

ALABAMA BOARD OF PHYSICAL THERAPY
100 North Union Street, Suite 724
Montgomery, Alabama 36130-5040
Regular Board Meeting
December 13, 2018

- I. Call to Order** – The meeting was called to order by Chair Wiley Christian at 10:00 AM. Board Members present were; Adams, Borrego, Christian, Hemm, McGriff, Zecher, Madeline Hinson Lewis, Assistant Attorney General, Sheila Wright, Executive Assistant III, Jeffrey Vinzant, Executive Director. Visitors were Andrea Johnson, PT, President of the ALAPTA and Ragan Ingram of Windom, Galliher & Associates.

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

Open Discussion – Executive Director mentioned to the membership that the 2018 W-2 forms will be available on the State’s Emap website by the middle of January and they are not mailed out. Any member who needs help obtaining the W-2 may contact the Executive Director for assistance. Member Adams made an inquiry to the group if an active shooter course for healthcare professionals would meet the requirements of continuing education criteria. After discussion, it was determined since the course is taught by a law enforcement individual and it would not meet our general guidelines.

Ms. Wright provided the devotional.

The Chair recognized the visitors representing the ALAPTA and with no objections turned the floor over to Andrea Johnson, PT and Ragan Ingram. Johnson presented to the membership (attachment A) the language to be filed for the Physical Therapy legislation for 2019 session seeking full direct access. Johnson and Ingram requested the board endorse the proposed legislation. After discussion, member Adams recommended the board study the legislation and determine its potential effect on the public, then the board can provide a statement of position. All members agreed, and the item will be on the next meeting’s agenda.

- II. Minutes** – The minutes of the October 2018 meeting were reviewed. Member Adams motioned to adopt the minutes. Seconded by Zecher. All member voted yea.

Ragan Ingram left the meeting at 10:20AM.

III. Reports

New Licensees Report –Presented by Sheila Wright. Ms. Wright reviewed new license activity from October 12th to November 30th. There were 75 new licensees. 50 Physical Therapists; 18 by exam and 32 by endorsement. There were 25 Physical Therapist Assistants; 15 by exam and 10 by endorsement. We had 5 Temporary licenses issued all

to Physical Therapists. There was one FCCPT report equivalent to CWT5. On the PT exam given on October 24th, 18 passed with 10 failing.

Violations Committee Report –The Executive Director presented the recommendations for the cases under review by the committee. Case #18-10-26, Failure to provide appropriate supervision, the committee recommended a \$100 fine and a jurisprudence course. Zecher motioned to accept the recommendation, McGriff seconded. Zecher, McGriff, Borrego voted yea, Adams, Christian and Hemm abstained. Case #18-12-14, unprofessional conduct is recommended to be held over due to pending court date. Case #19-01-09 practicing with an expired license was recommended for acceptance with fine paid and consent agreement signed. Case #19-01-15 is still pending based upon where case is in the legal process of the county and the licensee has yet to renew. Case #19-02-05 practicing with an expired license was recommended for acceptance with fine paid and consent agreement signed. Case #19-02-20 Falsification of records, the committee recommended \$500.00 fine and jurisprudence course. After review, McGriff motioned to accept committee’s remaining recommendations, Zecher seconded. Adams, McGriff, Borrego and Zecher voted yea. Christian and Hemm abstained.

Executive Director Report – Since the October meeting, Wiley, Ellen and Vinzant attended the FSBPT annual meeting in Reston, VA, October 25th through October 27th. It was a very good meeting that gave some of us all some thoughts of ways we can improve the operation of the board along with interacting with our peers at other jurisdictions boards.

The next week on October 30th, Wiley, Margaret, Matt and Vinzant attended the Alabama Association of Regulatory Boards fall meeting. There were several presentations from State departments including the Examiners and the Finance Office. One of the more interesting presentations was by the Alabama Policy Institute on their intentions to look at the felony conviction statues in board laws and ways they can be changed to begin allowing felons to regain licensing rights. As we go forward, we’ll need to monitor and see how their group advances their agenda.

After Thanksgiving, Vinzant spent November 30th and December 1st in Alexandria, VA at the FSBPT Finance committee meeting finalizing the budget for the Federations next operating year. Then December 3rd through the 6th, Vinzant attended a CLEAR basic inspector training seminar in Tallahassee, FL.

December 5th, Wiley and Nathan attended the Board Member training review presented by the Examiners Office. Friday, March 1, 2019 was mentioned to be the last training available this fiscal year. After that, it appears they will offer the training twice a year.

Update our new database system. The vendor has a demo site in production that we’re able to use to familiarize ourselves with. Right now, we’re still looking at a January 31st live date.

Communications Committee Report – presented by the Executive Director. Vinzant reviewed the activity since the last meeting. Two blast emails have been sent, November

21st and December 3rd. First notice was on the Fall Newsletter and the second notice was providing the survey link on Chapter 3 changes. A review of Facebook activity for October 14th through December 3rd there was a total of 7 posts made, 75 views of the site, 8 “likes” and no new followers added.

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

Financial Report – presented by the Executive Director. Financial activity of the new year through November. (Attachment C) Discussion of overall financial standing and fund balance.

IV. Unfinished Business

Chapter 3 changes—Member Adams presented results of the survey for review. (Attachment D). The membership discussed the results and the results showing that most respondents preferred the “a” version of the change. During the discussion it was decided that the phrase “that do not require clinical decision-making skills” would be included to item 2. After that, a motion to accept the amended “a” version of rule change was made by Adams, seconded by Christian. All members voted in approval. Vinzant then reviewed with members some of the other changes regarding the items listed under unbecoming conduct that need to be looked at in Chapter 3. The item was tabled to review a final strike through version at the next meeting for final review and vote.

Chapter 2 certification—Vinzant brought forth the Chapter 2 changes that were filed. Members Adams inquired if any public comment had been made; Vinzant confirmed there had been none. Adams motioned for certification of the rule change, seconded by Zecher, all members voted in approval.

V. New Business

Applicant review—Vinzant reviewed with the members an application from a foreign educated applicant that has been unable to meet Alabama application standards due to the time, 1993, of when she was given educational equivalency. Since this applicant is applying via endorsement from another jurisdiction, and did not graduate from a CAPTE accredited program, a credential review was required. The applicant did not meet the CW2 standard and has ever taken the NPTE. After review and discussion, it was decided this item would be tabled for further discussion at the next meeting.

As a follow-up on Ms. Hogan from earlier this year, she passed the Alabama Law exam in earlier November. However, an email and phone message to Ms. Hogan has yet to be returned. After review, the members stated that we should notify her in writing with a reminder that this must be completed within a couple of months.

iPad change request—our iPads are tied to an older iCloud account and we are unable to reset several of the previous user’s devices. Vinzant presented the board with some options

of other technology that is not as personalized as the Apple brand. At the end of the discussion, Member Adams and McGriff mentioned they would see if they have the password for the first iCloud account. Based upon that outcome, we'll see if we maintain the iCloud account or move to another format.

FARB New Orleans—the board approved Vinzant to attend and represent the Board.

Spring 2019 meetings—Alabama State University has requested the February 7th meeting on their campus. Additionally, they can host the April meeting on Friday, April 26th meeting on their campus. All members voted in approval. The discussion closed on making sure we begin planning the law review presentation. Overall, the review should be two to three hours.

VI. Announcements

Scheduled board meetings:

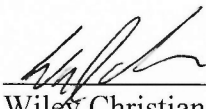
- February 7, 2019 (Alabama State University, Montgomery)
- April 26, 2019 (Alabama State University, Montgomery)
- June 20, 2019 (Board Office, Montgomery)

IX. ADJOURN

The meeting adjourned at 12:34 PM.



Jeffrey Vinzant
Executive Director



Wiley Christian, III
Board Chair

1 195536-1 : n : 09/18/2018 : PMG / bm LSA2018-2552

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SYNOPSIS: Under existing law, physical therapy may only be performed based on a referral from a licensed physician, dentist, chiropractor, physician assistant, or certified registered nurse practitioner, except in limited, enumerated circumstances that allow a licensed physical therapist to perform an initial evaluation or consultation of a screening nature without a referral.

This bill would eliminate the requirement that a licensed physical therapist may only perform physical therapy, except in limited circumstances, based on a referral from a licensed health care practitioner.

A BILL
TO BE ENTITLED
AN ACT

1 Relating to physical therapy; to amend Sections
2 34-24-191, 34-24-210.1, and 34-24-217, Code of Alabama 1975;
3 to remove the prohibition against practicing physical therapy
4 without a referral from a licensed health care practitioner.

5 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

6 Section 1. Sections 34-24-191, 34-24-210.1, and
7 34-24-217, Code of Alabama 1975, are amended to read as
8 follows:

9 "§34-24-191.

10 "(a) For the purposes of this article, the following
11 words and phrases shall have the meanings respectively
12 ascribed by this section:

13 "(1) BOARD. The Board of Physical Therapy
14 established by Section 34-24-192.

15 "(2) FOREIGN EDUCATED PHYSICAL THERAPIST. A person
16 trained or educated in the practice of physical therapy
17 outside of the United States or any of its territorial
18 possessions.

19 "(3) IMPAIRED. The inability of a physical therapy
20 licensee to practice physical therapy with reasonable skill
21 and safety to patients by reason of illness, inebriation,
22 excessive use of drugs, narcotics, alcohol, chemicals, or
23 other substances, or as a result of any physical or mental
24 condition.

25 "(4) PHYSICAL THERAPY. The treatment of a human
26 being by the use of exercise, massage, heat, cold, water,
27 radiant energy, electricity, or sound for the purpose of

1 correcting or alleviating any physical or mental condition or
2 preventing the development of any physical or mental
3 disability, or the performance of neuromuscular-skeletal tests
4 and measurements to determine the existence and extent of body
5 malfunction. ~~; provided, that physical therapy shall be~~
6 ~~practiced only upon the referral of a physician licensed to~~
7 ~~practice medicine or surgery, a dentist licensed to practice~~
8 ~~dentistry, a licensed chiropractor, a licensed assistant to a~~
9 ~~physician acting pursuant to a valid supervisory agreement, or~~
10 ~~a licensed certified registered nurse practitioner in a~~
11 ~~collaborative practice agreement with a licensed physician,~~
12 ~~except as otherwise provided in this chapter.~~ Physical therapy
13 does not include radiology or electrosurgery.

14 "(5) PHYSICAL THERAPIST. A person who practices
15 physical therapy.

16 "(6) PHYSICAL THERAPY LICENSEE. A physical therapist
17 or physical therapist assistant who is licensed under this
18 article.

19 "(7) PHYSIOTHERAPIST. Synonymous with the term
20 "physical therapist," and the term shall be used to identify
21 only those persons licensed under this article. The physical
22 therapist may use the letters "P.T." or "R.P.T." in connection
23 with his or her name or place of business to denote his or her
24 registration hereunder.

25 "(8) PHYSICAL THERAPIST ASSISTANT. A person who
26 assists in the practice of physical therapy and whose
27 activities require an understanding of physical therapy but do

1 not require professional or advanced training in the
2 anatomical, biological, and physical sciences involved in the
3 practice of physical therapy. The physical therapist assistant
4 shall practice only under the direction of a licensed physical
5 therapist.

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

10 "(10) RESTRICTED LICENSE.

11 "a. For a physical therapist, a license on which the
12 board has placed restrictions or conditions, or both, as to
13 the scope of practice, place of practice, supervision of
14 practice, duration of licensed status, or type or condition of
15 patient to whom the physical therapist may provide services.

16 "b. For a physical therapist assistant, a license on
17 which the board has placed any restriction.

18 "(b) Words importing the masculine gender shall
19 include the feminine.

20 "§34-24-210.1.

21 "~~(a)~~ Without prescription or referral, a licensed
22 physical therapist may perform an initial evaluation or
23 consultation of a screening nature to determine the need for
24 physical therapy and may perform ~~the physical therapy, and~~
25 ~~other services provided in subdivisions (1) to (5), inclusive,~~
26 ~~of subsection (b). Implementation of physical therapy shall~~
27 ~~otherwise be based on the referral of a person licensed to~~

1 ~~practice medicine, surgery, dentistry, chiropractic, licensed~~
2 ~~assistant to a physician acting pursuant to a valid~~
3 ~~supervising agreement, or a licensed certified registered~~
4 ~~nurse practitioner in a valid collaborative practice agreement~~
5 ~~with a licensed physician.~~

6 ~~"(b) The physical therapy and other services~~
7 ~~referred to in subsection (a), which may be performed without~~
8 ~~prescription or referral, include and are limited to the~~
9 ~~following:~~

10 ~~"(1) To a child with a diagnosed developmental~~
11 ~~disability pursuant to the plan of care for the child.~~

12 ~~"(2) To a patient of a home health care agency~~
13 ~~pursuant to the plan of care for the patient.~~

14 ~~"(3) To a patient in a nursing home pursuant to the~~
15 ~~plan of care for the patient.~~

16 ~~"(4) Related to conditioning or to providing~~
17 ~~education or activities in a wellness setting for the purpose~~
18 ~~of injury prevention, reduction of stress, or promotion of~~
19 ~~fitness.~~

20 ~~"(5) To an individual for a previously diagnosed~~
21 ~~condition or conditions for which physical therapy services~~
22 ~~are appropriate after informing the health care provider~~
23 ~~rendering the diagnosis. The diagnosis shall have been made~~
24 ~~within the immediately preceding 90 days. The physical~~
25 ~~therapist shall provide the health care provider who rendered~~
26 ~~the diagnosis with a plan of care for physical therapy~~

1 ~~services within the first 15 days of physical therapy~~
2 ~~intervention.~~

3 "§34-24-217.

4 "(a) The board shall refuse to issue a license to
5 any person and, after notice and hearing in accordance with
6 its regulations and rules, shall suspend or revoke the license
7 of any person who has:

8 "(1) ~~Practiced physical therapy other than upon the~~
9 ~~referral of a physician licensed to practice medicine or~~
10 ~~surgery, a dentist licensed to practice dentistry, a licensed~~
11 ~~chiropractor, a licensed assistant to a physician acting~~
12 ~~pursuant to a valid supervisory agreement, or a licensed~~
13 ~~certified registered nurse practitioner in a valid~~
14 ~~collaborative practice agreement with a licensed physician,~~
15 ~~except as provided in Section 34-24-210.1, or practiced as a~~
16 physical therapist assistant other than under the direction of
17 a licensed physical therapist;

18 "(2) Used drugs or intoxicating liquors to an extent
19 which affects his or her professional competency;

20 "(3) Been convicted of a felony or of a crime
21 involving moral turpitude;

22 "(4) Obtained or attempted to obtain a license by
23 fraud or deception;

24 "(5) Been grossly negligent in the practice of
25 physical therapy or in acting as a physical therapist
26 assistant;

1 "(6) Been adjudged mentally incompetent by a court
2 of competent jurisdiction;

3 "(7) Been guilty of conduct unbecoming a person
4 licensed as a physical therapist or licensed as a physical
5 therapist assistant or of conduct detrimental to the best
6 interest of the public;

7 "(8) Been convicted of violating any state or
8 federal narcotic law;

9 "(9) Treated or undertaken to treat human ailments
10 otherwise than by physical therapy as defined in this article;

11 "(10) Advertised unethically according to standards
12 as set by the board; or

13 "(11) Failed or refused to obey any lawful order or
14 regulation of the board.

15 "(b) For purposes of this article and
16 notwithstanding any other provision of this article or any
17 rules or regulations adopted by the board, any person licensed
18 under this article who has a bona fide employment or
19 independent contract with a physician, a physician group, or
20 an entity with which a physician has a legal compensation
21 arrangement, including fair market value wages, compensation,
22 benefits, or rents for services or property provided, or in
23 which a physician has a legal financial interest, including
24 any direct or indirect ownership or investment interest, shall
25 not be deemed to be engaged in conduct unbecoming a person
26 licensed under this article, or to be engaged in conduct
27 detrimental to the best interest of the public, or to be in

1 violation of any other provision of this article by virtue of
2 any of the above relationships, and shall not be subject to
3 licensure denial, suspension, revocation, or any other
4 disciplinary action or penalty under this article: (1) by
5 virtue of such employment or contract, or (2) by virtue of the
6 provision of physical therapy services pursuant to a referral
7 from the employing or contracting physician, or from a
8 physician with a legal compensation arrangement with or a
9 legal financial interest in the employing or contracting
10 physician group."

11 Section 2. This act shall become effective on the
12 first day of the third month following its passage and
13 approval by the Governor, or its otherwise becoming law.

Alabama Physical Therapy Wellness Committee

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12.01.2018

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.

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 an agreement and is being monitored

ATTACHMENT C

Alabama Board of Physical Therapy

Financial Review--FY 2019

Beginning Fund Balance: \$ 1,398,939

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
Revenue:	227,297.00	8,008.00											235,305.00
Expenses:													
Salaries & Benefits	13,211.80	23,192.70											36,404.50
Travel in State	2,522.26	0.00											2,522.26
Travel out of State	0.00	0.00											0.00
Conferences	750.00	455.00											1,205.00
Repairs & Maintenance	0.00	0.00											0.00
Telecom-Web services	666.41												666.41
Attorney General Fee	0.00	0.00											0.00
Database Support Fee	1,200.00	1,200.00											2,400.00
Comptroller's Fee	158.70	141.26											299.96
State Business Sys Fee	9.70	29.10											38.80
Rent	5,656.66	4,816.59											10,473.25
Professional Services	3,333.33	3,333.33											6,666.66
Memberships & Dues	3,475.00	0.00											3,475.00
Office Supplies	0.00	21.80											21.80
Office Equipment	0.00	0.00											0.00
Postage Services	166.64	137.77											304.41
Reference Service Fee	60.00	0.00											60.00
Risk Management	3,015.00	0.00											3,015.00
ADA Accommodation Fee	0.00	0.00											0.00
Cellular Contract	41.24	41.24											82.48
Miscellaneous	0.00	0.00											0.00
Total Expenses:	34,266.74	33,368.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67,635.53
Current Fund Balance:	<u>\$ 1,566,608</u>												

Physical Therapy Aide Draft Survey

Based on the Physical Therapy Aide draft language that is posted, do you support the proposed changes?

Answered: 59

Skipped: 0

Answer Choices –	Responses –
–	74.58%
Yes, I support the proposed changes.	44
–	10.17%
No, I am opposed to the proposed changes.	6
–	15.25%
I would support the proposed changes if amended. (Please provide details below.)	9
TOTAL	59

Use the space below to provide feedback on the Physical Therapy Aide new language proposal.

Answered: 27

Skipped: 32

Showing 27 responses

- (NO) In many clinics that I have been in the physical therapist are using aides to provide exercise programs and other hands on treatments to patients to eliminate the need to hire PTA's or PT's. I am opposed to any regulation changes that support this practice in any way. 12/9/2018 7:47 PM
- (AMEND) "The aide may only perform activities that do not require the clinical decision making of the physical therapist or physical therapist assistant." In my experience the words "clinical decision making" is a blur. I feel we should list exactly what things are considered clinical decisions that the PT is responsible for. And PTA clinical decisions that the PTA's are responsible for. There are many reasons why this is necessary. Already we have PTA's doing PT jobs, Aides doing PTA jobs and PT's well let's hope you get a good one. 12/6/2018 7:21 AM
- (YES) Sounds good, more concise. 12/4/2018 5:35 PM
- (AMEND) Be careful that licensees don't think that the treatment provided to patients isn't done by techs, as a lot of licensees feel that a flow sheet of exercises and manual exercise does not need the critical thinking of a licensee. 12/4/2018 10:23 AM
- (AMEND) Clarification on the utilization of aides in the provision of modalities. There was specific language in the original draft, however, I am not sure if the proposed new rule would actually clarify the utilization of aides in specific situations. For example, an aide performing an ultrasound, the parameter settings and treatment area do require clinical decision making skills but the actual performance of the ultrasound does not. 12/4/2018 9:37 AM
- (YES) Today so much training, safety goes into taking care of patients and keeping people safe. 12/3/2018 10:02 PM
- (YES) Looks good. Now let's work on improving our direct access for treatment without referral. 12/3/2018 9:14 PM
- (NO) I like the language in the old document prohibiting the aide from doing any hands on PT treatment. 12/3/2018 6:08 PM
- (NO) Disagree with allowing aides to perform patient treatments. Specificity trumps ambiguity. 12/3/2018 5:25 PM
- (YES) I find the language in this to be easy to understand and very concise. 12/3/2018 3:48 PM
- (YES) Some PT providers use athletic trainers in clinics as aides, frequently inappropriately. I fear that some may use this as a way of circumventing the language change and allowing inappropriate treatment methods. It would be beneficial to clearly define what a PT aide is. Is it anyone other than a PT or PTA who is involved in patient care or does it only apply to that specific job title? 12/3/2018 2:29 PM
- (YES) n/a 12/3/2018 2:13 PM
- (NO) The proposed language is already in the current administrative code. Why would you board want to remove all of the current clarifying language and make the proposed language more vague and believe that is protecting the public better? This proposed language gives the board much more discretion on its own to determine what is or is not a violation of physical therapy practice. That, I am opposed to. 12/3/2018 12:45 PM
- (YES) I believe that the language proposed is very clear and outlines the duties of the aide well. 12/3/2018 12:09 PM
- (AMEND) I think #2 is confusing: I would consider transporting and transferring activities patient related. 12/3/2018 11:54 AM
- (NO) NO CHANGE IS NECESSARY. In 30+ years of practice I have never seen an issue with the use of Techs or Aides that resulted in a negative patient outcome. 12/3/2018 10:59 AM
- (AMEND) I would like it to state that aides should only provide direct patient care in a co-working situation. Otherwise we continue to see what patients experience in clinics across the state and nation: aides taking patients through exercises (and often this ends up illegally billed) in a repetitious non progressive manner. 12/3/2018 10:39 AM

18. (AMEND) The ever defining limits to what Medicare and other insurances are willing to pay for licensed assistants (PTA) treatments should sound the alarm that all treatments, supervised or not, by aides is tantamount to fraud. If limits continue to be set for a reimbursement of licensed treatment, certainly un-licensed treatment should not be charged to patients. If every billable time/unit must count in the recovery/intervention of a patient, then as a business model it would be imprudent to have an unlicensed person perform patient care outside of preparing treatment areas. If part of patient care involves ambulation with assistive devices, that requires judgement and skill. Use of non-licensed staff has been, and continues to be, the elephant in the room that is always ignored when setting parameters for physical therapy treatment. 12/3/2018 10:19 AM
19. (YES) Anything needed about schooling or lack thereof required? That's it's a non-licensed position? Mostly on the job training...and what about the use of word "tech"- synonymous with PTA still? 12/3/2018 10:13 AM
20. (YES) Looks good 12/3/2018 9:57 AM
21. (AMEND) (2) To perform without supervision non-patient related duties (including but not limited to housekeeping, clerical, reception, transporting, transfers and treatment area preparation) the paragraph begins with non-patient but the terms transporting and transfers would include a patient. This could be amended to clarify and allow techs to assist with transfers and transporting of patients as instructed or directed by the PT/PTA. I work in acute and rehab hospitals and the techs are utilized for these task but with direction/approval from the PT/PTA in case there are contraindications, weight bearing restrictions, etc. 11/28/2018 1:36 PM
22. (AMEND) Keep succinct clarifications for directing exercises and applying modalities (direct line of site, given specific parameters, etc.) 11/26/2018 1:37 PM
23. (YES) I do believe therapy aides have been given way too much leniency in the past. However, I also feel if you changed the wording from restorative program to the ability to perform a maintenance program, that could be beneficial instead of taking it out altogether. Restorative CNAS in a nursing home can compete a FMP where no judgment or skill are required, why couldn't an aide have training to maintain what was obtained during skilled therapy? 11/21/2018 9:59 PM
24. (YES) It looks great. I appreciate the concise language. Thanks for all you hard work on this change! 11/21/2018 12:33 PM
25. (YES) On first read, this looks clean, concise, and appropriate. Thank you. 11/21/2018 11:47 AM
26. (YES) If PT aides are going to be utilized, in SNF for example, as restorative aides, then they are really acting as an extension of nursing or family rather than an extension of PT. If the licensed practitioner trains them in a "restorative plan", it is no different than training a patient's wife to do an HEP. So, I think that the removal of the restorative language is fine. I do think that removal of language about modalities is a little iffier. In my opinion, many OP PTs don't see the clinical decision making that is involved with administration of a modality, so may assign the task to an aide. I do think that we may want to be a little more explicit about that. 11/21/2018 10:51 AM
27. (YES) Thank you for addressing the roles of the Aide and the responsibilities of the PT and PTA in assigning tasks and supervising Aides. I have been aware of situations in which Aides seemed to have even more independent patient care duties than PTAs. This is an important change and improvement. I hope that the simple straight forward wording is understood by all involved. 11/21/2018 10:23 AM