Meeting was held at Bevill Health Building, Wallace Community College, Hanceville

I. Call to Order – The meeting was called to order by Chair Wiley Christian at 10:02 AM. Board Members present were; Adams, Borrego, Christian, Hemm, McGriff, Strunk, Zecher, Matt Bledsoe, Assistant Attorney General, Sheila Wright, Executive Assistant III, Jeffrey Vinzant, Executive Director. Visitors were first year PTA students of the Wallace PTA program. (attachment A.)

Ms. Wright provided the devotional.

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

The Executive Director reminded the members that the first meeting of the new year requires election of board officers. Chair Christian opened the floor to nominations. For Secretary, Borrego nominated herself for the position of Secretary. Seconded by Strunk. With no other nominations, all members voted in favor of Borrego for Secretary. For Treasurer, Strunk nominated McGriff for the position of Treasurer, member Hemm seconded. With no other nominations, all voted in favor of McGriff as Treasurer. For Chair, Borrego nominated Christian. Seconded by Strunk. With no other nominations, all voted in favor of Christian as Board Chair.

Open Discussion – Executive Director brought to the membership a request to approve Vinzant, Hemm, Christian and Bledsoe’s attendance at the upcoming AARB Leadership meeting to be held at Wynnakes Country Club on October 30, 2018. Motion to approve by McGriff, seconded by Hemm, all members voted in approval. Vinzant presented an upcoming FARB meeting in New Orleans, January 24—27, 2019. After discussion, it was agreed the members who want to attend should register as soon as they can to reserve placement and rates with us voting for final approval at the December meeting. Lastly, Vinzant reviewed attendance of member Hemm and himself at the September 12th Examiners Office training in Montgomery. At this time, no future dates have been published. Members will be advised of future dates as soon as they become available.

II. Minutes – The minutes of the August 2018 meeting were reviewed. Member Adams made a request to amend paragraph three of the unfinished business. Member Strunk requested a change in the second paragraph of the open discussion section. Member Adams motioned to adopt the minutes as amended. Seconded by Strunk. Christian, Hemm, McGriff, Strunk, Zecher and Adams voted yea, Borrego abstained.
III. Reports

New Licensees Report - Presented by Sheila Wright. Ms. Wright reviewed new license activity from August 3rd to October 12th. There were 103 new licensees. 53 Physical Therapists; 12 by exam and 41 by endorsement. There were 50 Physical Therapist Assistants; 39 by exam and 11 by endorsement. PTA exam was given on October 3rd with 54 passing and 22 failing. We had 37 Temporary licenses issued; 7 to Physical Therapists and 30 Physical Therapist Assistants. There was one FCCPT report not equivalent to CWT5. As of October 1st, we have 5,791 licensees; 2,949 PT’s and 2,842 PTA’s.

Andrea Johnson, PT, joined the meeting as a visitor at 10:32AM.

Violations Committee Report - The Executive Director presented the cases under review by the committee. Case #18-10-26, Failure to provide appropriate supervision is still under investigation and is recommended to be held over until next meeting. Case #18-12-14, unprofessional conduct is recommended to be held over due to pending court date. Case #19-01-04 practicing with an expired license was recommended for acceptance with fine paid and consent agreement signed. Case #19-01-09 practicing with expired license recommend carry over awaiting payment and signed agreement. Lastly, a licensee has surrendered their license due to a felony conviction. Recommendation is to accept surrender. After discussion, motion made by McGriff to accept committee’s recommendations, Zecher seconded. Adams, McGriff, Strunk, Borrego and Zecher voted yea. Christian and Hemm abstained.

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

Communications Committee Report – presented by the Executive Director. Vinzant did a recap of activity since the last meeting, two blast emails have been sent, September 4th and 24th, regarding renewals. A review of Facebook activity for August 2nd through October 10th there was a total of 11 posts made, 394 views of the site, 8 “likes” and two new followers added.

Wellness Committee Report-presented by Member McGriff for Dr. Garver (Attachment C). McGriff reviewed the most recent report with the membership.


IV. Unfinished Business

Administrative Code modifications—the membership began the discussion of the pending Chapter 3 changes. The two proposed draft language changes were discussed. (Attachment E). Adams motioned to adopt the “a” version language. Seconded by
McGriff. All members voted to accept the change. The members agreed that a survey be conducted in addition to publication of the upcoming change in the newsletter to obtain maximum feedback before filing. Member Adams will facilitate the survey. The Executive Director then directed members to 700-X-3-0.2(2) Certain Conduct Specifically Prohibited. Vinzant noted that we do not specify in our code that practicing with an expired license is unbecoming conduct and would like to add it as item (a) in this section of the pending changes. Motion to include change made by Christian, seconded by Strunk. All members voted in approval.

V. New Business

Legislation request—a proposal of suggested changes to the Practice Act from a Practitioner was presented to the board for discussion (Attachment F). The members reviewed and discussed the request. It was decided that the request from the Practitioner will be formally addressed by the board via a collaborative effort in the form of an official correspondence from the board.

Fall newsletter—the Executive Director mentioned the timeline for the fall newsletter and articles from the members. Vinzant committed to articles on new member profile and alternative approval process, McGriff committed to an article on the Wellness program, Strunk an article on review of FSPBT meetings, Hemm a consumer member report, and Adams on physical therapist aide changes. Target date for distribution to licensees is before Thanksgiving. Members were asked to submit their articles by the second week of November.

Future meeting dates—member Adams reminded the board that ALAPTA has no spring meeting scheduled. During the discussion of how to facilitate our required nomination process, the idea came forward that we should hold a Jurisprudence review seminar in conjunction with a meeting with the intent of providing an opportunity for licensees to meet the upcoming jurisprudence continuing education requirement. It was decided that we will reach out to some of the programs to see if they would host such an event.

VI. Announcements

Scheduled board meetings:
- December 13, 2018 (Board Office, Montgomery)
- February 7, 2019 (Board Office, Montgomery)
- April 2019—TBA
- June 20, 2019 (Board Office, Montgomery)

IX. ADJOURN

The meeting adjourned at 12:10 PM.
Attendees from Wallace Community College PTA program:
Laura Smallwood, PTA
Abernathy, Cecily
Baggett, Chris
Ball, Keith
Bowling, Derrick
Butler, Lauren
Calvert, MaKayla
Cason, Luke
Chumley, Katy
Covarrubias, Diego
Crocker, Christian
Culpepper, Tiffany
Fetner, McKenzie
Frost, Hanna
Fulenwider, Kate
Gardner, Dennis
Guthrie, Mallary
Jimenez, Mayra
Kirtland, Katie
Kretzschmar, Summer
Kyser, Justin
Lee, Hayden
Lewis, Christal
Marbutt, Zach
Matthews, Mary
McGatha, Darrin
Pannell, Logan
Sellers, Hope
Skellett, Tony
Smith, Zach
Stromatt, Jaden
Sweeten, Jaimie
Waldrop, Savana
Williams, Megan
Wood, Tobi
Wooten, Carley
Late August into September was a busy time for the staff in the office. Our new desktops were delivered and set up. There were some issues with the new hardware and its communication to our database that took a little over two weeks for the OIT staff to figure out, but in the end, the issue was resolved, and renewals continued smoothly. The third week of September, we received our new telephone equipment. We are now on VOIP system. We’re still getting use to the “quirks” of the new system.

On September 10th, Nathan was reappointed by Governor Ivey to the PTA Member representing the northern half of the state. Welcome back!

Chapter 2 changes were filed at the end of August for September publication. We’re now in the comment phase. Our next meeting in December will be our opportunity to certify them.

We have begun work with IGov on the database transfer and set up. As of right now, a late December “live” date is still the plan.

Financially, we’re solid. The FY 2020 budget has been submitted. However; over the past month we have received notices from OIT of an increase in cost of service and from SBS that STAARS will now become a monthly fee. So, as you see, there is always an increase in our operating costs.

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

Submitted by:
Jeffrey Vinzant
09.11.2018

Gentlemen/Ladies:

I am glad to report that all these Physical Therapy Health Professionals are all fully compliant currently. 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.

PT A D-15-02 (Deferral) is currently under contract and is compliant with all 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 an 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. UPDATE: THIS PT HAS WITHDRAWN HIS APPLICATION FOR LICENSURE IN ALABAMA

Mike Garver
# Alabama Board of Physical Therapy

## Financial Review--FY 2018

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**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 21,437.33 39,414.56 16,511.03 **324,865.93**

| Current Fund Balance:                         |           |           |           |           |           |           |           |           |           | 1,399,930 |

**ATTACHMENT D**
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 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.

(2) To perform without supervision non-patient related duties (including but not limited to housekeeping, clerical, reception, transporting, transfers and treatment area preparation)
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.
TO: AL Board of Physical Therapy  
FROM: Matt Kellum, DPT  
DATE: August 17, 2018  
RE: Proposed Amendments, AL PT Practice Act

AMENDMENTS PROPOSAL

Please accept this formal request to add/remove the following amendments and language to our current AL Physical Therapy Practice Act, to be voted on at the October 2018 board meeting.


Reasoning: The chiropractic medical and business model continues to focus on profit over patients. A conflict of interest exists between our profession and focus on efficient health care to include discharge planning. Encouraging medical referral from chiropractors includes them in the standard medical model and places us, now Doctored Physical Therapists, in a substandard position. It is time we move on from this association.

II. ADD: A person who practices physical therapy “and holds an active license from this board.” See PHYSICAL THERAPIST §34-24-191(5).

Reasoning: Including specific language such as licensure from our board will further define who can legally practice as a PT, excluding groups such as holistic practitioners and chiropractors.

III. REMOVE: “The diagnosis shall have been made within the immediately preceding 90 days.” See Evaluation and treatment by physical therapist. §34-24-210(5).

Reasoning: To the best of my knowledge, all insurance providers now reimburse Physical Therapy for direct access evaluations without an MD referral. As we push our profession forward, this 90 day restriction limits our direct access and subsequently defers more cost and time to patients. I personally turned away patients with musculoskeletal symptoms who fell outside of this 90 day window and they never returned.

IV. ADD: “(14) To refer a patient to any other healthcare providers or services in support of further or supporting treatment of their current medical condition to include radiology and imaging.” See Roles and Responsibilities of Licensees, Physical Therapist. 700-X-3-.03(3).

Reasoning: I encourage this board to accept this amendment in support of Vision 2020 and allow Physical Therapists access to imaging. According to a 2-year study by Crowell et al (2016), PTs made the appropriate imaging referral for suspected pathologies in 80-90% of cases confirmed by both radiologists and surgeons. See Int J Sports Phys Ther. 2016 Oct; 11(5): 708-717. This increased access would decrease time and healthcare dollars to not only confirm but also provide appropriate treatment of musculoskeletal dysfunctions.
V. **ADD:** “(15) Shall not agree to or receive any form of bonus payment(s) directly or indirectly linked to the number of patient visits completed for any time period.” See Roles and Responsibilities of Licensees, Physical Therapist. 700-X-3-.03(3).

*Reasoning:* This restriction will eliminate a monetary incentive to reach or exceed a certain number of patient visits wherein I encountered with multiple PT companies currently operating in AL. This also reinforces the federal Anti-Kickback Statute which prohibits the exchange (or offer to exchange), of anything of value, in an effort to induce (or reward) the referral of federal health care program business. See 42 U.S.C. § 1320a-7b. The term *referral* may also be defined as a Physical Therapist continuing a patient’s care and referring them, although internally, for more subsequent visits.

VI. **ADD:** “(10) Shall not assume or maintain any clinical, operational, management, or fiduciary roles that influence the decisions of a licensed Physical Therapist.” See Roles and Responsibilities of Licensees, Physical Therapist Assistant. 700-X-3-.03(3)(b).

*Reasoning:* This restriction to the definitions of a PTA ensures that a PT will not be influenced by a lower credentialed individual. I worked under Elizabeth Bernier, PTA who maintains the title “Regional Director” while employed by Encore Rehab; she consistently questioned my clinical decisions and reasoning when I declined to treat patients without an identifiable, functional deficit. A PTA should not hold any form of management or influence over a PT to avoid these conflicts of interest. See 700-X-3-.03(3)(b)(1).

Thank you for considering these proposed amendments and please call or email me with any questions you have. The above legal writing format should not be misconstrued as the practice of law. I neither hold nor claim any legal authority and these proposed amendments are based solely on my professional opinions.

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