedback after 2 very low scores, scores on re-attempt have increased

XI. TRENDS IN REGULATION / DeregULATION
   • FTC versus NC Dental Board
   • Republican Administration focused on deregulation
   • Proposed bill: Restoring Board Immunity act
   • FSBPT writing a paper on the need for separate boards for PT
XII. CONTINUING COMPETENCE UPDATE / PROCERT

- APTA is partnering with ProCert
- All Learning Center courses will eventually be added
- 218 activity vendors, 4,507 certified activities, 48 reviewers
- Only 5 states that do NOT require pre-approval of courses at all
- oPTion gets CE credit in some states (ex: AL)
- Doing survey on utilization of oPTion
  - Also available to employers for employees
- JAM – will be session at Annual conference

XIII. FOREIGN EDUCATED UPDATES

- Only 1 CAPTE-accredited school outside the US
- FES (Foreign Educated Standards) Primer on the website
- FEPT/FEPTA website Wizard
  - In free resources
  - For boards and applicants to use
  - www.fsbpt.org/fept

XIV. RESEARCH

- Healthcare Regulatory Research Institute (HRRI)
  - Nonprofit
  - Overseen by same BOD as FSBPT
  - $1m donation from FSBPT in 2017
  - Goal: Study regulatory issues, risk management