

Supervised Clinic Practice A Generic Model

Statement of Purpose

The purpose of supervised clinical practice (SCP) for a foreign educated physical therapist (FEPT) is to promote public protection by evaluating the FEPT's ability to practice competently within the United States' healthcare system.

Authority

Statutory Authority will be needed in order to require completion of a supervised clinical practice from the foreign educated Physical Therapist. Example of statutory language from the 5th edition of the FSBPT Model Practice Act is below. Rules language can be used to further define the parameters of the supervised clinical practice. Language either in statute or regulation needs to allow for the Board to waive or exempt any, or all, of the requirements for the supervised clinical practice.

3.02 Qualifications for Licensure [and Certification]

- B. An applicant for a license as a physical therapist who has been educated outside of the United States shall:
1. Complete the application process including payment of fees.
 2. Provide satisfactory evidence that the applicant's education is substantially equivalent to the education of physical therapists educated in an accredited entry-level program as determined by the board. Graduation outside the United States from a professional education program accredited by the same accrediting agency that the board approves for programs within the United States constitutes evidence of substantial equivalency. In all other instances, "substantially equivalent" means that an applicant for licensure educated outside of the United States shall have:
 - a. Graduated from a physical therapist education program that prepares the applicant to engage without restriction in the practice of physical therapy;
 - b. Provided written proof that the applicant's school of physical therapy is recognized by its own ministry of education;
 - c. Undergone a credentials evaluation as directed by the board that determines that the candidate has met uniform criteria for educational requirements as further established by rule; and
 - d. Completed any additional education as required by the board.
 3. Pass a board-approved English proficiency examination if the applicant's native language is not English.
 4. Pass an examination approved by the board.

5. Complete supervised clinical practice as defined by rules with a restricted license
6. Meet the requirements established by board rule if applicable.

Prerequisites

To improve the likelihood of a successful supervised clinical practice, the Board may consider requiring any, or all, of the following PRIOR to the SCP:

- Complete the application process including payment of fees.
- Provide satisfactory evidence that the applicant's education is substantially equivalent to the education of physical therapists educated in an accredited entry-level program as determined by the board. If required, the educational credentials evaluation must be completed and submitted to the Board prior to the SCP.
- Complete any additional education as required by the board.
- Pass a board-approved English proficiency examination if the applicant's native language is not English.
- Meet any other requirements established by board rule if applicable.
- The Board provides for a temporary permit, provisional or restricted license for the purpose of participating in a supervised clinical practice.

In the commentary of the 5th edition of the FSBPT Model Practice Act, there are three exceptions noted for use of a restricted license other than for disciplinary actions: 1) with a voluntary substance abuse program, and 2) with a professional re-entry after a lapse of a license for two or more renewal periods, and 3) supervised clinical practice for foreign educated applicants.

Parameters of the Supervised Clinical Practice

Length

Minimum requirement 1000 clinical hours to be completed in no fewer than six months and no longer than one year

Number of Attempts

Limited to a total of two per applicant

Qualified supervisor

The clinical supervisor and a backup supervisor should be approved by the Board. In approving a supervisor the Board should consider the following qualifications:

- the supervisor should have a minimum of 3 years of clinical experience.
- the supervisor holds an unrestricted license.
- The supervisor's relationship to the candidate

- the supervisor should have direct patient care responsibilities in their current role
- the supervisor should have previous experience as a clinical instructor

Supervision

The level of supervision during the SCP should be onsite supervision as defined in the FSBPT Model Practice Act:

“Onsite supervision” means supervision provided by a physical therapist who is continuously onsite and present in the department or facility where services are provided. The supervising therapist is immediately available to the person being supervised and maintains continued involvement in the necessary aspects of patient care.

Facility

The facility should be approved by the Board. When approving a qualified facility, the Board should consider the following:

- the depth and breadth of clinical experience provided by the facility
- the facility’s levels of staffing
- the patient volume
- the variety of patient diagnoses
- the opportunity to interact with other health care providers in the facility
- location of the facility; different scope of practice in different state, unique practice act

Disclosure

The Board should consider potential conflicts of interest between the facility and the applicant. Any disclosures related to conflict of interest should be included as part of the application for SCP submitted to the jurisdictional board. SCP candidates, supervisors, and/or facilities must disclose any known potential for conflict of interest or appearance of conflict. Material gain resulting from candidate’s successful completion of the SCP should be furnished to the Board prior to the approval of the SCP.

The facilities disclosure statement should include the following:

- the facilities intent to hire the applicant upon completion of SCP
- stipend or salary to the applicant
- relationship to the supervisor

Performance Evaluation

The Board should establish guidelines for completing the performance evaluation.

- Suggested timelines would be:
 - midterm to be completed after 500 clinical hours and submitted to the Board within 3 days (72 hours)

- final review completed after 1000 clinical hours and submitted to the Board within 3days (72 hours)
- If available, the Board should utilize an evaluation tool that has been determined to be valid and reliable for evaluating clinical performance of foreign educated physical therapists.

Final Outcome

1. Successful completion of the Supervised Clinical Practice
FEPT would be eligible to sit for licensure.
2. Unsuccessful completion of initial SCP:
The Board should consider developing options for unsuccessful applicants which may include:
 - extending the SCP in the same facility up to double the initial time
 - complete a second SCP in a new facility
 - denial of application for second SCP with opportunity for due process

Exemptions

The Board may waive all or a portion of the SCP at the discretion of the Board. The Board may want to consider:

- the applicant's previous licensed clinical practice in the U.S. Health Care System in making the decision regarding SCP
- the applicant's performance on the mid-term evaluation

**PERFORMANCE EVALUATION TOOL *for* SUPERVISED CLINICAL PRACTICE
FOREIGN EDUCATED PHYSICAL THERAPISTS**

Category: PROFESSIONAL BEHAVIORS	MIDPOINT Competent: Yes No	FINAL Competent: Yes No
Essential Criteria:	Observed & competent:	Observed & competent:
Practices in a manner that is safe for the patient <i>Responds appropriately in emergency situations</i> <i>Recognizes and responds to unexpected changes in patient's physiological condition</i> <i>Utilizes Universal Precautions and Infection Control measures</i> <i>Prepares and maintains a safe physical environment</i> <i>Checks equipment prior to use</i>		
Practices in a manner that is safe for self <i>Prepares and maintains a safe physical environment</i> <i>Asks for physical assistance when needed</i> <i>Utilizes universal precautions and infection control measures</i> <i>Anticipates potentially unsafe situations and takes preventative measures</i> <i>Utilizes proper body mechanics</i>		
Adheres to the recognized standards of ethics of the physical therapy profession <i>Recognizes and reports violation of ethical practice to appropriate authority</i> <i>Provides accurate and truthful information and does not makes statements that are fraudulent or misleading</i> <i>Refrains from documenting fraudulent or misleading information</i>		
Maintains professional boundaries between self and patients <i>Demonstrates knowledge that patient/provider relationship is professional only and is not social or emotional in nature</i> <i>Demonstrates knowledge that relationships with patients excludes a friendship, sexual or business relationship</i>		
Evaluative Criteria:	Competent: Y, N, or N/O	Competent: Y, N, or N/O
Displays a positive and professional attitude <i>Willingly accepts responsibility for actions and outcomes</i> <i>Demonstrates initiative and responds to requests in helpful and prompt manner</i> <i>Follows through on tasks</i> <i>Actively seeks out learning opportunities</i>		
Solicits input on performance from supervisors and others to identify strengths and weaknesses <i>Collaborates with supervisor to address areas of weakness</i> <i>Initiates improvement plan for areas of weakness</i> <i>Admits mistakes and takes immediate action to correct the problem</i> <i>Changes practice behaviors in response to feedback from others</i> <i>Accepts constructive feedback</i>		
Demonstrates sensitivity to individual and cultural differences when engaged in physical therapy practice <i>Demonstrates respect for the cultural, socioeconomic, spiritual and ethnic diversity of patients and co-workers</i> <i>Adjusts to personality differences of colleagues, staff and patients</i>		
Maintains professional demeanor and appearance <i>Dresses appropriately and follows organizational dress code</i> <i>Interacts with all members of the health care team in a professional manner</i> <i>Practices personal hygiene in accordance with professional standards</i>		
Establishes communication and interacts respectfully with colleagues, patients, and staff <i>Demonstrates appropriate use of eye contact</i> <i>Demonstrates appropriate use of body language</i> <i>Demonstrates respect for personal space</i>		
Manages conflict with colleagues, staff and patients <i>Negotiates resolution to conflict</i> <i>Advocates for patient as appropriate</i>		

Category: COMMUNICATION AND DOCUMENTATION	MIDPOINT Competent: Yes No	FINAL Competent: Yes No
Essential Criteria:	Observed & competent:	Observed & competent:
Demonstrates English language proficiency in speaking <i>Demonstrates effective use of grammar and vocabulary</i> <i>Demonstrates good use of basic and complex grammatical structure</i> <i>Demonstrates proper use and knowledge of medical terminology</i> <i>Demonstration correct stress and rhythm and intonation of speech</i> <i>English pronunciation is clear to the listener</i>		
Demonstrates English language proficiency in reading <i>Understands what is reported in written form and is able respond appropriately</i> <i>Extracts relevant information from the medical record</i> <i>Accurately interprets professional literature</i>		
Demonstrates English language proficiency in writing <i>Writes English in complete sentences</i> <i>Understands and correctly interprets what is written by others</i> <i>Written communication skills permit patients, families and caregivers to understand what was written</i> <i>Written communication skills permit co-workers and other health care professionals to understand what was written</i> <i>Demonstrates proper use and knowledge of medical terminology</i> <i>Handwritten communication is legible</i>		
Demonstrate English language proficiency in listening <i>Asks clarifying questions to ensure understanding</i>		
Maintains a record of all clinical care provided <i>Meets federal, state and facility requirements for documentation</i> <i>Meets federal, state and facility requirements for storage and retention of records</i> <i>Supports the need for skilled physical therapy services through documentation</i>		
Evaluative Criteria:	Competent: Y, N, or N/O	Competent: Y, N, or N/O
Documentation establishes a link between identified problems and intervention provided <i>Supports the use of chosen interventions with objective findings</i> <i>Reflects medical necessity of physical therapy services</i>		
Documentation provides sufficient information to allow for another therapist to assume care of the patient <i>Documentation is complete, legible and accurate</i> <i>Clearly describes diagnosis and rationale for treatment and interventions</i>		
Documents communication with healthcare providers family and caregivers <i>Documents contacts, conversations, phone calls with and emails from healthcare providers, family and caregivers</i>		

Category: EXAMINATION	MIDPOINT Competent: Yes No	FINAL Competent: Yes No
Essential Criteria:	Observed & competent:	Observed & competent:
Completes full and accurate patient interview/history <i>Interviews patient and/or appropriate care givers</i> <i>Establishes chief complaint and reason for referral to physical therapy</i> <i>Establishes prior and current level of function</i> <i>Differentiates relevant from irrelevant information provided in the subjective report</i> <i>Gathers operative reports, physician notes or other medical test results to optimize clinical decision making</i>		
Reviews and identifies the implications of current medications <i>Considers the physiologic effects of current medications and PT treatment implications</i> <i>Identifies purpose and rehabilitation implications of medication</i>		
Appropriately selects tests and measurements related to the chief complaint <i>Seeks referral for additional tests when indicated</i> <i>Selects special tests and measurements to establish a diagnosis</i>		
Evaluative Criteria:	Competent: Y, N, or N/O	Competent: Y, N, or N/O
Reviews and interprets medical records <i>Interprets diagnostic and laboratory test results.</i> <i>Integrates information from specialty reports or consultations into clinical decision making</i>		
Performs tests & measures: anthropomorphic <i>Measures body dimensions such as height, weight, girth, and segment length</i> <i>Assesses atrophy</i> <i>Assesses edema</i>		
Performs tests & measures: arousal, attention, & cognition <i>Assesses ability to process commands</i> <i>Assesses expressive and receptive skills</i> <i>Assesses orientation to time, person, place, and situation</i> <i>Assesses memory and retention</i>		
Performs tests & measures: assistive & adaptive devices <i>Assesses need for assistive or adaptive devices and equipment</i> <i>Assesses fit, function and safety of assistive or adaptive devices and equipment</i>		
Performs tests & measures: nerve integrity <i>Selects and performs tests of neural provocation</i> <i>Assesses cranial nerve function in response to stimuli – including the vestibular system</i> <i>Assesses proprioception, pain, light and discriminative touch, and temperature perception</i> <i>Assesses the integrity of deep tendon reflexes</i>		
Performs tests & measures: environmental & community integration/reintegration <i>Assesses activities of daily living, transfers and functional mobility\</i> <i>Assesses community barriers and integration</i>		
Performs tests & measures: ergonomics, body mechanics, & posture <i>Selects and performs tests of specific work conditions or activities</i> <i>Assesses body mechanics during activity</i> <i>Assesses postural alignment and position (static and dynamic)</i>		
Performs tests & measures: gait, locomotion & balance <i>Assesses gait, locomotion and balance during functional activities</i> <i>Assesses balance and equilibrium</i>		
Performs tests & measures: integumentary integrity <i>Assesses skin characteristics</i> <i>Assesses wound characteristics</i> <i>Assesses scar tissue characteristics</i>		
Performs Tests & Measures: Joint Integrity & Range of Motion <i>Selects and performs tests of joint stability, joint mobility, range of motion and flexibility</i>		

<p>Performs tests & measures: motor function <i>Assess muscle tone, tone, coordination, movement patterns and postural control</i></p>		
<p>Performs tests & measures: muscle performance <i>Selects and performs tests of muscle strength, power, and endurance (e.g., manual muscle test, isokinetic testing, dynamic testing)</i> <i>Selects and performs tests of muscle length</i></p>		
<p>Performs tests & measures: aerobic capacity <i>Assesses vital signs such as heart rate, blood pressure and respiratory rate</i> <i>Assesses aerobic endurance/capacity during functional activities and standardized tests</i> <i>Assesses cardiovascular response to changes in workload</i> <i>Assesses pulmonary response to changes in workload</i></p>		
<p>Performs tests & measures: neuromotor development & sensory integration <i>Assesses acquisition and evolution of motor skills</i> <i>Selects and performs tests of sensory-motor integration</i> <i>Selects and performs tests of developmental reflexes and reactions</i></p>		
<p>Performs tests & measures: orthotic, protective, assistive, & prosthetic devices <i>Assesses the need for devices</i> <i>Assesses the alignment, fit and effectiveness of devices</i></p>		
<p>Performs tests & measures: pain <i>Assesses pain location, intensity and characteristics</i></p>		
<p>Performs tests & measures: functional scales <i>Appropriately selects and interprets standardized functional assessment instruments</i></p>		

Category: EVALUATION, DIAGNOSIS AND PLAN OF CARE	MIDPOINT Competent: Yes No	FINAL Competent: Yes No
Essential Criteria:	Observed & competent:	Observed & Competent:
Evaluation and assessment: performs and documents the clinical assessment of the patient <i>Appropriately interprets data collected in history, systems review and tests & measures</i>		
Establishes a diagnosis for each patient <i>Utilizes the diagnostic process to organize and interpret data from the examination</i> <i>Considers differential diagnoses</i> <i>Assigns a diagnosis based on the evaluation</i>		
Plan of care: selects and documents interventions to address abnormalities of body structure and function and activity and participation limitations <i>Justifies selected interventions</i>		
Evaluative Criteria:	Competent: Y, N, or N/O	Competent: Y, N, or N/O
Demonstrates sound clinical decision making <i>Provides evidence based rationale for selected examination techniques and treatment interventions</i> <i>Locates, appraises and assimilates evidence from scientific studies and relevant resources</i> <i>Requests consultation and makes referral as indicated</i> <i>Seeks help when knowledge boundaries are reached and prior to continuation of care</i> <i>Identifies and considers differential diagnoses</i>		
Plan of care: develops and documents goals based on abnormalities of body structure and function and activity and participation limitations identified <i>Solicits patient input in the development of goals</i> <i>Writes goals that are measurable and functional</i> <i>Establishes a prognosis for each patient and considers prognosis in determining expected physical therapy outcomes</i> <i>Writes goals that are relevant to the patient's stated needs and goals</i>		
Plan of care: determines amount, frequency and duration of intervention <i>Considers diagnosis, patient payment, third party payer regulations and patient's ability to participate when determining treatment schedule</i>		
Performs reevaluations at appropriate intervals <i>Performs re-examination based on patient status</i> <i>Identifies barriers affecting patient progress</i> <i>Documents progress to date, justifies continuation of services, writes new goals and updates the plan of care as needed</i>		
Discharges or discontinues the patient from physical therapy services <i>Determines when patient is no longer benefiting from physical therapy services</i> <i>Anticipates discharge or discontinuation of services and takes appropriate and timely action</i> <i>Provides follow-up or referral as appropriate</i> <i>Documents summary of care, final patient status and reason for discharge or discontinuation of services</i>		

Category: INTERVENTION	MIDPOINT Competent: Yes No	FINAL Competent: Yes No
Essential Criteria:	Observed & competent:	Observed & competent:
Intervention: patient education <i>Effectively communicates evaluation findings, diagnosis and plan of care to the patient</i> <i>Effectively communicates evaluation findings, diagnosis and plan of care to caregivers and/or family members as appropriate</i> <i>Effectively communicates evaluation findings, diagnosis and plan of care to the health care team</i> <i>Instructs patient, caregivers and/or family members in patient's home program</i>		
Evaluative Criteria:	Competent: Y, N, or N/O	Competent: Y, N, or N/O
Interventions: therapeutic exercise <i>Instructs in conditioning, strengthening and stretching activities</i> <i>Instructs in coordination, posture and balance exercises</i> <i>Modifies exercise based on patient response</i> <i>Utilizes neuromuscular education and re-education</i> <i>Instructs in task specific performance</i>		
Interventions: functional training <i>Instructs in instrumental activities of daily living</i> <i>Instructs in activities of daily living</i> <i>Instructs in gait and locomotion</i> <i>Instructs in bed mobility, transfers, wheelchair management and ambulation</i> <i>Trains patient in use of orthotic, protective, assistive, & prosthetic devices</i>		
Interventions: manual therapy techniques <i>Performs joint mobilization</i> <i>Performs joint manipulation</i> <i>Performs soft tissue mobilization</i>		
Interventions: wound care <i>Selects appropriate wound cleansing methods</i> <i>Performs dressing changes</i> <i>Selects and applies appropriate topical agents and /or dressings</i> <i>Instructs in wound inspection and protection techniques</i>		
Interventions: physical agents <i>Applies thermal agents including heat and ice</i> <i>Applies electrical stimulation</i> <i>Applies mechanical traction</i> <i>Heeds indications, contra-indications and precautions in the use of physical agents</i> <i>Modifies application of the physical agent based on patient response</i>		
Interventions: cardiopulmonary <i>Facilitates airway clearance and instructs patient in techniques (includes chest physical therapy)</i> <i>Implements interventions to optimize aerobic capacity</i> <i>Instructs patient in breathing exercises with and without spirometry</i> <i>Implements cardiac and pulmonary rehabilitation programs</i>		

CATEGORY: UNITED STATES HEALTHCARE SYSTEM	MIDPOINT Competent: Yes No	FINAL Competent: Yes No
Essential Criteria:	Observed & competent:	Observed & competent:
Understands role of the physical therapist in the United States Healthcare system <i>Understands that U.S. physical therapists practice autonomously</i> <i>Establishes a diagnosis for physical therapy</i> <i>Collaborates with other members of the health care team</i> <i>Demonstrates understanding of and complies with state and federal regulations</i> <i>Demonstrates knowledge of and is personally responsive to ethical and legal issues of the work environment</i>		
Demonstrates knowledge of federal laws and rules applicable to physical therapy <i>Complies with Americans with Disabilities Act</i> <i>Complies with the Health Insurance Portability and Accountability Act</i> <i>Demonstrates knowledge of and complies with Occupational Safety and Health Administration regulations</i>		
Demonstrates knowledge of state laws and rules applicable to physical therapy <i>Complies with jurisdictional Practice Act and Rules including supervision of assistive personnel</i> <i>Demonstrates judicious and ethical use of social media</i>		
Evaluative Criteria:	Competent: Y, N, or N/O	Competent: Y, N, or N/O
Utilizes time and clinic resources in accordance with legal and ethical requirements of the employer or health care organization <i>Completes documentation in a timely manner</i> <i>Uses unscheduled time productively</i> <i>Use supplies and materials judiciously</i> <i>Responds to requests and appointments in a timely manner</i>		
Utilizes support personnel with appropriate supervision <i>Demonstrates understanding of the skill levels of support personnel</i> <i>Demonstrates understanding of supervision laws and ratios</i> <i>Demonstrates appropriate supervision of PTAs versus PT aides</i> <i>Delegates and directs assistive personnel as appropriate and as allowed by law</i>		
Demonstrates knowledge of facility's policies and procedures <i>Obtains informed consent</i> <i>Protects confidentiality of patient information including use of the electronic medical record</i> <i>Demonstrates understanding of organizational reporting levels and lines of communication</i>		
Demonstrates knowledge of third party payer policies and requirements <i>Takes patient's out of pocket cost into consideration when establishing a plan of care</i> <i>Obtains authorization for physical therapy services as required by insurance or facility</i> <i>Obtains certification and/or re-certification of Plan of Care as required by insurance</i> <i>Considers third party payer cost and public resources in the provision of healthcare</i> <i>Considers patient's insurance benefits and other resources when writing plan of care</i> <i>Provides meaningful treatment within allotted timeframe</i>		
Charges Submitted for Payment are Supported by the Documentation <i>Supports charges for services with documentation of time spent with patient and interventions performed</i> <i>Submits patient charges in timely manner</i>		

<p>Assigns Appropriate Diagnostic Code <i>Assigns ICD 9/ICD 10 codes for chief complaint</i> <i>Assigns ICD 9/ICD 10 codes for co-morbidities</i></p>		
<p>Assigns Appropriate CPT Codes <i>Demonstrates understanding of timed verses untimed codes</i> <i>Demonstrates understanding of Medicare Eight Minute Rule</i> <i>Uses modifiers as appropriate</i> <i>Understands concept of one on one therapy</i></p>		
<p>Understands the payment systems relative to the clinical setting <i>Skilled nursing facility: Resources Utilization Groups, Qualifying Minutes of Therapy, Skilled verses Unskilled Services</i> <i>Acute care: Diagnosis related groups</i> <i>Inpatient rehabilitation: Inpatient Rehabilitation Facility-Patient Assessment Instrument, Requirement for intensity of care - 3 Hour Rule</i> <i>Home health care: Outcomes and Assessment information Set, Episode of Care, Recertification Period</i> <i>Outpatient rehabilitation: Current Procedural Terminology Codes, 8 minute rule, timed verses untimed code, certification/recertification of the plan of care</i> <i>School Based Pediatric Services – Individual Education Plan</i></p>		

Category: PROFESSIONAL BEHAVIORS MIDPOINT

Comments (Supervisor)

Comments (PT Trainee)

Category: COMMUNICATION AND DOCUMENTATION MIDPOINT

Comments (Supervisor)

Comments (PT Trainee)

Category: EXAMINATION MIDPOINT

Comments (Supervisor)

Comments (PT Trainee)

Category: EVALUATION, DIAGNOSIS AND PLAN OF CARE

MIDPOINT

Comments (Supervisor)

Comments (PT Trainee)

Category: INTERVENTION

MIDPOINT

Comments (Supervisor)

Comments (PT Trainee)

CATEGORY: UNITED STATES HEALTHCARE SYSTEM

MIDPOINT

Comments (Supervisor)

Comments (PT Trainee)

Category: PROFESSIONAL BEHAVIORS FINAL

Comments (Supervisor)

Comments (PT Trainee)

Category: COMMUNICATION AND DOCUMENTATION FINAL

Comments (Supervisor)

Comments (PT Trainee)

Category: EXAMINATION FINAL

Comments (Supervisor)

Comments (PT Trainee)

Category: EVALUATION, DIAGNOSIS AND PLAN OF CARE FINAL

Comments (Supervisor)

Comments (PT Trainee)

Category: INTERVENTION FINAL

Comments (Supervisor)

Comments (PT Trainee)

CATEGORY: UNITED STATES HEALTHCARE SYSTEM FINAL

Comments (Supervisor)

Comments (PT Trainee)



FSBPT

Performance Evaluation Tool

For Foreign Educated Therapists Completing a Supervised Clinical Practice in the United States

The information contained in this document is proprietary and not to be shared elsewhere.

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Performance Evaluation Tool for Supervised Clinical Practice

Purpose

The purpose of supervised clinical practice (SCP) for a foreign educated physical therapist (FEPT) is to promote public protection by evaluating the FEPT's ability to practice competently within the United States healthcare system. Completion of a supervised clinical practice under the direction of a US licensed physical therapist will better prepare the FEPT for successful entry into the US workforce, promote clinical competence and the delivery of safe and effective care, assist in addressing cultural competence, and ensure a necessary level of public protection. Further, because English language proficiency is critical to providing physical therapy services in the US, verification of the ability to communicate in English is necessary for successful clinical practice.

Because successfully completing a SCP is a high stakes endeavor it is essential that a valid evaluation tool is available for jurisdictions. The Federation of State Boards of Physical Therapy (FSBPT) developed the Performance Evaluation Tool (PET) for Supervised Clinical Practice to specifically evaluate the clinical competency of the FEPT. Additionally, the PET provides feedback to the FEPT on areas where competence has and has not been established. Because SCP is often the last requirement prior to full, unrestricted physical therapy licensure, jurisdictions need a valid tool to evaluate minimally acceptable competence in the clinic as one step in the licensure process.

The PET scoring has been determined based on a rigorous standard setting process completed by subject matter experts. The PET was based on a number of accepted resources within the physical therapy profession including the Guide to Physical Therapist Practice, the American Physical Therapy Association's Code of Ethics and Clinical Performance Instrument, the FSBPT's Standards of Competence, Analysis of Practice, and Activities Performed by Entry-Level PTs. Additionally, the PET was vetted through large stakeholder surveys. The FSBPT SCP PET is valid, defensible, and can be consistently applied by supervisors and licensing jurisdictions.

Supervisors should follow the scoring instruction exactly in order to maintain the validity and reliability of the tool.

Reporting to the Licensing Board

At minimum, the supervisor will communicate the results of the Performance Evaluation Tool at mid-point and at the end of the supervised clinical practice to that jurisdiction's licensing authority for physical therapists. The supervisor should also communicate with the Board immediately if the supervised clinical practice is discontinued early, especially in cases where there are concerns regarding the safety of the consumer. Supervisors or PT Trainees are highly encouraged to contact the licensing board if Essential Criteria are unable to be observed for any reason in that clinical environment. The ultimate decision to license the PT Trainee or not is solely that of the jurisdiction's licensing authority for physical therapists.

Evaluating the PT Trainee

The tool should be shared in its entirety with the PT trainee prior to beginning the supervisory experience. It is important to review the tool to allow both parties have the same expectations of the criteria to be deemed competent at the end of the clinical experience. If the supervisor feels that the behavior will be unable to be observed during the clinical experience, other arrangements should be made (alternate clinical site) to allow for observance of the specific Essential Criterion.

At minimum, the PT trainee should be evaluated by the supervisor using the tool twice during the clinical experience- at the midpoint and at the end. The results of the evaluation should be sent to the State Board of Physical Therapy as directed by the specific jurisdiction.

Minimal Competence

Supervisors should keep in mind that the standard they should apply in determining competence required for licensure as a physical therapist is the ability to provide safe and effective care at the minimally acceptable level. Therefore the supervisor is judging whether the PT Trainee demonstrates the knowledge and concepts, skills and abilities, and attitudes, necessary for the provision of *safe and effective* patient care at the minimally competent level.

Provision of minimally competent patient care includes consideration of current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventive physical therapy services. This tool is designed to assess whether some can practice *safely and effectively at a minimally acceptable level of competence*.

When the PT Trainee is deemed competent in a behavior, category or overall on the PET, that is equivalent to a “yes” or “pass.” Incompetence is equivalent to a “no” or “fail.” These terms will be used interchangeably.

Language Skills

When evaluating the language skills and the ability to communicate in both written and oral English, the supervisor must evaluate the PT trainee’s ability to be understood and ensure the patients’ (and colleagues’) understanding. The ability to communicate effectively with minimal limitations should be paramount and that ability is what is being evaluated. A PT trainee should only be failed in the essential criteria regarding English communication when the language skills of the PT Trainee are a **barrier** to effective communication with others; or in other words, the trainee is ineffective in the use of language to the point where the PT Trainee cannot communicate appropriately with the patient and/or other caregivers.

Comment Boxes

At the end of the PET, there are comment boxes for each Category for both the Supervisor and Trainee. Both are encouraged to use the comment boxes to communicate about performance in each category.

Scoring Rules

A general overview of the ground rules for scoring of the tool includes these main points:

1. The PT trainee *must* demonstrate evidence in all Categories to demonstrate competence. The trainee cannot pass a Category if there have been no observable behaviors in the Category.
2. The PT trainee *must* demonstrate and be deemed “overall” competent in every Category to pass the PET and the supervised clinical practice (SCP).
3. All the Essential Criteria in every Category must be observed.
4. All the Essential Criteria from every category must be a “yes” to pass the SCP.

Category	Minimum Number of Yes Required to Pass	Maximum Number of No Allowed to Pass
PROFESSIONAL BEHAVIORS	3	2
COMMUNICATION AND DOCUMENTATION	2	1
EXAMINATION	10	3
EVALUATION, DIAGNOSIS AND PLAN OF CARE	3	2
INTERVENTION	2	2
UNITED STATES HEALTHCARE SYSTEM	5	2

5. The requirements for the Evaluative Criteria in each Category vary. The passing standard for each category are below.

Evaluative Criteria Passing Scale

Category

- Six Categories focused on areas of clinical practice that were specifically selected to address the challenges Foreign Educated PTs often face entering practice in the US
 1. Professional Behaviors
 2. Communication & Documentation
 3. Examination
 4. Evaluation, Diagnosis, and Plan of Care
 5. Intervention
 6. United States Healthcare System
- All categories must be observed by the supervisor
- The PT Trainee must demonstrate minimal competence in each category
- Competence in each category means that *all* essential criteria in that category have received a “yes” *and* that the score of the evaluative criteria has met the passing standard
- The supervisor will document that a PT Trainee has passed the category (been deemed competent) by circling the “Yes” in either the midpoint or final box on the PET.
- The supervisor will document that a PT Trainee has failed the category (been deemed incompetent) by circling the “No” in either the midpoint or final box on the PET.

Essential Criteria

Essential Criteria are those behavior elements that are common to every treatment setting. As these are the behaviors that are absolutely necessary to safe and effective care, every Essential Criterion **must be observed**. The PT Trainee **must be deemed competent** by the supervisor in every Essential Criterion in every Category at the end of the SCP in order to pass the SCP. If at any time the Essential Criteria are observed as a “no-not competent,” *and* the safety of the trainee, patient, supervisor, or colleagues is threatened, the clinical may be immediately ended by the supervisor.

The supervisor is evaluating the criterion behavior in bold type. Underneath the bold type are anchors behaviors, or guides, for the supervisor to use during the evaluation process of the Essential Criteria. The list of anchor behaviors for each criterion is not an exhaustive list, and should not be considered as such. Additionally, not all behaviors listed for each criterion need to be observed in order to pass the criterion, they are examples meant to serve as a guide. The supervisor should place a Yes (Observed and Competent) or No (Observed and Not Competent) in the box in either the midpoint or final box on the PET; these are the only two acceptable answers. **Boxes left blank should be considered not observed and would then be a No. Any “No” answer for essential criteria at the final is an automatic failure of the entire Supervised Clinical Practice.** If the supervisor feels that the behavior will be unable to be observed during the clinical experience, other arrangements should be met (alternate clinical site) to allow for observance of the specific Essential Criterion.

Evaluative Criteria

Evaluative Criteria are those behavior elements that are not common to every treatment setting and may or may not be observed during the SCP. Not all of the evaluative criteria may be observed; this allows for the variation in clinical settings. All of the Evaluative Criteria are equally weighted. The supervisor should place one of 3 scoring options in the box of the PET:

- a. **Y**: yes competent because observed,
- b. **N**: not competent because observed,
- c. **N/O**: not observed.

The supervisor is evaluating the criterion behavior in bold type. Underneath the bold type are anchor behaviors, or guides, for the supervisor to use during the evaluation process of the Evaluative Criteria. The list of anchor behaviors for each criterion is not an exhaustive list, and should not be considered as such. Additionally, not all behaviors listed for each criterion need to be observed in order to pass the criterion, they are examples meant to serve as a guide. Unlike the Essential Criteria, not all of the Evaluative Criteria need to be assessed as a “Y” in order to pass the overall category and clinical experience. The supervisor must use the rules below to determine whether or not the PT Trainee will be deemed competent in each Evaluative Criteria section. The minimum number of “Y” required for the passing standard must be obtained to pass the overall Evaluative Criteria section (see **Evaluative Criteria Passing Scale**). There is also a maximum number of “N” ratings that is acceptable to still pass the overall Evaluative Criteria section (see **Evaluative Criteria Passing Scale**).

- A person could have the minimum number of “Y” ratings and the remainder N/O and the

Evaluative Criteria Passing Scale	Minimum Number of Yes Required to Pass	Maximum Number of No Allowed to Pass
PROFESSIONAL BEHAVIORS	3	2
COMMUNICATION AND DOCUMENTATION	2	1
EXAMINATION	10	3
EVALUATION, DIAGNOSIS AND PLAN OF CARE	3	2
INTERVENTION	2	2
UNITED STATES HEALTHCARE SYSTEM	5	2

trainee would pass the Evaluative Criteria section.

- A person could have the maximum number of “N” ratings and the remainder N/O and the trainee would NOT pass; the “yes” ratings are required.

For example, a PT trainee receives a Yes for 3, and a No for 2 of the Evaluative Criteria under the Professional Behaviors Category, this scoring meets the rule and the Trainee would pass *that section*. Alternately, if the Trainee had received 3 “Y” ratings and 3 “N” ratings in the Evaluative Criteria section, the number of “N” ratings would surpass the maximum number allowed and the Trainee would fail the Evaluative Criteria section and in turn, the overall Category of Professional Behaviors even if the trainee passed all of the Essential Criteria.

Minimizing Rating Bias and Errors

The single most important thing that a supervisor can do to minimize rating errors is to be trained in the use of the specific tool they are using to evaluate the PT Trainee. Supervisors that do not understand the Performance Evaluation Tool will be much more likely to commit errors. Comparing behaviors observed during the clinical practice with those behaviors that are used to anchor each Essential and Evaluative Criterion can also help minimize errors. Please take the time necessary to review this document in full and understand the scoring rules.

Supervisors also referred to as raters, should be cautious to be aware of their own thinking during the evaluative process. A particularly good day or bad day may influence your judgment of the PT Trainee's performance for the positive or negative. The supervisor should, as best practice, take a few minutes to prepare for the PT Trainee's evaluation by clearing their mind of other distractions and reflect on the performance of the Trainee. The rater may try to recall examples of the Trainee's skills and behaviors and refer to any notes that have been taken. It is also very important for the supervisor to be aware of potential bias including stereotyping brought to the supervisory experience. A supervisor should consciously try to avoid considering non-performance related factors when rating the PT Trainee's performance. If the supervisor/Trainee are of similar background, age, or have common interests there may be an unconscious bias of "being similar to me." The reverse can also be true and the Trainee be put at a disadvantage if the Supervisor's bias is "different from me." Either of these biases can influence a rater's decisions and impressions. Stereotyping an individual may lead the supervisor to seek out confirmation of characteristics of the stereotype rather than rating the individual's performance. The Supervisor/rater must try to remember to measure the candidate against the behavior criteria and not personal similarities/differences. Similarly, if the rater likes the Trainee and wants to see them succeed, the supervisor may be more likely to err on the side of leniency rather than holding the Trainee to the standard of minimal competence.

The PET was designed so that each category is of equal importance; stakeholder input from many groups confirmed the importance of this concept. The rater must be alert to any personal tendency to value any one category over the other. If the Trainee performs better/worse in the categories valued/devalued by the supervisor it may impact the entire evaluation. (The rater overvalues a category in which the Trainee does well may create a situation where the supervisor "over-rates" the total performance of the Trainee. The reverse could also be true with undervalued categories and undervaluing the total performance.) The rater should also be cautious against making an overall decision of competence too early in the evaluation. As the categories of the PET are independent, a superior performance by the PT Trainee in the category of Professional Behaviors does not indicate that he or she will perform as well in the Evaluation, Diagnosis, and Plan of Care Category. If a supervisor has made a decision regarding the Trainee's competence too early in the process, it may be hard to evaluate the later categories and behaviors objectively. There are additional sources of rater error that should be considered. [Appendix A](#) and the following hyperlinks include more detailed description of rater error:

Scoring Examples:

1. Trainee scores a Yes on every Essential Criteria in every Category. The trainee scores the minimum number of Yes on the Evaluative Criteria in every Category. The trainee gets a Yes in every category and passes the PET and the Supervised Clinical Practice.
2. Trainee scores a Yes on every Essential Criteria in every Category. The trainee scores the maximum number of No and one Yes on the Evaluative Criteria in every Category. The minimum number of Yes responses was not met and the trainee gets a No in every category and fails the PET and the Supervised Clinical Practice.
3. Trainee scores a Yes on every Essential Criteria in every Category EXCEPT for one. The trainee scores the minimum number of Yes on the Evaluative Criteria in every Category. The trainee passes all Categories EXCEPT the one with the No in an Essential Criteria. The Trainee fails the PET and Supervised Clinical Practice; ALL Essential Criteria MUST be Yes.

4. Trainee scores as follows:

Category	Essential Criteria	Evaluative Criteria YES	Evaluative Criteria NO	Explanation
PROFESSIONAL BEHAVIORS	ALL Yes	3	2	Essential Criteria met. Evaluative criteria passing standard met.
COMMUNICATION AND DOCUMENTATION	ALL Yes	2	1	Essential Criteria met. Evaluative criteria passing standard met.
EXAMINATION	ALL Yes	10	3	Essential Criteria met. Evaluative criteria passing standard met.
EVALUATION, DIAGNOSIS AND PLAN OF CARE	ALL Yes	3	2	Essential Criteria met. Evaluative criteria passing standard met.
INTERVENTION	ALL Yes	2	2	Essential Criteria met. Evaluative criteria passing standard met.
UNITED STATES HEALTHCARE SYSTEM	ALL Yes	5	2	Essential Criteria met. Evaluative criteria passing standard met.

Overall Trainee Rating: All categories passed. PET passed. SCP passed.

5. Trainee scores as follows:

Category	Essential Criteria	Evaluative Criteria YES	Evaluative Criteria NO	Explanation
PROFESSIONAL BEHAVIORS	ALL Yes	3	2	Essential Criteria met. Evaluative criteria passing standard met.
COMMUNICATION AND DOCUMENTATION	ALL Yes	3	0	Essential Criteria met. Evaluative criteria passing standard met. Has more than the minimum Yes required and has less than maximum No allowed.
EXAMINATION	ALL Yes	8	3	Essential Criteria met. Evaluative criteria passing standard NOT met. Does not have minimum Yes. Category NOT passed.
EVALUATION, DIAGNOSIS AND PLAN OF CARE	ALL Yes	2	2	Essential Criteria met. Evaluative criteria passing standard NOT met. Does not have minimum Yes. Category NOT passed.
INTERVENTION	ALL Yes	2	1	Essential Criteria met. Evaluative criteria passing standard met. Has minimum Yes and less than maximum No.
UNITED STATES HEALTHCARE SYSTEM	ALL Yes	5	2	Essential Criteria met. Evaluative criteria passing standard met.

Overall Trainee Rating: 4 of 6 categories passed. PET NOT passed. SCP NOT passed.

Appendix A

Common Rating Errors	
Central Tendency	Supervisor's tendency to rate everyone around the middle performance level. Fear of rating too high or too low.
Leniency/Severity	Tendency to rate higher or lower than what the performance warrants because of the supervisor's issues such as confrontation avoidance or comparing to unrealistic expectations.
Contrast Error	Comparing the PT Trainee to other PTs or students rather than judging them on the performance factors.
False Attribution	Attribute bad performance to internal causes and good performance to external causes.
Perceived Meaning	In a situation with multiple raters, the raters disagree on the meaning of the rating criteria.
Recency Error	Rater uses only behaviors or observations of recent events in the rating process rather than looking at behavior over the entire rating period.
Halo/Horn	Then tendency of a rater to let one positive or negative behavior/observation influence the remainder of the evaluation.
Spillover	The rater allows the ratings from the midpoint evaluation to influence the ratings for the final evaluation even though the performance is substantially different.
Grudge Holding	Over-valuing of a prior negative behavior by the PT Trainee and allowing it to influence current ratings.

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CAN A PHYSICAL THERAPIST IN WISCONSIN EVALUATE AND TREAT A PATIENT WITHOUT A REFERRAL?

With regard to physical therapy referrals, Wisconsin is considered a Direct Access state. A written referral is not required for the following physical therapy services related to the work, home, leisure, recreational and educational environments: conditioning, injury prevention and application of biomechanics and treatment of musculoskeletal injuries with the exception of acute fractures or soft tissue avulsions (Ch PT 6.) Per Wis. Stat. s. 448.56 a written referral is also not required if a physical therapist provides services in schools to children with disabilities, as part of a home health care agency, to a patient in a nursing home or to an individual for a previously diagnosed medical condition after informing the individual's health care practitioner who made the diagnosis.

This position statement uses exact language from statutes referenced.- Keep

MAY A PHYSICAL THERAPIST NOT LICENSED IN THE STATE OF WISCONSIN PERFORM A HOME EVALUATION?

Those who wish to conduct a physical therapy evaluation in Wisconsin, regardless of the setting, must have a valid Wisconsin physical therapy license in order to do so. Wis. Stat. s. 448.51.

This position statement summarizes 448.51 clearly – does not add meaning or inference to the original language. Recommend keeping it for clarity vs the exact wording in 448.51.

MAY A PHYSICAL THERAPIST LICENSED IN WISCONSIN PERFORM NEEDLE EMG?

Consistent with Wis. Stat. s. 448.50(4) the Board has determined that a Wisconsin licensed physical therapist may perform needle EMG (electromyography), surface EMG and nerve conduction studies, provided that he or she has the appropriate education, training, and experience to perform them.

Board determined in past meetings that this should be removed.

CAN A WISCONSIN PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT DO INR (INTERNATIONAL NORMALIZED RATIO) MONITORING?

The scope of practice for Physical Therapy is defined by Wis. Stat. s. 448.50 (4) (a) 1-4 and (b). The Board considers any physical therapist or physical therapist assistant performing INR monitoring or Prothrombine Time testing to be acting outside the scope of their practice as stated in the Wisconsin Statutes. INR is used to monitor the effectiveness of blood thinning drugs. It involves collecting a blood sample by inserting a needle into a vein or from a fingerstick. It is typically measured along with Prothrombine Time which is a lab test used to evaluate the ability of blood to clot properly. Prothrombine Time or Pro Time is commonly abbreviated as "PT" which can be a source of confusion if this is misunderstood to mean Physical Therapy.

This is interpretive and recommended bringing back new language that utilized the statute.

Proposed answer is listed:

No, A physical therapist or physical therapist assistant cannot do INR monitoring.

Wis. Stat. s. 448.50(4) (a)1-4 and (b) define the practice of Physical Therapy as follows:

"Physical therapy" means, except as provided in par. (b), any of the following:

1. Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention. In this subdivision, "testing" means using standardized methods or techniques for gathering data about a patient.

2. Alleviating impairments or functional limitations by instructing patients or designing, implementing, or modifying therapeutic interventions.

3. Reducing the risk of injury, impairment, functional limitation, or disability, including by promoting or maintaining fitness, health, or quality of life in all age populations.

4. Engaging in administration, consultation, or research that is related to any activity specified in subds. 1. to 3.

(b) "Physical therapy" does not include using roentgen rays or radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices.

ARE WISCONSIN PHYSICAL THERAPISTS ALLOWED TO PROVIDE INJECTIONS AS BEING WITHIN THE SCOPE OF THEIR LICENSURE?

Wis. Stat. s. 448.50(4)(b) states that "Physical therapy" does not include...prescribing drugs.

Wis. Stat. s. 448.50(4)(a) and (6) describe the "therapeutic intervention(s)" that are within the scope of practice. While administering a medication by iontophoresis is considered to be a physical therapy procedure or technique, administering a medication by injection is not and should be considered as outside a PT's scope of practice.

This is interpretive and recommended bringing back new language that utilized the statute.

Proposed answer is listed:

No. Physical therapists are not allowed to provide injections as part of the scope of their license.

Wis. Stat. s. 448.50(4) (a)1-4 and (b) define the practice of Physical Therapy as follows:

"Physical therapy" means, except as provided in par. (b), any of the following:

1. Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention. In this subdivision, "testing" means using standardized methods or techniques for gathering data about a patient.

2. Alleviating impairments or functional limitations by instructing patients or designing, implementing, or modifying therapeutic interventions.

3. Reducing the risk of injury, impairment, functional limitation, or disability, including by promoting or maintaining fitness, health, or quality of life in all age populations.

4. Engaging in administration, consultation, or research that is related to any activity specified in subds. 1. to 3.

(b) "Physical therapy" does not include using roentgen rays or radium for any purpose, using electricity for surgical purposes, including cauterization, or prescribing drugs or devices.

MAY A PHYSICAL THERAPIST ASSISTANT LICENSED IN WISCONSIN PERFORM JOINT MOBILIZATION AND MUSCLE ENERGY TECHNIQUES UNDER THE DIRECT SUPERVISION OF A LICENSED PHYSICAL THERAPIST?

As long as a licensed physical therapist assistant has the appropriate experience and has been properly educated and trained in appropriate portions of the treatment plan and program to be delegated, he or she may perform them under the direct or general supervision of a licensed physical therapist. The supervising physical therapist maintains primary responsibility for the physical therapy care rendered by the physical therapist assistant (per Wis. Stat. s. 448.56(6) and Ch PT 5.01 (2)(a)(g))

This is interpretive and recommended bringing back new language that utilized the statute.

Proposed answer is listed:

As per PT 5.01(2)(g), a physical therapist may delegate appropriate portions of the treatment plan and program to the physical therapist assistant consistent with the physical therapist assistant's education, training and experience. The physical therapist is responsible for managing all aspects of the physical therapy care of each patient under his or her care (per Wis. Stat. s 448.56(4)).

IN THE STATE OF WISCONSIN CAN A PHYSICAL THERAPIST ASSISTANT SUPERVISE A PT AIDE?

Wis. Stat. s. 448.56(6) does not specifically speak to this topic. While unlicensed personnel (in this case a physical therapy aide) may assist the physical therapist assistant in patient related tasks, under Ch. PT 5.02(1) they must be under the direct on-premises supervision of a physical therapist. The guidelines for "direct on-premise supervision" are outlined in PT 5.02(2). Direct supervision does not specify that the physical therapist needs to be in the same room during the appointment, but does need to be on-site and "be available at all times for direction and supervision."

This is interpretive and recommended bringing back new language that utilized the statute.

There are no statutes that can directly be used to answer this question. There is only language that states "A physical therapist shall provide direct on-premises supervision of unlicensed personnel at all times." PT 5.02(1). I would recommend removing this position statement.

IS REHABILITATIVE ULTRASOUND IMAGING (RUSI) CONSIDERED WITHIN THE SCOPE OF PRACTICE FOR PHYSICAL THERAPISTS LICENSED IN THE STATE OF WISCONSIN?

Consistent with Wis. Stat. s. 448.50 (4)(6), the Board has determined that this intervention is within the physical therapy scope of practice as a therapeutic and assessment tool.

This is interpretive and recommended bringing back new language that utilized the statute.

Proposed answer is listed if you want to take that stand that RUSI is a "standardized method or technique for gathering data":

Yes. Wis. Stat. s. 448.50(4) (a)1)defines the practice of Physical Therapy related to testing and gathering data about a patient as follows:

"Physical therapy" means, except as provided in par. (b), any of the following:

1. Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention. In this subdivision, "testing" means using standardized methods or techniques for gathering data about a patient.

WHO CAN SUPERVISE A PT /PTA WITH A TEMPORARY LICENSE?

PT 3.01 (3) and (4) state that PTs or PTAs with a temporary license must be supervised by "a person validly holding a regular license as a physical therapist."

This answer is summative of the statutes but if you want to be consistent with our other answers, we could have the following:

PT 3.01(3) States, the holder of a temporary license to practice physical therapy under supervision may practice physical therapy as defined in s. 448.50 (4), Stats., providing that the entire practice is under the supervision of a person validly holding a regular license as a physical therapist. The supervision shall be direct, immediate, and on premises.

PT 3.01(4) States, the holder of a temporary license to practice as a physical therapist assistant under supervision may provide physical therapy services as defined by s. 448.50 (4), Stats., providing that the entire practice is under the supervision of a person validly holding a regular license as a physical therapist. The supervision shall be direct, immediate, and on premises.

CAN A PT /PTA WITH A TEMPORARY LICENSE HAVE MORE THAN ONE SUPERVISING PT?

Yes, if necessary. The PT who signs the temporary license application is considered the primary PT for purposes of supervision. In the event that the primary PT is absent (illness, vacation, etc), another primary PT must be identified to supervise the temporary licensed PT or PTA. The important issue is that at any point in time, a primary supervising PT is formally identified within the practice. The PTEB does not need to be informed of changes in supervising PTs, however it may be prudent to document the change in supervisors. It is the responsibility of the temporary licensed PT /PTA and primary PT to assure that supervisory rules are satisfied.

Not sure we have direct statutes to support this. Remove it or leave it?