



PHYSICAL THERAPY EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
February 26, 2015

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-3)**
- B) Approval of Minutes of December 11, 2014 (4-5)**
- C) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Other Informational Items
- D) Election of Officers (6)**
- E) Appointment of Liaisons and Delegated Authorities (6-8)**
- F) Legislative/Administrative Rule Matters**
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) Review and Discussion of PT 1, 2, 3, 8 Temporary Reentry License **(9-14)**
- G) aPTitude and Related Matters – Board Discussion**
 - 1) APPEARANCE – Jill Remy, Supervisor, Office of Education and Exams
- H) Federation of State Boards of Physical Therapy (FSBPT) Matters**
 - 1) Physical Therapy Licensing Compact – Status and Board Discussion **(15)**
 - 2) Cases Affecting Regulatory Boards **(16)**
 - 3) Fraudulent Billing – Board Discussion **(17)**
 - 4) Request for Proposal for Development of a Course in Healthcare in the United States for the Internationally Educated Physical Therapy Student **(18-27)**
 - 5) FSBPT Membership Task Force Meeting – Report by Sarah Olson **(28)**
 - 6) FSBPT Continuing Competence Committee – Consider Affirming Appointment of Michele Thorman **(29)**
 - 7) Board Travel Options – Board Consideration **(30-31)**

- I) **Telemedicine (32-44)**
- J) **Fixed Date Testing: Update and Research Webinar – Report by Lori Dominiczak (45)**
- K) **Physical Therapy Examining Board 2014 Annual Report (46-49)**
- L) Informational Item(s)
- M) Items Added After Preparation of Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Administrative Updates
 - 3) Education and Examination Matters
 - 4) Credentialing Matters
 - 5) Practice Matters
 - 6) Legislation/Administrative Rule Matters
 - 7) Liaison Report(s)
 - 8) Informational Item(s)
 - 9) Disciplinary Matters
 - 10) Presentations of Petition(s) for Summary Suspension
 - 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 12) Presentation of Proposed Decisions
 - 13) Presentation of Interim Order(s)
 - 14) Petitions for Re-Hearing
 - 15) Petitions for Assessments
 - 16) Petitions to Vacate Order(s)
 - 17) Petitions for Designation of Hearing Examiner
 - 18) Requests for Disciplinary Proceeding Presentations
 - 19) Motions
 - 20) Petitions
 - 21) Appearances from Requests Received or Renewed
 - 22) Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports
- N) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

- O) **Continuing Education Waiver Requests**
 - 1) Holly Flourke **(50-51)**
 - 2) Steven Kuphal **(52-54)**
- P) **Case Closing(s)**
 - 1) 14 PHT 014 – S.D.B. **(55-57)**
- Q) **Case Status Report (58)**
- R) Deliberation of Items Added After Preparation of the Agenda
 - 1) Education and Examination Matters
 - 2) Credentialing Matters
 - 3) Disciplinary Matters
 - 4) Monitoring Matters

- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Case Closings
- 12) Case Status Report
- 13) Petition(s) for Extension of Time
- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases
- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

S) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

T) Open Session Items Noticed Above not Completed in the Initial Open Session

U) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

V) Ratification of Licenses and Certificates

ADJOURNMENT

**PHYSICAL THERAPY EXAMINING BOARD
MEETING MINUTES
December 11, 2014**

PRESENT: Shari Berry, PT; Lori Dominiczak, PT; Thomas Murphy, Sarah Olson, PTA; Michele Thorman, PT

STAFF: Tom Ryan, Executive Director; and Taylor Thompson, Bureau Assistant

CALL TO ORDER

Michele Thorman, Chair, called the meeting to order at 8:30 A.M. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Shari Berry moved, seconded by Thomas Murphy, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Lori Dominiczak moved, seconded by Sarah Olson, to approve the minutes of September 11, 2014 as published. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

CONTINUING EDUCATION

Mike Edwards, WPTA, appeared before the board to discuss online continuing education.

Shari Berry recused herself and left the room at 9:19 a.m. for the discussion and voting on Continuing Education.

MOTION: Sarah Olson moved, seconded by Lori Dominiczak, to authorize a member of the Board to attend any upcoming WPTA events to carry on active discussions regarding continuing education. Motion carried.

APTITUDE AND RELATED MATTERS

MOTION: Lori Dominiczak moved, seconded by Shari Berry, to authorize Office of Education and Examinations to carry on active discussions regarding aPTitude. The Office of Education and Examinations will report back to the Board at a future meeting. Motion carried unanimously.

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY (FSBPT) MATTERS

**FSBPT MEMBERSHIP TASK FORCE MEETING IN ALEXANDRIA, VA,
JANUARY 9-10, 2015**

MOTION: Shari Berry moved, seconded by Thomas Murphy, to authorize Sarah Olson to attend the FSBPT Membership Task Force Meeting on January 9-10, 2015 in Alexandria, VA. Motion carried unanimously.

CLOSED SESSION

MOTION: Michelle Thorman moved, seconded by Lori Dominiczak, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Shari Berry - yes; Lori Dominiczak - yes; Thomas Murphy - yes; Sarah Olson - yes; Michele Thorman - yes. Motion carried unanimously.

The Board convened into Closed Session at 12:23 P.M.

RECONVENE TO OPEN SESSION

MOTION: Shari Berry moved, seconded by Sarah Olson, to reconvene in Open Session at 12:37 P.M. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Lori Dominiczak moved, seconded by Thomas Murphy, to delegate ratification of examination results to DSPS staff and to delegate and ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Sarah Olson moved, seconded by Lori Dominiczak, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:39 P.M.

2014 OFFICERS	
Board Chair	Michele Thorman
Vice Chair	Lori Dominiczak
Secretary	Shari Berry

2014 LIAISON APPOINTMENTS	
Credentialing Liaison	Lori Dominiczak, Shari Berry <i>Alternate: Michele Thorman</i>
Monitoring Liaison	Thomas Murphy <i>Alternate: Sarah Olson</i>
Education and Exams Liaison	Michele Thorman, Shari Berry <i>Alternate: Sarah Olson</i>
Legislative Liaison	Lori Dominiczak <i>Alternate: Shari Berry</i>
Travel Liaison	Michele Thorman <i>Alternate: Lori Dominiczak</i>
Website Liaison	Lori Dominiczak <i>Alternate: Sarah Olson</i>
Rules Liaison	Michele Thorman <i>Alternate: Shari Berry</i>
Professional Assistance Procedure Liaison	Thomas Murphy <i>Alternate: Sarah Olson</i>
Screening Panel	Lori Dominiczak, Thomas Murphy <i>Alternate: Sarah Olson</i>

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: January 13, 2015 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Delegation to Monitoring Liaison and Department Monitor	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Delegated Authority Motion: <p style="text-align: center;"><i>“_____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i></p>			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 30%; text-align: center;"> January 13, 2015 </div> <div style="width: 30%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. **Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.**

Monitoring Liaison currently has the authority to grant an extension up to 90 days. This change will allow the Liaison to grant payment plans and longer extensions on a case-by-case basis, which will be particularly helpful for Board/Sections that do not meet every month.

7. **Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.**

This addition was initiated and approved by the Medical Examining Board in October 2014. The Liaison may choose to defer a particular request to the full Board/Section for review if needed.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Administrative Rules Coordinator		2) Date When Request Submitted: February 2, 2015 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>					
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board							
4) Meeting Date: February 26, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review and Discussion of PT 1, 2, 3, 8 Temporary reentry license					
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A					
10) Describe the issue and action that should be addressed: The Board will review and approve of PT 1, 2, 3, 8 relating to temporary reentry license for posting of EIA comments and submission to the Clearinghouse.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> 11) Signature of person making this request Shawn Leatherwood <small>Supervisor (if required)</small> </td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;"> Authorization Date February 2, 2015 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Bureau Director signature (indicates approval to add post agenda deadline item to agenda) </td> <td style="border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> </table>				11) Signature of person making this request Shawn Leatherwood <small>Supervisor (if required)</small>	Authorization Date February 2, 2015	Bureau Director signature (indicates approval to add post agenda deadline item to agenda)	Date
11) Signature of person making this request Shawn Leatherwood <small>Supervisor (if required)</small>	Authorization Date February 2, 2015						
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)	Date						
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.							

STATE OF WISCONSIN
PHYSICAL THERAPY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PHYSICAL THERAPY EXAMINING
PHYSICAL THERAPY EXAMINING	:	BOARD
BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Physical Therapy Examining Board to repeal PT 1.02 (2), and 3.02; to amend PT 1.04 and 8.02; to repeal and recreate PT 8.05, relating to temporary reentry licensure.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Sections 448.53 and 448.55, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 448.55 (3), Stats.

Explanation of agency authority:

Pursuant to ss. 15.08 (5) (b), and 227.11 (2) (a), Stats., the Physical Therapy Examining Board (Board) is generally empowered to promulgate rules that will provide guidance within the profession and that interpret the statutes it enforces or administers. Pursuant to s. 448.55 (3), Stats., the Board has express authority to, “promulgate rules that require an applicant for renewal of a license to demonstrate continued competence as a physical therapist or physical therapist assistant.” These proposed rules will give guidance within the profession regarding the requirements for renewing a license. Therefore, the Board is empowered both generally and specifically to promulgate the proposed rule.

Related statute or rule:

Wis. Admin Code chs. PT 1, 2 and 8

Plain language analysis:

The Physical Therapy Examining Board (Board) reviewed its rules and determined that certain provisions needed clarifying. First, s. PT 1.04 was amended by removing

language regarding the application deadline date. By requiring the completed application include all required documents including verified documentary evidence of graduation from a school of physical therapy by the application deadline date the Board is in fact requiring applicants to complete their postsecondary education as a condition of taking the exam. The deadline date was removed in keeping with 2013 Wisconsin Act 114 which required boards to refrain from requiring the completion of postsecondary education before an applicant is eligible to take a credentialing examination. Secondly, the Board decided to repeal the temporary reentry license found in s. PT 3.02 and the term candidate for reentry in s. PT 1.02 (2). These provisions were originally designed to allow persons who had not practiced as a physical therapist for a period of 3 years or more an opportunity to gain clinical experience while waiting for full licensure. However, s. PT 2.01 (h) already addresses applicants returning to the practice of physical therapy after a 3 year absence by requiring an oral examination. Lastly, the Board revised requirements for reinstatement of a license found in s. PT 8.05 by adding conditions applicants need to follow if their license has been surrendered, revoked, or has unmet disciplinary requirements.

SECTION 1. repeals the term candidate for reentry from the Definitions section.

SECTION 2. removes the deadline date from the s. PT 1.04.

SECTION 3. repeals the temporary reentry license.

SECTION 4. removes the application form language from s. PT 8.02.

SECTION 5. amends the reinstatement language found in s. PT 8.05 by adding a provision on unmet discipline.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Illinois allows restoration of license which has been expired or on inactive status for more than 5 years. Ill Admin. Code tit. 68 §1340.60 a). Licensees must do one of the following to restore their license: (1) submit certification of current licensure from another state or territory, (2) submit an affidavit attesting to military service, (3) pass the National Physical Therapy Examination, or (4) submit evidence of recent attendance at an educational program in physical therapy.

Iowa: Iowa allows reactivation of a license that has been on inactive status for more than five years. Licensees must provide verification of a license from every jurisdiction in which the licensee was licensed or has practiced during the time period that the licensee's Iowa license was inactive. The licensee must also provide verification of completion of

80 hours of continuing education within 2 years of the application for reactivation. 645 Iowa Admin. Code 200.15.

Michigan: Michigan allows relicensure of a license that has lapsed for 3 years or more. Licensees must: (1) submit a completed application on a form provided by the department, (2) pass an examination of Michigan laws and rules related to the practice of physical therapy, and (3) either establish that licensee has been employed as a physical therapist in another jurisdiction or pass the National Physical Therapy Examination. Mich. Admin. Code R.338.7137 (2).

Minnesota: Minnesota does not renew, reissue, reinstate, or restore a licensed that has lapsed or has not been renewed within two annual license renewal cycles. A licensee whose license has been cancelled for nonrenewal must obtain a new license and fulfill all the current requirements for licensure at that time. Minn. Statutes 148.737.

Summary of factual data and analytical methodologies:

The methodologies used in developing this proposed rule include reviewing administrative rules and statutes of other states and comparing them to current Wisconsin Administrative Code.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.Leaherwood@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by

email to Shancethea.Leatherwood@wisconsin.gov. **Comments must be received on or before * to be included in the record of rule-making proceedings.**

TEXT OF RULE

SECTION 1. PT 1.02 (2) is repealed.

SECTION 2. PT 1.04 is amended to read:

PT 1.04 Application deadline and fees. The completed application and all required documents must be received by the board at its office not less than 30 days prior to the date of the examination. ~~The~~ along with the required fees specified in s. 440.05 (1), Stats., ~~shall accompany the application.~~

SECTION 3. PT 3.02 is repealed.

SECTION 4. PT. 8.02 is amended to read:

PT 8.02 Renewal required; method of renewal. Each licensee shall renew his or her license biennially with the department. ~~On or before February 1 of each odd-numbered year the department shall mail to each licensee at his or her last known address as it appears in the records of the board an application form for renewal.~~ Each licensee shall complete a renewal application form and return it with the required fee to the department prior to the next succeeding March 1.

SECTION 5. PT 8.05 is repealed and recreated to read:

PT 8.05 Requirements for reinstatement. A license shall expire if it is not renewed by March 1 of each odd-numbered year, except for temporary licensed granted pursuant to ch. PT 3. A licensee who allows their license to lapse may apply to the board for reinstatement of their license as follows:

(1) **RENEWAL BEFORE 5 YEARS.** If the licensee applies for renewal of the license less than 5 years after its expiration, the license shall be renewed upon payment of the renewal fee and completion of the continuing education requirements.

(2) **RENEWAL AFTER 5 YEARS OR MORE.** If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on renewal of the license, including oral examination, as the board deems appropriate. All applicants under this paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

(3) UNMET DISCIPLINE. If the licensee has a license that has unmet disciplinary requirements which has not been renewed within 5 years or more after the renewal date or the license has been surrendered or revoked, then the licensee must submit to the board all of the following:

(a) Evidence of the completion of the requirements under s. PT 8.05 (2).

(b) Evidence of completion of disciplinary requirements, if applicable.

(c) Evidence of rehabilitation or change in circumstances warranting reinstatement of the credential.

SECTION 6. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Physical Therapy Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/16/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Matters: Physical Therapy Licensing Compact - Status and Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Please go to the following link to view the Forum article: http://www.fsbpt.org/FreeResources/ForumMagazine/ForumFall2014.aspx			
11) Authorization			
Taylor Thompson		2/16/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/16/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Matters: Cases Affecting Regulatory Boards	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Please go to the following link to view the Forum article: http://www.fsbpt.org/FreeResources/ForumMagazine/ForumFall2014.aspx			
11) Authorization			
Taylor Thompson		2/16/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/16/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Matters: Fraudulent Billing - Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Please go to the following link to view this Forum article: http://www.fsbpt.org/FreeResources/ForumMagazine/ForumFall2014.aspx			
11) Authorization			
Taylor Thompson		2/16/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/17/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Request for Proposal for Development of a Course in Healthcare in the United States for the Internationally Educated Physical Therapy Student	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		2/17/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



Request for Proposal for Development of a Course in Healthcare in the United States for the Internationally Educated Physical Therapy Student

The Federation of State Boards of Physical Therapy (FSBPT), the American Physical Therapy Association (APTA), the Foreign Credentialing Commission on Physical Therapy (FCCPT) and the APTA Section HPA: The Catalyst are soliciting proposals for a physical therapy education program to develop, run and administer an on-line course on the Health Care Delivery System in the United States for internationally educated physical therapists.

Purpose

The purpose of the course is to provide education for the internationally educated physical therapist who is planning on obtaining a license to practice in the United States on healthcare in the United States, its culture, context, organization and operation. The course would provide learners with an opportunity to explore and discuss the roles and settings in which physical therapists function in the US health care system as well as provide an overview of the US healthcare system and how it compares to other models in the world. The course would also provide an opportunity for foreign educated physical therapists to obtain university credit for topics that might contribute toward degree equivalency for licensure. Ultimately the course would facilitate the transition between getting licensed and practicing as a part of the US Health Care system.

Organization

The course would consist of 10 modules and be on-line in order to provide access to the content. This course is made up of 10 interactive units over a single semester time period. There should be an exam or project due at the end of each module and then a final exam. Part of the final grade will be an assessment of participation in the discussion board. There will also be required readings and an audio enhanced PowerPoint presentation as a part of each module. Passing would be determined as 75% or higher. A sample outline for the course is below.

Qualification of applying physical therapy education programs

The program applicant should have one faculty member who is in charge of developing and running the course. The program should be able to deliver the course on-line with the appropriate discussion forums and other technology available. The program should be able to give degree credit for the course. The program should have had exposure and familiarity with the internationally educated physical therapist. The program would fund the course administration and collect the fees and all revenues.

Only one program will be selected. HPA, FCCPT, APTA, and FSBPT would serve as consultants to the selected program in the content development of the course. Please note – there will not be any financial assistance or grant monies awarded to the selected program. We highly recommend that the selected program contact the University of Toronto to view their comparable course on the Canadian health care delivery system.

Student qualifications

Must meet FSBPT’s minimal English language requirements
Graduation from an international physical therapy program.

Potential growth for the program

The growth potential for this program is expected to be significant. At least 15 participants would be expected in the first class with rapid growth in future classes. One hundred participants a year would not be an unreasonable expectation. The program should ultimately expect to run up to 3 classes per year. There is potential for state licensing boards to include the course in the future as a requirement for licensure.

Proposals should be submitted electronically to the Federation of State Boards of Physical Therapy (FSBPT) at: mlane@fsbpt.org

Deadline for proposal submission is Tuesday, March 31, 2015

Proposal Submission for Development of a Course in Healthcare in the United States for the Internationally Educated Physical Therapy Student

Proposal responses must explicitly include the following information.

Name of Program:

Name and title of person(s) submitting proposal:

Faculty person who would be in charge of developing and administering the program and qualifications:

Technology/Learning Management Systems for hosting the program:

Program and faculty experience with online learning:

Experience of the program with internationally educated physical therapists:

Proposed time-line for developing and starting the program:

Estimated tuition fees:

Institutional support/resources, including total FTEs dedicated to program:

Health Care in the United States Education Module: Sample course outline

Purpose:

This course helps internationally educated physical therapists understand the organization and operation of the United States healthcare system, its culture and context. It provides learners with an opportunity to explore and discuss the roles and settings in which physical therapists function in the health care system.

Organization:

This course is made up of 10 interactive units. There will be an exam or project due at the end of each module and then a final exam. Part of the final grade will be an assessment of participation in the discussion board. There will also be required readings and a PowerPoint presentation as a part of each module. Passing would be determined as 75% or higher.

Module 1: Cultural competence

The focus of this module on cultural competency is to assist the learner to gain the ability as a PT to provide services in a style and format that is respectful of cultural norms, values and traditions of their clients.

Goal: The goal of this module is for the learner to be able to demonstrate cultural sensitivity as an essential component of PT practice and modify a plan of care to meet the cultural needs of the patient.

Objectives:

Upon completion of this module the learner will be able to:

- Define cultural awareness vs. cultural competency
- Explain the difference between ethnicity and race
- Identify the key components of cultural values and behaviors
- Discuss barriers and strategies to engage in culturally responsive professional behaviors
- Given a case study,
 - Identify at least two options for adjusting care to meet the patient/family cultural beliefs.
 - Analyze two differing communications between patient and therapist to determine appropriate integration of cultural competency

Module 2: Client Centered Care Models

The client centered approach to care encompasses a respect for and partnership with the clients and families. It involves all aspects of assessment and treatment, including goal setting and work with the client and other healthcare professionals as a team.

Goal: The goal for this module includes the learner being able to recognize and implement a plan of care around the needs and wishes of the patient/family and to demonstrate understanding of the PT's role in patient care planning and decision making.

Objectives:

Upon completion of this module the learner will be able to:

- Discuss how to involve the client/family in decision-making related to plan of care
- Identify the key components of client-centered care
- Define the role of all of the professionals in a healthcare team
- Identify the PT's role within the team approach
- Describe the characteristics of good inter-professional collaboration
- Given a case study the learner will:
 - Discuss the options for providing services that will best meet the patient needs.
 - Prepare documentation of a client-centered Plan of Care.
 - Compare and contrast two approaches to best utilize the healthcare team.

Module 3: Determinant of Health Promotion, Wellness and Prevention

Promotion of Health, Wellness and illness/injury prevention, can be defined as the process of enabling individuals to increase control over the determinants of their health to improve their health status. These efforts are directed towards changing social, economic and environmental conditions to improve the health of individuals, targeted groups and the public at large.

Goal: The goal for this module is for the learner to recognize the many possible roles of the PT related to community health.

Objectives:

Upon completion of this module the learner will be able to:

- Design a plan, and present orally, a proposal for a screening service such as scoliosis, developmental screening, fall risk assessments, sport readiness, obesity, Diabetes or other, consider the audience to be a community agency.
- Compare and contrast the role of the PT as consultant to the community as well as the individual within the scope of practice or expertise
- Describe the determinants of health and population health
- Identify key determinants that influence health and wellbeing
- Describe the concept of population health and how it differs from individual health
- Discuss the PT's role within the context of these determinants.
- Describe the concept of health promotion and illness/injury prevention
- Identify health strategies that can be or are being implemented to address wellness and prevention within the US.

- Discuss the role of the PT in health promotion.

Module 4: Federal and State Governments Roles in Health Care

In the United States the practice of physical therapy is regulated through the jurisdictions. There are 53 licensure jurisdictions the 50 states, District of Columbia, Puerto Rico and the US Virgin Islands. The remaining territories do not currently have independent regulatory bodies, but rely upon the 53 established jurisdictions. The Jurisdictions determine the laws that govern the licensees in that state and each jurisdiction has the right to determine its own regulations which may or may not match the neighboring jurisdictions. In addition to individual jurisdictions regulations, there are some healthcare products that are governed by the Federal Government. Examples of these are the Centers for Medicare & Medicaid Services (CMS), and the Education of all Handicapped Children's Act (PL 94-142)

Goal: The goal for this module is for the learner to be aware of the governmental agencies that regulate and direct PT services, and how the profession fits within these laws.

Objectives:

Upon completion of this module the learner will be able to:

- Identify the regulatory authority for PT, in the jurisdiction in which they are interested in working
- Compare and contrast practice acts of at least two jurisdictions.
- Compare and contrast licensure requirements of at least two jurisdictions.
- Identify key Federal Services that are reflected in PT practice, and the regulatory authority included in each.
- Identify the role of the APTA, FSBPT, Licensure Boards, and Office of the Inspector General (OIG) in the practice or administration of PT in the United States.
- Define the difference between legal and ethical practice.
- Describe the relationship between government/regulators and the healthcare professions.
- Analyze case studies related to scope of practice and other regulatory issues.
- Identify the responsibilities of the PT in suspected Family Abuse, and how to report.

Module 5: Administrative Models of Care

This module will review the different settings for delivery of care and the functions of the PT within those settings

Goal: The goal for this module is for the learner to be cognizant of the many options for care delivery within the United States as well as the funding structures for that care.

Objectives:

Upon completion of this module the learner will be able to:

- Describe professional accountability/responsibility related to scope of practice.
- Define the many options for care delivery in the US. Identify the funding sources available for delivery of PT within each setting
- Compare and contrast the regulations related to different funding sources.
 - Medicare vs Medicaid
- Insurance vs private pay. Identify the continuum of care in the provision of PT services.
- Discuss community Based health care (family services, home health, community centers, schools)
- Discuss institution based health care (acute care, Rehabilitation centers, skilled nursing facilities, long term care facilities)

Module 6: Use and Supervision of Support Staff

In the US there are a number of care extenders identified in healthcare. There are however also specific regulations as to the appropriate use of such assistive staff

Goal: The goal for this module is to provide the learner with an understanding the role of support staff, as well as their role in the supervision and delegation of tasks to the appropriate staff.

Objectives:

Upon completion of this module the learner will be able to:

- Identify the role and duties of the PT in determining the plan of care and what if any tasks can be delegated to others.
- Discuss, the What, Who and How to delegate, as well as how to supervise the individuals to whom the delegation of tasks has occurred.
- Identify the training and education of the PTA
- Compare and contrast the roles and abilities of the different PT extenders in the clinic setting
- Identify competency testing for support staff.
- Analyze case studies that address the accountability of the PT in supervision of various levels of support staff.
- Given a case study prepare the documentation for delegation of the following aspects of care:
 - Set up and preparation of the patient for electrotherapy
 - Gait training of a stroke patient in a rehabilitation facility
 - Developmental training of a three year old who is functioning at an 18 month level in a pre-K

Module 7: Direct Access

This module will review the history of Direct Access in the United States, as well as to make the learner aware of the responsibilities associated with Direct Access regulations.

Goal: The goal for this module is for the learner to be able to self- assess abilities to function in the direct access environment, recognize their level of preparedness for diagnostic care, and to recognize the appropriate referral sources which may be another physical therapist.

Objectives:

Upon completion of this module the learner will be able to:

- Identify the history of Direct Access in the United States.
- Identify the regulations in at least two different jurisdictions related to direct access
- Define differential diagnosis
- Self-assess ability to function within a direct access environment
 - Identify options to improve skills needed for autonomy in a direct access environment
- Delineate the responsibilities of the PT in the direct access environment.
- Given case studies determine next steps for patient care or referral.

Module 8: Ethics in the Profession of PT

This module will challenge to learner to explore the ethical aspects of the profession and patient care, to confront common ethical dilemmas, and debate the options of responses to those dilemmas. The module will confront different cultural approaches to Ethics, and compare these to the expectations within the United States Health Care System.

Goal: the goal for this module is for the learner to be aware of their own beliefs and approach to ethical dilemma, and gain insight into alternative beliefs and to integrate the APTA Code of Ethics into their professional practice.

Objectives:

Upon completion of this module the learner will be able to:

- Given each of the principles in the Code of Ethics Identify a possible dilemma for an entry level PT in the workplace. Be prepared to debate either side of the dilemma.
- Discuss the importance of maintaining the integrity of high stakes exams, and recognize the potential damage to a profession if that exam is compromised through exposure to items
- Given case studies practice oral arguments to respond to a request from a patient or employer to act unethically.

Module 9: Transition to the Workplace – Roles of the PT

The physical therapist can have many different roles throughout their career, this module will attempt to make the learner comfortable with those many roles work settings and options for the future.

Goal: The goal for this module is for the learner to be able to recognize the multiple opportunities for work setting, positions, and roles within the clinic and the community, as well as their responsibility within each of these.

Objectives:

Upon completion of this module the learner will be able to:

- Compare and contrast the role of the PT in direct patient care to that of Consultant to a group or agency
- Compare and contrast the role of PT in skilled nursing facility, long term care facility and a rehabilitation center.
- Compare and contrast the role of the PT in a well-baby clinic versus a pre-school center for developmentally challenged students.
- Share with the class an example of how a US institution of their choice, differs from a like institution in their country of education.
 - Define why the differences may exist

Module 10: Online Evaluation Reflection and Feedback

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/16/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Membership Task Force Meeting - Report by Sarah Olson	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		2/16/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 12/26/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 02/26/15	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Continuing Competence Committee - Consider Affirming Appointment of Michele Thorman	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		12/26/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 12/9/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 02/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSBPT Matters: Board Travel Options - Board Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will review and consider travel options.			
11) Authorization			
Taylor Thompson		12/9/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Upcoming meetings:

2015 March NPTE Workshop for Educators

Date: 03/20/2015 - 03/22/2015

Location: Alexandria, VA

2015 Board Member & Administrator Training

Date: 06/12/2015 – 06/14/2015

Location: Alexandria, VA

Attendance: Current physical therapy licensing board members and administrators are eligible to attend.

To register or learn more, contact communications@fsbpt.org.

2015 Leadership Issues Forum

Date: 08/01/2015 - 08/02/2015

Location: Alexandria, VA

Attendance: 2015 committee chairs, 2015 Voting Delegates and 2015 Funded Administrators will be invited to attend. Attendees will receive travel authorizations in early summer 2015 timeframe.

2015 Annual Meeting & Delegate Assembly Orlando, FL

Date: 10/15/2015 - 10/17/2015

Location: Orlando, Florida

This meeting will be held at the Buena Vista Palace in Orlando, Florida.

2015 November NPTE Workshop for Educators

Date: 11/13/2015 - 11/15/2015

Location: Alexandria, VA

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/16/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Telehealth	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Please see the following link to view the Forum Article: http://www.fsbpt.org/FreeResources/ForumMagazine/ForumFall2014.aspx			
11) Authorization			
Taylor Thompson		2/16/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 12/26/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 02/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Telemedicine	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		12/26/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

Report of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup

INTRODUCTION

The Federation of State Medical Boards (FSMB) Chair, Jon V. Thomas, MD, MBA, appointed the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup to review the "Model Guidelines for the Appropriate Use of the Internet in Medical Practice" (HOD 2002)¹ and other existing FSMB policies on telemedicine and to offer recommendations to state medical and osteopathic boards (hereinafter referred to as "medical boards" and/or "boards") based on a thorough review of recent advances in technology and the appropriate balance between enabling access to care while ensuring patient safety. The Workgroup was charged with guiding the development of model guidelines for use by state medical boards in evaluating the appropriateness of care as related to the use of telemedicine, or the practice of medicine using electronic communication, information technology or other means, between a physician in one location and a patient in another location with or without an intervening health care provider.

This new policy document provides guidance to state medical boards for regulating the use of telemedicine technologies in the practice of medicine and educates licensees as to the appropriate standards of care in the delivery of medical services directly to patients² via telemedicine technologies. It is the intent of the SMART Workgroup to offer a model policy for use by state medical boards in order to remove regulatory barriers to widespread appropriate adoption of telemedicine technologies for delivering care while ensuring the public health and safety.

In developing the guidelines that follow, the Workgroup conducted a comprehensive review of telemedicine technologies currently in use and proposed/recommended standards of care, as well as identified and considered existing standards of care applicable to telemedicine developed and implemented by several state medical boards.

¹ The policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine supersedes the Model Guidelines for the Appropriate Use of the Internet in Medical Practice (HOD 2002).

² The policy does not apply to the use of telemedicine when solely providing consulting services to another physician who maintains the physician-patient relationship with the patient, the subject of the consultation.

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

Model Guidelines for State Medical Boards' Appropriate Regulation of Telemedicine

Section One. Preamble

The advancements and continued development of medical and communications technology have had a profound impact on the practice of medicine and offer opportunities for improving the delivery and accessibility of health care, particularly in the area of telemedicine, which is the practice of medicine using electronic communication, information technology or other means of interaction between a licensee in one location and a patient in another location with or without an intervening healthcare provider.³ However, state medical boards, in fulfilling their duty to protect the public, face complex regulatory challenges and patient safety concerns in adapting regulations and standards historically intended for the in-person provision of medical care to new delivery models involving telemedicine technologies, including but not limited to: 1) determining when a physician-patient relationship is established; 2) assuring privacy of patient data; 3) guaranteeing proper evaluation and treatment of the patient; and 4) limiting the prescribing and dispensing of certain medications.

The [Name of Board] recognizes that using telemedicine technologies in the delivery of medical services offers potential benefits in the provision of medical care. The appropriate application of these technologies can enhance medical care by facilitating communication with physicians and their patients or other health care providers, including prescribing medication, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing health care information, and clarifying medical advice.⁴

These guidelines should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law. In fact, these guidelines support a consistent standard of care and scope of practice notwithstanding the delivery tool or business method in enabling Physician-to-Patient communications. For clarity, a physician using telemedicine technologies in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the physician-patient relationship and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine technologies as a component of, or in lieu of, in-person provision of medical care, while others are not.⁵

The Board has developed these guidelines to educate licensees as to the appropriate use of telemedicine technologies in the practice of medicine. The [Name of Board] is committed to assuring patient access to the convenience and benefits afforded by telemedicine technologies, while promoting the responsible practice of medicine by physicians.

It is the expectation of the Board that physicians who provide medical care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of patients first;
- Maintain acceptable and appropriate standards of practice;

³ See Center for Telehealth and eHealth Law (Ctel), <http://ctel.org/> (last visited Dec. 17, 2013).

⁴ *Id.*

⁵ See Cal. Bus. & Prof. Code § 2290.5(d).

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

- Adhere to recognized ethical codes governing the medical profession;
- Properly supervise non-physician clinicians; and
- Protect patient confidentiality.

Section Two. Establishing the Physician-Patient Relationship

The health and well-being of patients depends upon a collaborative effort between the physician and patient.⁶ The relationship between the physician and patient is complex and is based on the mutual understanding of the shared responsibility for the patient's health care. Although the Board recognizes that it may be difficult in some circumstances to precisely define the beginning of the physician-patient relationship, particularly when the physician and patient are in separate locations, it tends to begin when an individual with a health-related matter seeks assistance from a physician who may provide assistance. However, the relationship is clearly established when the physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to be treated, whether or not there has been an encounter in person between the physician (or other appropriately supervised health care practitioner) and patient.

The physician-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation of the Board that physicians recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a physician-patient relationship. A physician is discouraged from rendering medical advice and/or care using telemedicine technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine technologies. An appropriate physician-patient relationship has not been established when the identity of the physician may be unknown to the patient. Where appropriate, a patient must be able to select an identified physician for telemedicine services and not be assigned to a physician at random.

Section Three. Definitions

For the purpose of these guidelines, the following definitions apply:

"Telemedicine" means the practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient.⁷

"Telemedicine Technologies" means technologies and devices enabling secure electronic communications and information exchange between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

⁶ American Medical Association, Council on Ethical and Judicial Affairs, *Fundamental Elements of the Patient-Physician Relationship* (1990), available at <http://www.ama-assn.org/resources/doc/code-medical-ethics/1001a.pdf>.

⁷ See Ctel.

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

Section Four. Guidelines for the Appropriate Use of Telemedicine Technologies in Medical Practice

The [Name of Board] has adopted the following guidelines for physicians utilizing telemedicine technologies in the delivery of patient care, regardless of an existing physician-patient relationship prior to an encounter:

Licensure:

A physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located. The practice of medicine occurs where the patient is located at the time telemedicine technologies are used. Physicians who treat or prescribe through online services sites are practicing medicine and must possess appropriate licensure in all jurisdictions where patients receive care.⁸

Establishment of a Physician-Patient Relationship:

Where an existing physician-patient relationship is not present, a physician must take appropriate steps to establish a physician-patient relationship consistent with the guidelines identified in Section Two, and, while each circumstance is unique, such physician-patient relationships may be established using telemedicine technologies provided the standard of care is met.

Evaluation and Treatment of the Patient:

A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (encounter in person) settings. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.

Informed Consent:

Evidence documenting appropriate patient informed consent for the use of telemedicine technologies must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following terms:

- Identification of the patient, the physician and the physician's credentials;
- Types of transmissions permitted using telemedicine technologies (e.g. prescription refills, appointment scheduling, patient education, etc.);
- The patient agrees that the physician determines whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter;
- Details on security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screen savers and data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express patient consent to forward patient-identifiable information to a third party.

⁸ Federation of State Medical Boards, *A Model Act to Regulate the Practice of Medicine Across State Lines (April 1996)*, available at http://www.fsmb.org/pdf/1996_grpol_telemedicine.pdf.

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

Continuity of Care:

Patients should be able to seek, with relative ease, follow-up care or information from the physician [or physician's designee] who conducts an encounter using telemedicine technologies. Physicians solely providing services using telemedicine technologies with no existing physician-patient relationship prior to the encounter must make documentation of the encounter using telemedicine technologies easily available to the patient, and subject to the patient's consent, any identified care provider of the patient immediately after the encounter.

Referrals for Emergency Services:

An emergency plan is required and must be provided by the physician to the patient when the care provided using telemedicine technologies indicates that a referral to an acute care facility or ER for treatment is necessary for the safety of the patient. The emergency plan should include a formal, written protocol appropriate to the services being rendered via telemedicine technologies.

Medical Records:

The medical record should include, if applicable, copies of all patient-related electronic communications, including patient-physician communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telemedicine technologies. Informed consents obtained in connection with an encounter involving telemedicine technologies should also be filed in the medical record. The patient record established during the use of telemedicine technologies must be accessible and documented for both the physician and the patient, consistent with all established laws and regulations governing patient healthcare records.

Privacy and Security of Patient Records & Exchange of Information:

Physicians should meet or exceed applicable federal and state legal requirements of medical/health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical retention rules. Physicians are referred to "Standards for Privacy of Individually Identifiable Health Information," issued by the Department of Health and Human Services (HHS).⁹ Guidance documents are available on the HHS Office for Civil Rights Web site at: www.hhs.gov/ocr/hipaa.

Written policies and procedures should be maintained at the same standard as traditional face-to-face encounters for documentation, maintenance, and transmission of the records of the encounter using telemedicine technologies. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the physician addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Sufficient privacy and security measures must be in place and documented to assure confidentiality and integrity of patient-identifiable information. Transmissions, including patient e-mail, prescriptions, and laboratory

⁹ 45 C.F.R. § 160, 164 (2000).

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

results must be secure within existing technology (i.e. password protected, encrypted electronic prescriptions, or other reliable authentication techniques). All patient-physician e-mail, as well as other patient-related electronic communications, should be stored and filed in the patient's medical record, consistent with traditional record-keeping policies and procedures.

Disclosures and Functionality on Online Services Making Available Telemedicine Technologies:

Online services used by physicians providing medical services using telemedicine technologies should clearly disclose:

- Specific services provided;
- Contact information for physician;
- Licensure and qualifications of physician(s) and associated physicians;
- Fees for services and how payment is to be made;
- Financial interests, other than fees charged, in any information, products, or services provided by a physician;
- Appropriate uses and limitations of the site, including emergency health situations;
- Uses and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies;
- To whom patient health information may be disclosed and for what purpose;
- Rights of patients with respect to patient health information; and
- Information collected and any passive tracking mechanisms utilized.

Online services used by physicians providing medical services using telemedicine technologies should provide patients a clear mechanism to:

- Access, supplement and amend patient-provided personal health information;
- Provide feedback regarding the site and the quality of information and services; and
- Register complaints, including information regarding filing a complaint with the applicable state medical and osteopathic board(s).

Online services must have accurate and transparent information about the website owner/operator, location, and contact information, including a domain name that accurately reflects the identity.

Advertising or promotion of goods or products from which the physician receives direct remuneration, benefits, or incentives (other than the fees for the medical care services) is prohibited. Notwithstanding, online services may provide links to general health information sites to enhance patient education; however, the physician should not benefit financially from providing such links or from the services or products marketed by such links. When providing links to other sites, physicians should be aware of the implied endorsement of the information, services or products offered from such sites. The maintenance of preferred relationships with any pharmacy is prohibited. Physicians shall not transmit prescriptions to a specific pharmacy, or recommend a pharmacy, in exchange for any type of consideration or benefit from that pharmacy.

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

Prescribing:

Telemedicine technologies, where prescribing may be contemplated, must implement measures to uphold patient safety in the absence of traditional physical examination. Such measures should guarantee that the identity of the patient and provider is clearly established and that detailed documentation for the clinical evaluation and resulting prescription is both enforced and independently kept. Measures to assure informed, accurate, and error prevention prescribing practices (e.g. integration with e-Prescription systems) are encouraged. To further assure patient safety in the absence of physical examination, telemedicine technologies should limit medication formularies to ones that are deemed safe by [Name of Board].

Prescribing medications, in-person or via telemedicine, is at the professional discretion of the physician. The indication, appropriateness, and safety considerations for each telemedicine visit prescription must be evaluated by the physician in accordance with current standards of practice and consequently carry the same professional accountability as prescriptions delivered during an encounter in person. However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, physicians may exercise their judgment and prescribe medications as part of telemedicine encounters.

Section Five. Parity of Professional and Ethical Standards

Physicians are encouraged to comply with nationally recognized health online service standards and codes of ethics, such as those promulgated by the American Medical Association, American Osteopathic Association, Health Ethics Initiative 2000, Health on the Net and the American Accreditation HealthCare Commission (URAC). There should be parity of ethical and professional standards applied to all aspects of a physician's practice. A physician's professional discretion as to the diagnoses, scope of care, or treatment should not be limited or influenced by non-clinical considerations of telemedicine technologies, and physician remuneration or treatment recommendations should not be materially based on the delivery of patient-desired outcomes (i.e. a prescription or referral) or the utilization of telemedicine technologies.

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

REFERENCES

- American Accreditation HealthCare Commission. *Health Web Site Standards*. July 2001.
- AMA. Council on Ethical and Judicial Affairs. *Code of Medical Ethics*. 2000-2001.
- AMA. *Report of the Council on Medical Service*. Medical Care Online. 4-A-01 (June 2001).
- College of Physicians and Surgeons of Alberta. *Policy Statement. Physician/Patient Relationships* (February 2000).
- Colorado Board of Medical Examiners. *Policy Statement Concerning the Physician-Patient Relationship*.
- The Department of Health and Human Services, HIPPA Standards for Privacy of Individually Identifiable Health Information. August 14, 2002.
- FSMB. *A Model Act to Regulate the Practice of Medicine Across State Lines*. April 1996.
- Health Ethics Initiative 2000*. eHealth Code of Ethics. May 2000.
- Health on the Net Foundation. *Code of Medical Conduct for Medical and Health Web Sites*. January 2000.
- La. Admin. Code tit. 46, pt. XLV, § 7501-7521.
- New York Board for Professional Medical Conduct. *Statements on Telemedicine* (draft document). October 2000.
- North Carolina Medical Board. *Position Statement. Documentation of the Physician-Patient Relationship*. May 1, 1996.
- Oklahoma Board of Medical Licensure. *Policy on Internet Prescribing*. November 2, 2000.
- South Carolina Board of Medical Examiners. *Policy Statement. Internet Prescribing*. July 17, 2000.
- Texas State Board of Medical Examiners. *Internet Prescribing Policy*. December 11, 1999.
- Washington Board of Osteopathic Medicine and Surgery. *Policy Statement. Prescribing Medication without Physician/Patient Relationship*. June 2, 2000.

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

SMART WORKGROUP

Kenneth B. Simons, MD, Chairman
Chair, State of Wisconsin Dept of Safety & Professional
Services

Michael R. Arambula, MD, PharmD
Member, Texas Medical Board

Michael J. Arnold, MBA
Member, North Carolina Medical Board

Ronald R. Burns, DO
Chair, Florida Board of Osteopathic Medicine

Anna Earl, MD
Immediate Past President, Montana Board of Medical
Examiners

Gregory B. Snyder, MD
President, Minnesota Board of Medical Practice

Jean Rawlings Sumner, MD
Past Chair and Current Medical Director, Georgia
Composite Medical Board

SUBJECT MATTER EXPERT

Elizabeth P. Hall
WellPoint, Inc.

Alexis S. Gilroy, JD
Jones Day LLP

Sherilyn Z. Pruitt, MPH
Director, HRSA Office for the Advancement of Telehealth

Roy Schoenberg, MD, PhD, MPH
President & CEO, American Well Systems

EX OFFICIOS

Jon V. Thomas, MD, MBA
Chair, FSMB

Donald H. Polk, DO
Chair-elect, FSMB

Humayun J. Chaudhry, DO, MACP
President and CEO, FSMB

STAFF SUPPORT

Lisa A. Robin, MLA
Chief Advocacy Officer, FSMB

Shiri Hickman, JD
State Legislative and Policy Manager, FSMB

Federation of State Medical Boards

400 Fuller Wiser Road, Suite 300 | Euless, TX 76039 | 817-868-4000 | www.fsmb.org
1300 Connecticut Avenue, NW, Suite 500 | Washington, DC 20036 | 202-463-4000

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 2/17/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Fixed Date Testing: Update and Research Webinar - Report by Lori Dominiczak	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		2/17/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf on Tom Ryan, Executive Director		2) Date When Request Submitted: 2/9/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 2/26/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Physical Therapy Examining Board 2014 Annual Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		2/9/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**PHYSICAL THERAPY EXAMINING BOARD
2014 ANNUAL REVIEW**

- Board Members in 2014 were: Michele Thorman, PT (LaCrosse); Lori Dominiczak, PT (Brown Deer); Shari Berry, PT (Tomah), Sarah Olson, PTA (Readstown), and Thomas Murphy, Public Member (DePere). Officers in 2014 were Michele Thorman (Chair), Lori Dominiczak (Vice Chair) and Shari Berry (Secretary).
- Michele Thorman represented the Board at the Wisconsin Physical Therapy Association's (WPTA) Spring Conference in order to disseminate information and solicit comments on (1) rules related to the supervision of licensed and unlicensed personnel; and (2) supervised clinical practice for the Foreign Educated Physical Therapist (FEPT).
- All screening activities were moved to a paperless process starting in June 2014.
- The Board continued to work with the WPTA Continuing Education Approval Task Force regarding details pertaining to its course approval process, and in particular, online courses.
- The Board initiated discussions regarding the use of aPTitude, a Federation of State Boards of Physical Therapy (FSBPT) online tool for therapists to record continuing education activities. The Office of Education and Exams was charged with gathering additional information to assist the Board with further discussions.
- The Board updated the oral examination question bank to ensure it remains consistent with current practice standards for the competent provision of physical therapy services. The new oral examination questions were used starting in September 2014.
- The Office of Education and Examinations presented a report detailing how each of the four Board-approved equivalency evaluation organizations are reviewed for consistency in the application of the Coursework Evaluation Tool for the Foreign Education Physical Therapist (FEPT).
- The Board engaged in discussions regarding the licensing of therapists re-entering the profession after an extended absence from practice. A scope statement was drafted on PT 1, 2, 3 and 8 relating to the temporary reentry license. The scope statement was approved in May 2014. Initial discussion of the draft rule changes was held in December 2014.
- The Board requested that the Office of Education and Examinations conduct an audit of Wisconsin licensees' compliance with Wis. Admin. Code Chapter PT 9 at the conclusion of the 2013-2015 biennial licensure period.
- The Board submitted responses to a survey regarding the potential consolidation of the Department of Agriculture, Trade and Consumer Protection with the Department of Safety and Professional Services.

- Shari Berry (PT Member), Sarah Olson (PTA Member) and Tom Ryan (Board Administrator) attended the Federation of State Boards of Physical Therapy (FSBPT) Board Member and Administrator Training, June 6-8, 2014, in Alexandria, Virginia.
- Tom Ryan (Board Administrator) attended the FSBPT Portability Task Force meeting on July 12-13, 2014, and the FSBPT Leadership Issues Forum on August 2-3, 2014, both held in Alexandria, Virginia.
- Michele Thorman (Delegate), Sarah Olson (Alternate Delegate) and Tom Ryan (Board Administrator) attended the FSBPT Annual Meeting September 18-20, 2014, in San Francisco, California.
- Sarah Olson (PTA Member) was appointed to the FSBPT Membership Task Force. Michele Thorman was appointed to the FSBPT Continuing Competence Task Force, and Tom Ryan continued as Chair of the FSBPT Examination Administration Committee.
- On February 19, 2014, the Racine County Circuit Court dismissed the case, Acupuncture Center Inc. et. al. vs. Wisconsin Department of Safety and Professional Services et. al., Racine County Case Number 2013CV001730, which challenged whether dry needling is within the scope of physical therapy practice.
- The Board administered 3 PT oral examinations.

<u>Licensing Activity</u>	<u>PT</u>	<u>PTA</u>
Applications Received (approximate)	383	143
Licenses Issued	477	168
Renewals	21	5

<u>Enforcement Activity</u>	<u>PT and PTA</u>
New complaints received	25
Number of Respondents involved	25
Number of cases opened	8
Total cases/respondents closed	30
Total closed at screening	20
Total closed after investigation	7
Total closed with formal action	3
Cases pending as of 2/14	6