



PHYSICAL THERAPY EXAMINING BOARD
Room 121C, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
September 7, 2016

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 May 26, 2016 (4-6)

C) Administrative Updates

- 1) Staff Changes
- 2) Board Member – Term Expiration Date
 - a) Shari Berry – 07/01/2020
 - b) Lori Dominiczak – 07/01/2017
 - c) John Greany – 07/01/2019
 - d) Thomas Murphy – 07/01/2017
 - e) Sarah Olson – 07/01/2017

D) Nominations, Elections, and Appointments

E) Legislative and Administrative Rule Matters – Discussion and Consideration (7-24)

- 1) PT 10 and 1 to 9 Relating to Authority of Physical Therapists to Order X-Rays
 - a) Recommendations From the Wisconsin Physical Therapy Association
 - b) Proposals for Draft Rule Language
- 2) PTA Supervision of PTA Students Board Discussion
- 3) Update on Other Legislation and Pending or Possible Rulemaking Projects

F) 2015 Wisconsin Act 375 Regarding Physical Therapists Ordering X-Rays (25-26)

- 1) Board Discussion
- 2) FSBPT Request for Annual Meeting Speaker

G) Federation of State Boards of Physical Therapy (FSBPT) Matters

- 1) Review of FSBPT Webinar ‘Enhanced NPTE Registration Processing System Updates’
(27)
 - a) **APPEARANCE: Jamie Adams, DSPTS Credentialing Supervisor** – Board Discussion

H) Board Training and New Board Member Training Resources (28)

I) Speaking Engagement(s), Travel, or Public Relation Request(s) and Reports – Discussion and Consideration

- 1) Travel Report from FSBPT Board Member and Administrator Training on June 24-26, 2016 in Alexandria, VA
- 2) Travel Report from FSBPT Leadership Issues Forum on July 30-31, 2016 in Alexandria, VA

J) Informational Items

K) 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

L) Public Comments

M) Future Agenda Items

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.).

N) Credentialing Matters

- 1) **10:15 A.M. APPEARANCE: Cyndi T. Bigner, PT – Oral Exam (29-74)**

O) Education and Examination Matters

- 1) **APPEARANCE: Cody Wagner, DSPS DLSC Attorney – Status of the Physical Therapy Continuing Education Audit (75-76)**
- 2) **APPEARANCE: Aaron Knautz, DSPS Licensing Exams Specialist – Review of the PTA Oral Exam Items (77)**

P) Deliberation on Division of Legal Services and Compliance (DLSC) Matters

- 1) Administrative Warning(s)
 - a) 16 PHT 013 (W.M.H.) **(78-79)**
 - b) 16 PHT 018 (D.L.C.) **(80-81)**
 - c) 16 PHT 028 (K.G.Z.) **(82-83)**
 - d) 16 PHT 036 (J.S.S.) **(84-85)**
- 2) Proposed Stipulation(s), Final Decision(s) and Order(s)
 - a) 16 PHT 023 – Thomas J. Schumacher, PT **(86-92)**
- 3) Case Closings(s)
 - a) 16 PHT 009 (B.E.) **(93-95)**
 - b) 16 PHT 011 (C.A.F.) **(96-98)**
 - c) 16 PHT 041 (D.M.F.) **(99-102)**

Q) Open Cases

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

The Next Scheduled Meeting is December 6, 2016.

**PHYSICAL THERAPY EXAMINING BOARD
VIRTUAL TELECONFERENCE MEETING MINUTES
MAY 26, 2016**

PRESENT: Shari Berry, PT (*via GoToMeeting*); Lori Dominiczak, PT (*via GoToMeeting*); John Greany, PT (*via GoToMeeting*); Thomas Murphy (*via GoToMeeting*); Sarah Olson, PTA (*via GoToMeeting*)

STAFF: Tom Ryan, Executive Director; Nilajah Hardin, Bureau Assistant; Amber Cardenas, Legal Counsel; and other department staff

CALL TO ORDER

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

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES

Amendments to the Minutes

- *Correction of time the meeting was called to order from 9:30 a.m. to 8:30 a.m.*

MOTION: Shari Berry moved, seconded by Thomas Murphy, to approve the minutes of February 25, 2016 as amended. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

2015 Wisconsin Act 375 and Related Scope Statement

MOTION: Sarah Olson moved, seconded by John Greany, to approve the Scope Statement on chs. PT 10 and 1 to 9 relating to Authority of Physical Therapists to Order X-Rays for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

MOTION: Shari Berry moved, seconded by Sarah Olson, to authorize Tom Ryan to sign the approved Scope Statement on behalf of the Board Chair. Motion carried unanimously.

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY (FSBPT) MATTERS

Review of FSBPT Webinar 'Enhanced NPTE Registration Processing System Updates'

MOTION: Shari Berry moved, seconded by Sarah Olson, to request that all Physical Therapy Examining Board members review the FSBPT Webinar 'Enhanced NPTE Registration Processing System Updates' prior to the next Board meeting and then review as a group at that meeting. Motion carried unanimously.

John Greany, Candidate for FSBPT Board of Directors – Board Discussion

Tom Ryan recused himself and left the room from deliberation and voting in the matter of “John Greany, Candidate for FSBPT Board of Directors.”

MOTION: Sarah Olson moved, seconded by Shari Berry, to recognize John Greany as a candidate for the FSBPT Board of Directors. Motion carried. Abstained: John Greany

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATION REQUEST(S), AND REPORTS INFORMATIONAL ITEMS

Authorize Sarah Olson to Attend the Federation of State Boards of Physical Therapy (FSBPT) Leadership Issues Forum – July 30-31, 2016 – Alexandria, VA

MOTION: Shari Berry moved, seconded by Thomas Murphy, to designate Sarah Olson to attend the Leadership Issues Forum on July 30-31, 2016 in Alexandria, VA and to authorize travel. Motion carried unanimously.

CLOSED SESSION

MOTION: Sarah Olson moved, seconded by John Greany, 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, Lori Dominiczak 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; John Greany – yes; Thomas Murphy – yes; Sarah Olson – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:57 a.m.

RECONVENE TO OPEN SESSION

MOTION: Sarah Olson moved, seconded by Thomas Murphy, to reconvene in Open Session at 10:17 a.m. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Sarah Olson moved, seconded by John Greany, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Examination Update

MOTION: Sarah Olson moved, seconded by John Greany, to request DSPS staff to verbally report on PT Assistant Oral Exams and the state jurisprudence exam at the next Board meeting. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Administrative Warnings

14 PHT 020 – T.A.L.

MOTION: Sarah Olson moved, seconded by Shari Berry, to issue an Administrative Warning in the matter of DLSC case number 14 PHT 020 – T.A.L. Motion carried unanimously.

Proposed Stipulation(s), Final Decision(s) and Order(s)

15 PHT 026 – Vincent J. Kabbaz, P.T.

MOTION: Sarah Olson moved, seconded by Shari Berry, to adopt the Findings of Fact, Conclusions of Law, and Order in the matter of disciplinary proceedings against Vincent J. Kabbaz, P.T., Respondent, DLSC case number 15 PHT 026. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Sarah Olson moved, seconded by John Greany, to delegate ratification of examination results to DSPS staff and to delegate and ratify all licenses and certificates as issued. Motion carried unanimously.

MOTION: Shari Berry moved, seconded by Thomas Murphy, to authorize Tom Ryan to sign the compliance documents considered at today's meeting on behalf of the Board Chair. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 10:22 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 8/25/16 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: 9/7/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters – Discussion and Consideration 1. PT 10 and 1 to 9 Relating to Authority of Physical Therapists to Order X-Rays a. Recommendations From the Wisconsin Physical Therapy Association b. Proposals for Draft Rule Language 2. PTA Supervision of PTA Students Board Discussion 3. Update on Other Legislation and Pending or Possible Rulemaking Projects	
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			
<i>Dale Kleven</i>		<i>August 25, 2016</i>	
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.			



Wisconsin Physical Therapy Association

A CHAPTER OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

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May 26, 2016

The Wisconsin Physical Therapy Association (WPTA) appreciates the opportunity to provide comments to the Physical Therapy Examining Board (PTEB) in response to 2015 Wisconsin Act 375, which allows physical therapists to order X-rays and for radiologic technologists to accept such orders.

As the PTEB is aware, this legislation adds provisions in our state practice act, including Section 448.56 (7) Ordering X-rays, which states that “(a) A physical therapist may order X-rays to be performed by qualified persons only if the physical therapist satisfies one of the following qualifications, as further specified by the examining board by rule:

1. The physical therapist holds a clinical doctorate degree in physical therapy.
2. The physical therapist has completed a nationally recognized specialty certification program.
3. The physical therapist has completed a nationally recognized residency or fellowship certified by an organization recognized by the examining board.
4. The physical therapist has completed a formal X-ray ordering training program with demonstrated physician involvement.”

The WPTA had several interactions with stakeholder groups prior to introducing the bill, and the purpose of our testimony this morning is to inform the PTEB about how we discussed these parameters with other groups and our ideas specific to promulgating rules on these points.

Clinical Doctorate

The WPTA suggests language that allows a physical therapist to order X-rays if the physical therapist holds an entry level clinical doctorate by a college or university, which has an accredited physical therapy program by the Commission on Accreditation in Physical Therapy Education (CAPTE).

The WPTA would like the language to include physical therapists who have a received a transitional clinical doctoral degree in physical therapy (most commonly a transitional DPT degree). It is worth mentioning that transitional DPT programs are not accredited by CAPTE; however, perhaps the language could allow a physical therapist to meet this criteria if they have received a transitional clinical doctorate degree in physical therapy from a college or university that also has an accredited entry level clinical doctorate physical therapy program accredited by CAPTE.

The WPTA understands that our suggested language would exclude most foreign-trained physical therapists since very few programs in other countries award an entry level clinical doctorate in physical therapy that is accredited by CAPTE.

Specialty Certification Programs

The WPTA recommends language that allows a physical therapist to order X-rays if the physical therapist is accredited in a clinical specialty that is recognized by the American Board of Physical Therapy Specialties (ABPTS). The ABPTS currently awards eight specialty certifications, including Cardiovascular and Pulmonary, Clinical Electrophysiology, Geriatrics, Neurology, Orthopedics, Pediatrics, Sports, and Women's Health. Oncology is likely to be endorsed by the APTA House of Delegates in June 2016.

Although physical therapists can obtain specialty certifications from other organizations, the WPTA believes the oversight process for specialties offered by the ABPTS demonstrate sufficient rigor and oversight to be included under this proposed rule.

Clinical Residencies and Fellowships

The WPTA requests language that allows a physical therapist to order X-rays if the physical therapist has completed a residency or fellowship that is accredited by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

Formal Training Programs

The WPTA has suggestions about how to develop a rule specific to a physical therapist completing a formal X-ray ordering training program with demonstrated physician involvement that will allow the physical therapist to order X-rays. Since training programs on X-ray ordering do not have oversight from an accrediting organization (i.e. CAPTE, ABPTS, and ABPTRFE) like the other three categories, either the PTEB or the WPTA should offer a way for a provider, group of providers, or an organization to submit a formal X-ray ordering training program for endorsement. This could be structured in a way that is similar to approved continuing education units.

Criteria would need to be in place to make decisions on endorsement. The WPTA's initial thoughts on criteria are to ensure: (1) use of learning objectives; (2) use of evidence in teaching materials; (3) program faculty have contemporary expertise in knowing when and what to order

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for X-ray images; (4) evidence of demonstrated physician (MD or DO) involvement; and (5) competency assessment.

Licensee Considerations to Order X-rays

The WPTA also wants to emphasize that regardless of the final rule, the WPTA will emphasize with licensees in the state that even though a licensed physical therapist may meet criteria that allows them to order X-rays, it is critical that the licensed physical therapist ensures that they have the requisite knowledge, skills, and abilities to do so. This is true with other provisions in our practice act and is consistent with licensees in other professions.

Conclusion

On behalf of the WPTA, thank you for the opportunity to provide public comment on proposed rules related to physical therapists ordering X-rays. Please let me know if you have additional questions or if you want to talk through any of our recommendations. .

Sincerely,

Kip Schick, PT, DPT, MBA
Director, Wisconsin Physical Therapy Association
Phone: 608-220-7550
E-mail: kschick@uwhealth.org

CC: Mike Edwards, WPTA Practice Committee Chair
Dennis Kaster, WPTA Vice President
Connie Kittleson, WPTA President
Annie Early Reinhard, WPTA Lobbyist
Brett Roberts, WPTA State Legislative Chair
Jeremey Shepherd, WPTA Lobbyist

Chapter PT 1

LICENSE TO PRACTICE PHYSICAL THERAPY

PT 1.01 Authority and purpose.
PT 1.02 Definitions.

PT 1.03 Licensure requirements.

PT 1.01 Authority and purpose. (1) The rules in this chapter are adopted by the physical therapy examining board pursuant to the authority delegated by ss. 15.08 (5) (b), and 15.405 (7r), 448.53 (1), Stats.

(2) The rules in this chapter are adopted to govern the issuance of licenses to physical therapists and physical therapist assistants under ss. 448.53, 448.535, 448.54, and 448.55, Stats.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am., Register, June, 1998, No. 510, eff. 7-1-98; CR 03-020: am. Register April 2004 No. 580, eff. 5-1-04; CR 12-002: r. and recr. Register August 2012 No. 680, eff. 9-1-12.

PT 1.02 Definitions. As used in chs. PT 1 to 9:

(1) “Board” means the physical therapy examining board.

(3) “Client” means a person who has contracted for, who receives, and or who has previously received or contracted for, the professional services of a physical therapist, a physical therapist assistant, student or temporary licensee, whether the physical therapist, student or temporary licensee is paid or unpaid for the service, and regardless of where such services occur. If a client is a person under age 18, the client’s parent or legal guardian are also clients.

(4) “Direct, immediate, on-premises supervision” means face-to-face contact between the supervisor and the person being supervised, as necessary, with the supervisor physically present in the same building when the service is performed by the person being supervised.

(5) “Direct, immediate, one-to-one supervision” means one-to-one supervision with face-to-face contact between the person being supervised and the supervisor. The supervisor may assist the person being supervised as necessary.

(6) “FSBPT” means the Federation of State Boards of Physical Therapy.

(7) “General supervision” means direct, on-premises contact between a supervisor, and a physical therapist, physical therapist assistant, student or temporary licensee being supervised, as necessary. Between direct contacts, a supervisor is required to maintain indirect, off-premises telecommunication contact such that the person being supervised can, within 24 hours, establish direct telecommunication with a supervisor.

(8) “Informed consent” means a client’s voluntary, knowing and understood agreement to the service to be provided by the physical therapist, physical therapist assistant, temporary licensee, candidate for reentry, or student. Informed consent requires, at a minimum, that the licensee has provided information about reasonable alternate modes of diagnosis and treatment, and the risks and benefits of each, that a reasonable person in the client’s position would need before making an informed decision concerning the mode of treatment or diagnosis.

(a) Informed consent may ordinarily be documented by the written signature of the client, the client’s guardian or the client’s power of attorney for healthcare, or in the alternative by a notation in the patient’s health care record as defined in s. 146.81 (4), Stats. If circumstances prevent signed documentation by the client, the licensee may document verbal consent within the patient’s health care record.

(b) A client may withdraw informed consent verbally or in writing at any time before a service is completed.

(c) Informed consent shall include an understanding that the client may, upon request, have a chaperone present while services are provided.

(d) No service or part of a service may be provided without the client’s informed consent or after informed consent has been withdrawn.

(e) No service or part of a service may be provided without informing the client of the general nature of the costs associated with the service provided or contact information for the entity who can address billing concerns.

(9) “Intimate parts” has the meaning given in s. 939.22 (19), Stats.

(10) “License” means any license, permit, certificate or registration issued by the board.

(11) “Licensee” means any person validly possessing any license granted and issued to that person by the board.

(12) “Supervisor” means a person holding a regular license as a physical therapist who is competent to coordinate, direct, and inspect the accomplishments of another physical therapist, physical therapist assistant, student, or temporary licensee.

(13) “Temporary licensee” means a graduate of a physical therapy school or program who has met the requirements for and who has been granted a temporary license to practice as a physical therapist or physical therapist assistant as provided in ch. PT 3.

(14) “Unlicensed personnel” means a person other than a physical therapist or physical therapist assistant who performs patient related tasks consistent with the unlicensed personnel’s education, training and expertise under the direct on-premises supervision of the physical therapist.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; r. (5), cr. (6), Register, April, 2000, No. 532, eff. 5-1-00; CR 03-020: am. (intro.), (2) and (6) Register April 2004 No. 580, eff. 5-1-04; CR 12-002: am. (1), renum. (2), (3), (4) to be (6), (10), (11), cr. (2) to (5), renum. (6) to be (14), cr. (7) to (9), (12), (13) Register August 2012 No. 680, eff. 9-1-12; CR 15-027: r. (2) Register January 2016 No. 721, eff. 2-1-16.

PT 1.03 Licensure requirements. (1) Every person applying for any class of license to provide physical therapy services shall submit to the board all of the following:

(a) A completed and verified application form provided by the board and the fees specified in s. 440.05 (1), Stats.

Note: Application forms are available upon request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(c) For a physical therapist, verified documentary evidence of graduation from a school of physical therapy; for a physical therapist assistant, verified documentary evidence of satisfactory completion of a physical therapist assistant educational program approved by the board.

(d) In the case of a graduate of a foreign school of physical therapy or physical therapist assistant educational program, verification of educational equivalency to a board-approved school of physical therapy or physical therapist assistant educational program, the verification shall be obtained from a board-approved foreign graduate evaluation service, based upon submission to the evaluation service of the following material:

1. A verified copy of transcripts from the schools from which secondary education was obtained.

2. A verified copy of the diploma from the school or educational program at which professional physical therapy or physical therapist assistant training was completed.

3. A record of the number of class hours spent in each subject, for both preprofessional and professional courses. For subjects which include laboratory and discussion sections, the hours must be described in hours per lecture, hours per laboratory and hours per discussion per week. Information must include whether subjects have been taken at basic entry or advanced levels.

4. A syllabus which describes the material covered in each subject completed.

(e) Evidence of successful completion of the examinations specified in ch. PT 2.

(2) If an applicant is a graduate of a school of physical therapy or a physical therapist assistant educational program not approved by the board, the board shall determine whether the applicant's educational training is equivalent to that specified in sub. (1) (c). In lieu of its own evaluations, the board may use evaluations prepared by a board-approved evaluation service. The cost of an evaluation shall be paid by the applicant.

Note: The board periodically reviews and approves foreign graduate evaluation services. A list of board-approved evaluation services is available upon request from the board at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708-8935.

(3) The board may waive the requirement under sub. (1) (c) for an applicant who establishes, to the satisfaction of the board, all of the following:

(a) That he or she is a graduate of a physical therapy school or a physical therapist assistant educational program.

(b) That he or she is licensed as a physical therapist or physical therapist assistant by another licensing jurisdiction in the United States.

(c) That the jurisdiction in which he or she is licensed required the licensee to be a graduate of a school or educational program approved by the licensing jurisdiction or of a school or educational program that the licensing jurisdiction evaluated for educational equivalency.

(d) That he or she has actively practiced as a physical therapist or physical therapist assistant, under the license issued by the other licensing jurisdiction in the United States, for at least 3 years immediately preceding the date of his or her application.

Note: The board approves those schools of physical therapy and physical therapist assistant educational programs that are at the time of the applicant's graduation recognized and approved by the Commission on Accreditation in Physical Therapy Education.

Note: Under 2001 Wis. Act 70, physical therapist assistants are not required to be licensed until April 1, 2004.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; r. (1) (b), am. (2) and (3) (intro.), Register, June, 1998, No. 510, eff. 7-1-98; CR 03-020: am. (1) (intro.), (c), (d) (intro.), 2., (2), (3) (a) to (d), Register April 2004 No. 580, eff. 5-1-04; CR 12-002: am. (1) (c) Register August 2012 No. 680, eff. 9-1-12; CR 15-027: am. (title), (1) (intro.), (a), cr. (1) (e) Register January 2016 No. 721, eff. 2-1-16.

Chapter PT 2

EXAMINATIONS

PT 2.001 Authority and purpose.
PT 2.01 Panel review of applications; examinations required.

PT 2.02 Conduct of examinations.
PT 2.03 Failure and reexamination.

PT 2.001 Authority and purpose. (1) The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 448.53 (1) and 448.54, Stats.

(2) The rules in this chapter are adopted to govern examination of applicants for licensure of physical therapist and physical therapist assistants under ss. 448.53, 448.535, 448.54, and 448.55, Stats.

History: CR 12-002: cr. Register August 2012 No. 680, eff. 9-1-12.

PT 2.01 Panel review of applications; examinations required. (1) All applicants shall complete written examinations. In addition, an applicant may be required to complete an oral examination if the applicant:

(a) Has a medical condition which in any way impairs or limits the applicant's ability to practice physical therapy with reasonable skill and safety.

(b) Uses chemical substances so as to impair in any way the applicant's ability to practice physical therapy with reasonable skill and safety.

(c) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(d) Has within the past 2 years engaged in the illegal use of controlled substances.

(e) Has been subject to adverse formal action during the course of physical therapy education, postgraduate training, hospital practice, or other physical therapy employment.

(f) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

(g) Has been convicted of a crime the circumstances of which substantially relate to the practice of physical therapy.

(h) Has not practiced as a physical therapist or physical therapist assistant for a period of 3 years prior to application, unless the applicant has been graduated from a school of physical therapy or a physical therapist assistant educational program within that period.

(i) Has been graduated from a physical therapy school or a physical therapist assistant educational program not approved by the board.

(j) Has voluntarily limited the scope of his or her practice as a physical therapist or physical therapist assistant after being the subject of an investigation by a credentialing authority or employer.

(2) An application filed under s. PT 1.03 shall be reviewed by an application review panel consisting of at least 2 board members designated by the chairperson of the board. The panel shall determine whether the applicant is eligible for a regular license without completing an oral examination.

(3) All examinations shall be conducted in the English language.

(4) Where both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(5) The board shall notify each applicant for examination of the time and place scheduled for that applicant's examination. Failure of an applicant to appear for examination as scheduled will

void the applicant's examination application and require the applicant to reapply for examination unless prior scheduling arrangements have been made with the board by the applicant.

(6) (a) The score required to pass each written physical therapy or physical therapist assistant examination shall be based on the board's determination of the level of examination performance required for minimum acceptable competence in the profession and on the reliability of the examination. The passing grade shall be established prior to giving the examination.

(b) The passing scores for the national physical therapy examination and the national physical therapist assistant examination are those scores recommended by the Federation of State Boards of Physical Therapy.

(c) To pass the examination on statutes and rules, the applicant shall receive a score determined by the board to represent minimum competence to practice after consultation with subject matter experts who have received a representative sample of the examination questions and available candidate performance statistics.

(7) Members of the board shall conduct oral examinations of each candidate and are scored as pass or fail.

(8) Any applicant who is a graduate of a school for physical therapists or an educational program for physical therapist assistants in which English is not the primary language of communication shall take and pass each of the following in order to qualify for a license:

(a) The test of English as a foreign language as administered by the educational testing service.

(b) The test of written English as administered by the educational testing service.

(c) The test of spoken English as administered by the educational testing service.

Note: Under 2001 Wisconsin Act 70, physical therapist assistants are not required to be licensed until April 1, 2004.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am. (6) (a), r. and recr. (6) (b) and (c), Register, June, 1998, No. 510, eff. 7-1-98; am. (8) (intro.), cr. (8) (a) to (c); Register, April, 2000, No. 532, eff. 5-1-00; CR 03-020: am. (1) (h), (i), (6) (a), (b) and (8) (intro.) Register April 2004 No. 580, eff. 5-1-04; CR 12-002: cr. (1) (j) Register August 2012 No. 680, eff. 9-1-12; CR 15-027: am. (5) Register January 2016 No. 721, eff. 2-1-16.

PT 2.02 Conduct of examinations. At the start of the examinations, applicants shall be provided with the rules of conduct to be followed during the course of the examinations. Any violation of these rules of conduct by any applicant may be cause for the board to withhold the applicant's grade and to find after a hearing that the applicant has failed the examination.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am. Register, June, 1998, No. 510, eff. 7-1-98.

PT 2.03 Failure and reexamination. An applicant who fails to achieve passing grades on the examinations required under this chapter may apply for reexamination on forms provided by the board. For each reexamination, the application shall be accompanied by the reexamination fee. If an applicant for reexamination fails to achieve passing grades on the second reexamination, the applicant may not be admitted to further examination until the applicant reapplies for licensure and presents to the

board evidence of further professional training or education as the board may consider appropriate in the applicant's specific case.

Note: A list of all current examination fees may be obtained at no charge from the Office of Examinations, Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8366, Madison, WI 53708.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95.

Chapter PT 3

TEMPORARY LICENSES

PT 3.001 Authority and purpose.

PT 3.01 Temporary license to practice under supervision, initial licensure.

PT 3.001 Authority and purpose. The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2) and 448.53 (2), and 448.55 (3), Stats., and govern the various classes of temporary licenses to practice physical therapy.

History: CR 12-002; cr. Register August 2012 No. 680, eff. 9-1-12.

PT 3.01 Temporary license to practice under supervision, initial licensure. (1) An applicant for a regular license to practice as a physical therapist or physical therapist assistant, who has not previously been licensed to practice as a physical therapist or as a physical therapist assistant in this state, whichever is applicable, and who is a graduate of an approved school of physical therapy or a physical therapist assistant educational program and has applied to take the national physical therapist examination or the national physical therapist assistant examination and is awaiting results and is not required to take an oral examination, may apply to the board for a temporary license to practice as a physical therapist or physical therapist assistant under supervision. The applications and required documents for a regular license and for a temporary license may be reviewed by 2 members of the board, and upon the finding by the 2 members that the applicant is qualified for admission to examination for a regular license to practice as a physical therapist or physical therapist assistant, the board, acting through the 2 members, may issue a temporary license to practice as a physical therapist or physical therapist assistant under supervision to the applicant.

(2) The required fees specified in s. 440.05 (6), Stats., shall accompany the application for a temporary license to practice under supervision.

Note: Application forms are available upon request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

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

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

Note: Under 2001 Wis. Act 70, physical therapist assistants are not required to be licensed until April 1, 2004.

(5) The duration of a temporary license to practice physical therapy under supervision granted under this section shall be for a period of 3 months or until the holder receives failing examination results, whichever is shorter, unless the board grants an extension of the temporary license. A temporary license may be renewed for a period of 3 months, and may be renewed a second time for a period of 3 months for reasons of hardship. Practice under a temporary license may not exceed 9 months total duration.

(6) A physical therapist may supervise no more than a combined total of 4 physical therapists and physical therapist assistants who hold temporary licenses. This number shall be reduced by the number of physical therapist assistants and physical therapy aides being supervised by the physical therapist under s. PT 5.02 (2) (k).

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; r. and recr. (4), Register, September, 1996, No. 489, eff. 10-1-96; am. (2), Register, June, 1998, No. 510, eff. 7-1-98; r. (5), Register, April, 2000, No. 532, eff. 5-1-00; CR 03-020: am. (1) and (3), renum. (4) to be (5) and am., cr. (6) and (7) Register April 2004 No. 580, eff. 5-1-04; CR 08-049: am. (5) Register November 2008 No. 635, eff. 12-1-08; CR 12-002: am. (1), (4), r. (7) Register August 2012 No. 680, eff. 9-1-12.

Chapter PT 4

LOCUM TENENS LICENSE

PT 4.001 Authority and purpose.

PT 4.01 Locum tenens license.

PT 4.001 Authority and purpose. The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2), 448.53 (2), and (3), Stats., and govern locum tenens licenses.

History: CR 12-002: cr. Register August 2012 No. 680, eff. 9-1-12.

PT 4.01 Locum tenens license. (1) A person who holds a valid license to practice physical therapy issued by another licensing jurisdiction of the United States may apply to the board for a locum tenens license to practice physical therapy and shall submit to the board all of the following:

(a) A completed and verified application form.

Note: Application forms are available upon request to the board at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) A letter of recommendation from a physician or supervisor or present employer stating the applicant's professional capabilities.

(c) A verified photostatic copy of a license to practice physical therapy issued to the applicant by another licensing jurisdiction of the United States.

(d) A letter from a physical therapist licensed in this state requesting the applicant's services, or a letter from an organization or facility in this state requesting the applicant's services.

(e) The required fees specified in s. 440.05 (6), Stats.

(2) The application and documentary evidence submitted by the applicant shall be reviewed by a member of the board, and upon the finding of the member that the applicant is qualified, the board, acting through the member, may issue a locum tenens license to practice physical therapy to the applicant.

(3) The holder of a locum tenens license to practice physical therapy may practice physical therapy as defined in s. 448.56 (1), Stats., providing the practice is confined to the geographical area for which the license is issued.

(4) Except as otherwise ordered by the board, a locum tenens license to practice physical therapy shall expire 90 days from the date of its issuance. For cause shown to its satisfaction, the board may issue a locum tenens license for a period not to exceed 12 months. The locum tenens license is not renewable.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am. (1) (e), Register, June, 1998, No. 510, eff. 7-1-98; r. (1) (d), Register, April, 2000, No. 532, eff. 5-1-00; CR 03-020: cr. (1) (d) Register April 2004 No. 580, eff. 5-1-04; CR 12-002: am. (4) Register August 2012 No. 680, eff. 9-1-12.

Chapter PT 5

PHYSICAL THERAPIST ASSISTANTS AND UNLICENSED PERSONNEL

PT 5.001 Authority and purpose.
PT 5.01 Practice and supervision of physical therapist assistants.

PT 5.02 Supervision of unlicensed personnel.

Note: Chapter PT 5 as it existed on April 30, 2004 was repealed and a new chapter PT 5 was created, Register April 2004 No. 580, effective May 1, 2004.

PT 5.001 Authority and purpose. The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2), and 448.56 (6), Stats., and govern physical therapist assistants and unlicensed personnel.

History: CR 12-002; cr. Register August 2012 No. 680, eff. 9-1-12.

PT 5.01 Practice and supervision of physical therapist assistants. (1) A physical therapist assistant, as defined in s. 448.50 (3m), Stats., shall assist a physical therapist in the practice of physical therapy under the general supervision of a physical therapist.

(2) In providing general supervision, the physical therapist shall do all of the following:

(a) Have primary responsibility for physical therapy care rendered by the physical therapist assistant.

(b) Have direct face-to-face contact with the physical therapist assistant at least every 14 calendar days, unless the board approves another type of contact.

(c) Remain accessible to telecommunications in the interim between direct contacts while the physical therapist assistant is providing patient care.

(d) Establish a written policy and procedure for written and oral communication. This policy and procedure shall include a specific description of the supervisory activities undertaken for the physical therapist assistant as well as a description of the manner by which the physical therapist shall manage all aspects of patient care. The amount of supervision shall be appropriate to the setting and the services provided.

(e) Provide initial patient examination, evaluation and interpretation of referrals and create the initial patient record for every patient the physical therapist treats.

(f) Develop and revise as appropriate a written patient treatment plan and program.

(g) Delegate appropriate portions of the treatment plan and program to the physical therapist assistant consistent with the physical therapist assistant's education, training and experience.

(h) Provide on-site assessment and reevaluation of each patient's treatment at a minimum of one time per calendar month or every tenth treatment day, whichever is sooner, and adjust the treatment plan as appropriate.

(i) Coordinate discharge plan decisions and the final assessment with the physical therapist assistant.

(j) Limit the number of physical therapist assistants practicing under general supervision to a number appropriate to the setting in which physical therapy is administered, to ensure that all patients under the care of the physical therapist receive services that are consistent with accepted standards of care and consistent with all other requirements under this chapter. No physical therapist may at any time supervise more than 2 physical therapist assistants full-time equivalents practicing under general supervision.

History: CR 03-020; cr. Register April 2004 No. 580, eff. 5-1-04.

PT 5.02 Supervision of unlicensed personnel. (1) A physical therapist shall provide direct on-premises supervision of unlicensed personnel at all times. A physical therapist may not direct unlicensed personnel to perform tasks which require the decision making or problem solving skills of a physical therapist, including but not limited to patient examination, evaluation, diagnosis, or determination of therapeutic intervention.

(2) In providing direct on-premises supervision, the physical therapist shall do all of the following:

(a) Retain full professional responsibility for patient related tasks performed.

(b) Be available at all times for direction and supervision with the person performing related tasks.

(c) Evaluate the effectiveness of patient related tasks performed by those under direct supervision by assessing persons for whom tasks have been performed prior to and following performance of the tasks.

(d) Routinely evaluate the effectiveness of patient related tasks performed by those under direct supervision by observing and monitoring persons receiving such tasks.

(e) Determine the competence of personnel to perform assigned tasks based upon his or her education, training and experience.

(f) Verify the competence of unlicensed personnel with written documentation of continued competence in the assigned tasks.

(g) Perform initial patient examination, evaluation, diagnosis and prognosis, interpret referrals, develop and revise as appropriate a written patient treatment plan and program for each patient and create and maintain a patient record for every patient the physical therapist treats.

(h) Provide interpretation of objective tests, measurements and other data in developing and revising a physical therapy diagnosis, assessment and treatment plan.

(i) Direct unlicensed personnel to provide appropriate patient related tasks consistent with the education, training, and experience of the person supervised. Direction should list specific patient related tasks, including dosage, magnitude, repetitions, settings, length of time, and any other parameters necessary for the performance of the patient related tasks.

(j) Limit the number of unlicensed personnel providing patient related tasks under direct supervision to a number appropriate to the setting in which physical therapy is administered, to ensure that all patients under the care of the physical therapist receive services that are consistent with accepted standards of care and consistent with all other requirements under this chapter.

(k) The total number of physical therapist assistants providing physical therapy services and unlicensed personnel performing patient related tasks under supervision may not exceed a combined total of 4. This number shall be reduced by the number of physical therapists and physical therapist assistants holding temporary licenses who are being supervised under s. PT 3.01 (6).

History: CR 03-020; cr. Register April 2004 No. 580, eff. 5-1-04.

Chapter PT 6

REFERRALS

PT 6.001 Authority and purpose.

PT 6.01 Referrals.

PT 6.001 Authority and purpose. The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2), and 448.56 (1m) (b), Stats., and govern referrals.

History: CR 12–002; cr. Register August 2012 No. 680, eff. 9–1–12.

PT 6.01 Referrals. (1) In addition to the services excepted from written referral under s. 448.56, Stats., a written referral is not required to provide the following services, related to the work, home, leisure, recreational and educational environments:

- (a) Conditioning.
- (b) Injury prevention and application of biomechanics.

(c) Treatment of musculoskeletal injuries with the exception of acute fractures or soft tissue avulsions.

(2) A physical therapist providing physical therapy services pursuant to a referral under s. 448.56 (1), Stats., shall communicate with the referring physician, chiropractor, dentist or podiatrist as necessary to ensure continuity of care.

(3) A physical therapist providing physical therapy services to a patient shall refer the patient to a physician, chiropractor, dentist, podiatrist or other health care practitioner under s. 448.56 (1m), Stats., to receive required health care services which are beyond the scope of practice of physical therapy.

History: Cr. Register, September, 1995, No. 477, eff. 10–1–95; am. Register, June, 1998, No. 510, eff. 7–1–98; CR 03–020: renum. to be (1) (intro.) and am., cr. (1) (a) to (c), (2) and (3) Register April 2004 No. 580, eff. 5–1–04.

Chapter PT 7

UNPROFESSIONAL CONDUCT

PT 7.01 Authority and intent.
PT 7.02 Definitions.
PT 7.025 Unprofessional conduct.

PT 7.03 Complaints.
PT 7.04 Self-audits.

PT 7.01 Authority and intent. (1) The definitions of this chapter are adopted by the board pursuant to the authority delegated by ss. 15.085 (5) (b) and 448.527, Stats., to establish the standards of ethical conduct by physical therapists and physical therapist assistants.

(2) Physical therapists and physical therapist assistants are guided by values of accountability, altruism, compassion, caring, excellence, integrity, professional duty, and responsibility. As representatives of the physical therapy profession, they are obligated to empower, educate, and enable patients to facilitate greater independence, health, wellness, and enhanced quality of life. Physical therapists and physical therapist assistants must therefore act, at all times, with honesty, compliance with the law, reasonable judgment, competence, and respect for the patient's dignity.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; CR 03-020: am. Register April 2004 No. 580, eff. 5-1-04; CR 13-007: renum. to (1) and am., cr. (2) Register November 2013 No. 695, eff. 12-1-13.

PT 7.02 Definitions. For the purposes of these rules:

(1) "Negligence in the practice of physical therapy" means an act performed without the care and skill of a reasonable physical therapist or physical therapist assistant who performs the act in question, whether or not the negligent care results in actual harm to the patient.

(2) "Patient health care record" has the meaning given in s. 146.81 (4), Stats.

(3) "Sexual contact" has the meaning given in s. 948.01 (5), Stats.

(4) "Sexually explicit conduct" has the meaning given in s. 948.01 (7), Stats.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; correction in (18) made under s. 13.93 (2m) (b) 7., Stats.; Register, June, 1998, No. 510; CR 03-020: am. (1), cr. (19), (20) and (21) Register April 2004 No. 580, eff. 5-1-04; CR 13-007: r. and recr. Register November 2013 No. 695, eff. 12-1-13.

PT 7.025 Unprofessional conduct. The term "unprofessional conduct" is defined to include violating, aiding, abetting, or conspiring to engage in any of the following:

(1) Violating s. 448.57 (2) (a) to (g), Stats., other provision of chs. 440 and 448, Stats., or any provision of a board order.

(2) Any physical therapist committing any act that constitutes a violation of the "Code of Ethics," effective July 1, 2010, as approved by the American Physical Therapy Association and herein incorporated by reference.

Note: Copies of the American Physical Therapy Association's Code of Ethics may be obtained electronically at www.apta.org/ethics.

(3) Any physical therapist assistant committing any act that constitutes a violation of the "Standards of Ethical Conduct," effective July 1, 2010, as approved by the American Physical Therapy Association and herein incorporated by reference.

Note: Copies of the American Physical Therapy Association's Standards of Ethical Conduct may be obtained electronically at www.apta.org/ethics.

(4) Engaging in fraud, deceit, or misrepresentation in applying for or procuring a license to practice physical therapy, in connection with applying for or procuring periodic renewal of a license, or in otherwise maintaining licensure.

(5) Failing to complete continuing competence requirements within the time period established by law.

(6) Permitting or assisting any person to perform acts constituting the practice of physical therapy without sufficient qualifications, necessary credentials, adequate informed consent, or adequate supervision. The physical therapist is responsible for determining whether general, direct, or one-on-one supervision is necessary to protect the patient from unacceptable risk of harm. The physical therapist retains responsibility for delegated or supervised acts, unless the board determines that the delegate knowingly and willfully violated the supervisor's direction or instruction.

(7) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission, to the board or any person acting on the board's behalf, including Department of Safety and Professional Services personnel.

(8) Any practice or conduct that falls below the standard of minimal competence within the profession that results in unacceptable risk of harm to the patient, regardless of whether injury results.

(9) Negligence in the practice of physical therapy, regardless of whether injury results.

(10) Practicing as a physical therapist or working as a physical therapist assistant when physical or mental abilities are impaired by the use of controlled substances or other habit-forming drugs, chemicals or alcohol, or by other causes.

(11) Practicing physical therapy with a mental or physical condition that impairs the ability of the licensee to practice within the standard of minimal competence or without exposing the patient to an unacceptable risk of harm.

(12) Performing any act constituting the practice of physical therapy on any patient without the patient's informed consent or after the patient has withdrawn informed consent, whether verbally or in writing, or either of the following:

(a) Failure to document informed consent.

(b) Failure to inform the patient that any act of physical therapy may or will be performed by unlicensed personnel.

(13) Practicing beyond the scope of any professional credential issued by the board or any other state or federal agency.

(14) Knowingly, negligently, or recklessly making any statement, written or oral, in the course of the practice of physical therapy or as a physical therapist assistant, which is likely to deceive, defraud, mislead, or create an unacceptable risk of harm to the patient or the public or both.

(15) Divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(16) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family member, or a person responsible for the patient's welfare. For the purposes of this subsection all of the following may apply:

(a) Sexual motivation may be determined from the totality of the circumstances and is presumed when the physical therapist or

physical therapist assistant has contact with a patient's intimate parts without legitimate professional justification for doing so.

(b) An adult receiving treatment shall continue to be a patient for 6 months after the termination of professional services.

(c) If the person receiving treatment is a minor, the person shall continue to be a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.

(d) It is a violation of this paragraph for a physical therapist or physical therapist assistant to engage in any sexual contact or conduct with or in the presence of a patient or former patient who lacks the ability to consent for any reason, including age, medication, or psychological or cognitive disability.

(17) Illegal or unethical business practices, including either of the following:

(a) Fraud, deceit, or misrepresentation in obtaining or attempting to obtain any fee or third-party reimbursement.

(b) Engaging in uninvited, in-person solicitation of actual or potential patients who, because of their particular circumstances, are vulnerable to undue influence.

(18) Providing treatment intervention unwarranted by the condition of the patient or continuing treatment beyond the point of reasonable benefit.

(19) Violation or conviction of any federal or state law, including criminal law, which is therefore substantially related to the practice of physical therapy and which bars any of the following conduct:

(a) Theft or fraud.

(b) Violence.

(c) Sexual contact with a patient, patient's guardian or family member, or any act performed in the presence of a patient, patient's guardian or family member, for the purposes of sexual gratification.

(d) Victimization of children, elderly, or other vulnerable person.

(e) Any crime occurring in the course of the practice of physical therapy by a physical therapist or a physical therapist assistant, or in any place in which physical therapy is practiced.

(f) Conclusive evidence of a violation of this subsection shall be a certified copy of any document demonstrating the entry of a guilty plea, nolo contendere plea, alford plea, or entrance into a deferred prosecution agreement, with or without being expunged, pertaining to a crime substantially related to the practice of physical therapy.

(20) Violation or conviction of any federal or state law or rule that is substantially related to the practice of physical therapy. For the purposes of this subsection the following may apply:

(a) Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with making legal determinations relevant to this paragraph is conclusive evidence of its findings of facts and conclusions of law.

(b) Under this paragraph, the department has the burden of proving that the act is substantially related to the practice of physical therapy.

(21) Failure to establish and maintain accurate and timely patient health care records as required by law and professional standards. Patient health care records are presumed to be untimely if not completed and signed within 60 days of the date of service.

(22) Failure to timely transfer patient health records to any person or practitioner authorized by law to procure the patient health care records. Failure to comply with any lawful request for patient health care records within 30 days of receipt of the request is presumed to be a violation of this subsection.

(23) Having any credential pertaining to the practice of physical therapy result in adverse action by any agency of this or another state, or by any agency or authority within the federal government, which results in any disciplinary action, including limitation, restriction, suspension, revocation, or any other disciplinary action. This paragraph applies whether the adverse action results in temporary or permanent limitation, restriction, suspension, revocation, or disciplinary action. This paragraph applies whether or not the adverse action is accompanied by findings of negligence or unprofessional conduct.

(24) Failure, within 30 days, to report to the board any adverse action, whether final or temporary, taken against the licensee's authority to practice physical therapy as follows:

(a) Any adverse action by another licensing or credentialing jurisdiction concerned with the practice of physical therapy.

(b) Any adverse action by any division of the state or federal government that results in limitation or loss of authority to perform any act constituting the practice of physical therapy or as a physical therapist assistant.

(25) Failure, within 30 days, to report to the board any voluntary agreement to limit, restrict, or relinquish the practice of physical therapy or as a physical therapist assistant entered into with any court or agency of any state or federal government.

(26) Failure to report to the board any incident in which the licensee has direct knowledge of reasonable cause to suspect that a physical therapist or physical therapist assistant has committed any unprofessional, incompetent, or illegal act in violation of state or federal statute, administrative rule, or orders of the board. Reports shall be made within the time necessary to protect patients from further unacceptable risk of harm, but no more than 30 days after the required reporter obtained knowledge of the act.

History: CR 13-007: cr. Register November 2013 No. 695, eff. 12-1-13; corrections in (6), (23) made under s. 13.92 (4) (b) 6., Stats., Register November 2013 No. 695.

PT 7.03 Complaints. Procedures and requirements for filing complaints with the board are set forth in ch. SPS 2.

History: CR 03-020: cr. Register April 2004 No. 580, eff. 5-1-04; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

PT 7.04 Self-audits. The board shall biennially review and evaluate its performance in carrying out its responsibilities under this chapter and in other areas over which the board exercises its independent authority, as defined in s. 440.035, Stats.

History: CR 03-020: cr. Register April 2004 No. 580, eff. 5-1-04.

Chapter PT 8

BIENNIAL LICENSE RENEWAL

PT 8.01 Authority and purpose.
PT 8.02 Renewal required; method of renewal.

PT 8.05 Requirements for late renewal and reinstatement.

PT 8.01 Authority and purpose. The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2) and 448.53, Stats., and govern biennial renewal of licensees of the board.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am., Register, June, 1998, No. 510, eff. 7-1-98; CR 03-020: am. Register April 2004 No. 580, eff. 5-1-04.

PT 8.02 Renewal required; method of renewal. Each licensee shall renew his or her license biennially with the department. 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.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; am., Register, June, 1998, No. 510, eff. 7-1-98; CR 13-007: am. Register November 2013 No. 695, eff. 12-1-13; CR 15-027: am. Register January 2016 No. 721, eff. 2-1-16.

PT 8.05 Requirements for late renewal and reinstatement. A license shall expire if it is not renewed by March 1 of each odd-numbered year, except for temporary licenses granted pursuant to ch. PT 3. A licensee who allows their license to expire may apply to the board to renew or reinstate their license by completing one of the following:

(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 specified in ch. PT 9.

(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. This section does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

(3) **REINSTATEMENT.** A licensee who has unmet disciplinary requirements and failed to renew within 5 years of the renewal date or whose license has been surrendered or revoked, may apply to have the license reinstated in accordance with 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 license.

History: Cr. Register, September, 1995, No. 477, eff. 10-1-95; r. (1), renum. (2) (intro.), (a) and (b) to be (intro.), (1) and (2), Register, June, 1998, No. 510, eff. 7-1-98; CR 12-002: am. (intro.) Register August 2012 No. 680, eff. 9-1-12; CR 15-027: r. and recr. Register January 2016 No. 721, eff. 2-1-16.

Chapter PT 9

CONTINUING EDUCATION

PT 9.01 Authority and purpose.
PT 9.02 Definitions.
PT 9.03 Continuing education requirements.

PT 9.04 Standards for approval.
PT 9.05 Proof of attendance at continuing education programs.

PT 9.01 Authority and purpose. The rules in this chapter are adopted by the board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2) and 448.55 (3), Stats., and govern required biennial continuing education of licensees of the board.

History: CR 03-020; cr. Register April 2004 No. 580, eff. 5-1-04; CR 12-002; am. Register August 2012 No. 680, eff. 9-1-12.

PT 9.02 Definitions. In this chapter:

(1) “Contact hour” means not less than 50 minutes a licensee spends in actual attendance at or completion of acceptable continuing education.

(1m) “Continuing competence” means the ongoing self assessment, development and implementation of a personal learning plan that evaluates professional knowledge, skill, behavior, and abilities related to the practice of physical therapy.

(2) “Continuing education” means planned, organized learning activities designed to maintain, improve, or expand a licensee’s knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

(4) “Licensee” means a person licensed to practice as a physical therapist or physical therapist assistant in this state.

(5) “Remedial education” means education undertaken in lieu of or as part of discipline for the purpose of fulfilling a gap in the licensee’s competence.

History: CR 03-020; cr. Register April 2004 No. 580, eff. 5-1-04; CR 08-049; r. and recr. (1), r. (3) Register November 2008 No. 635, eff. 12-1-08; CR 12-002; cr. (1m), (5) Register August 2012 No. 680, eff. 9-1-12.

PT 9.03 Continuing education requirements.

(1) Unless granted a postponement or waiver under sub. (8), every physical therapist shall complete at least 30 hours of board-approved continuing education in each biennial registration period, as specified in s. 448.55 (3), Stats. Four of the required 30 hours shall be in the area of ethics and jurisprudence.

(2) Unless granted a postponement or waiver under sub. (8), every physical therapist assistant shall complete at least 20 hours of board-approved continuing education in each biennial registration period, as specified in s. 448.55 (3), Stats. Four of the required 20 hours shall be in the area of ethics and jurisprudence.

(3) Continuing education hours may apply only to the registration period in which the hours are acquired. If a license has lapsed, the board may grant permission to apply continuing education hours acquired after lapse of the license to a previous biennial period of licensure during which required continuing

education was not acquired. In no case may continuing education hours be applied to more than one biennial period.

(4) Unless granted a postponement or waiver under sub. (8), a licensee who fails to meet the continuing education requirements by the renewal deadline shall cease and desist from practice.

(5) During the time between initial licensure and commencement of a full 2-year licensure period new licensees shall not be required to meet continuing education requirements.

(6) Applicants from other states applying for a license to practice as a physical therapist under s. 448.53 (3), Stats., shall submit proof of completion of at least 30 hours of continuing education approved by the board within 2 years prior to application.

(7) Applicants from other states applying for a license to practice as a physical therapist assistant under s. 448.53 (3), Stats., shall submit proof of completion of at least 20 hours of continuing education approved by the board within 2 years prior to application.

(8) A licensee may apply to the board for a postponement or waiver of the requirements of this section on grounds of prolonged illness or disability, or on other grounds constituting extreme hardship. The board shall consider each application individually on its merits, and the board may grant a postponement, partial waiver or total waiver as deemed appropriate.

Note: Under 2001 Wisconsin Act 70, continuing education requirements do not become effective until the licensing period beginning November 1, 2005 and ending on October 31, 2007.

History: CR 03-020; cr. Register April 2004 No. 580, eff. 5-1-04; CR 08-049; am. (1) and (2) Register November 2008 No. 635, eff. 12-1-08.

PT 9.04 Standards for approval. (1) To be approved for credit, a continuing education program shall meet all of the following criteria:

(a) The program constitutes an organized program of learning which contributes directly to the professional competency of the licensee.

(b) The program pertains to subject matters which integrally relate to the practice of the profession.

(c) The program is conducted by individuals who have specialized education, training or experience by reason of which the individuals should be considered qualified concerning the subject matter of the activity or program.

(d) The program fulfills pre-established goals and objectives.

(e) The program provides proof of attendance by licensees.

(2) The continuing education activities described in table PT 9.04 qualify for continuing education hours.

TABLE PT 9.04

ACTIVITY	CONTACT HOUR LIMITS
(a) Successful completion of relevant academic coursework.	No limit. [10 contact hours = one semester credit; 6.6 contact hours = quarter credit]
(b) Attendance at seminars, workshops, lectures, symposia, and professional conferences which are sponsored or approved by acceptable health-related or other organizations including the American Physical Therapy Association and the Wisconsin Physical Therapy Association.	No limit.
(c) Successful completion of a self-study course or courses offered via electronic or other means which are sponsored or approved by acceptable health-related or other organizations including the American Physical Therapy Association and the Wisconsin Physical Therapy Association.	No limit.
(d) Earning a clinical specialization from the American Board of Physical Therapy Specialties or other recognized clinical specialization certifying organizations.	Up to 12 contact hours for initial certification or for recertification.
(e) Authorship of a book about physical therapy or a related professional area.	Up to 12 contact hours for each book.
(f) Authorship of one or more chapters of a book about physical therapy or a related professional area.	Up to 6 contact hours for each chapter.
(g) Authorship of a presented scientific poster, scientific platform presentation, or published article.	Up to 6 contact hours for each poster, platform presentation, or refereed article.
(h) Presenting seminars, continuing education courses, workshops, lectures, or symposia which have been approved by recognized health-related organizations including the American Physical Therapy Association and the Wisconsin Physical Therapy Association. Note: No additional hours are given for subsequent presentations of the same content. Substantive course revisions may be counted but are limited to the extent of the revision.	No limit.
(i) Teaching in an academic course in physical therapy as a guest lecturer. Note: No additional hours are given for subsequent presentations of the same content. Substantive course revisions may be counted but are limited to the extent of the revision.	No limit. [10 contact hours = one semester credit; 6.6 contact hours = one quarter credit]
(j) Teaching in an academic course in physical therapy. Note: No additional hours are given for subsequent presentations of the same content. Substantive course revisions may be counted but are not limited to the extent of the revision.	No limit. [10 contact hours = one semester credit; 6.6 contact hours = one quarter credit]
(k) Successful completion in a clinical residency program credentialed by the American Physical Therapy Association or other recognized credentialing organization.	No limit.
(l) Attending employer-provided continuing education, including video and non-interactive on-line courses.	Up to 15 contact hours for physical therapists. Up to 10 contact hours for physical therapist assistants.
(m) Authoring an article in a non-refereed publication.	Up to 5 contact hours.
(n) Developing alternative media materials, including computer software, programs, and video instructional material.	1 contact hour per product. Up to 5 contact hours.
(o) Serving as a clinical instructor for internships with an accredited physical therapist or physical therapist assistant educational program.	Up to 15 contact hours for physical therapists. Up to 10 contact hours for physical therapist assistants.
(p) Serving as a supervisor for students fulfilling clinical observation requirements.	1 contact hour per contact hour with students, up to 5 contact hours.

TABLE PT 9.04 (Continued)

ACTIVITY	CONTACT HOUR LIMITS
(q) Participating in a physical therapy study group of 2 or more physical therapists or physical therapist assistants or in an interdisciplinary study group of members of at least 2 disciplines meeting on a topic relevant to the participants' work.	Up to 2 contact hours per study group.
(r) Participating as a resident or as a mentor in a formal nonacademic mentorship.	1 contact hour per each 8 contact hours for both the resident and mentor, up to 5 contact hours.
(s) Attending a scientific poster session, lecture panel, or a symposium.	Up to 2 contact hours.
(t) Serving as a delegate to the American Physical Therapy Association House of Delegates, on a professional committee, board, or task force.	Up to 5 contact hours.

(3) The following activities shall not be awarded continuing activity credit:

- (a) Meetings for the purpose of policy decisions.
- (b) Non-educational meetings at annual association, chapter or organization meetings.
- (c) Entertainment or recreational meetings or activities.
- (d) Visiting exhibits.

History: CR 03-020: cr. Register April 2004 No. 580, eff. 5-1-04; CR 08-049: renum. (2) (intro.) to be (2) and am., r. (2) (a) to (c), Table 9.04-1 and Table 9.04-2,

cr. Table 9.04 Register November 2008 No. 635, eff. 12-1-08.

PT 9.05 Proof of attendance at continuing education programs. Applicants for renewal shall be required to certify their attendance at required continuing education programs. The board may conduct a random audit of all licensees on a biennial basis for compliance with continuing education requirements, and shall audit any licensee who is under investigation by the board for alleged misconduct.

History: CR 03-020: cr. Register April 2004 No. 580, eff. 5-1-04.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nilajah Hardin, Bureau Assistant on behalf of Lori Dominiczak, Board Chair		2) Date When Request Submitted: 06/21/16 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 09/07/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2015 Wisconsin Act 375 Regarding Physical Therapists Ordering X-Rays Board Discussion FSBPT Request for Annual Meeting Speaker	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	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: N/A	
10) Describe the issue and action that should be addressed: Please see the attached information.			
11) Authorization			
<i>Nilajah D. Hardin</i>		<i>06/21/16</i>	
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.			

From: Mark Lane
To: Lori Dominiczak; Ryan, Thomas - DSPS
Sent: Wednesday, June 15, 2016 9:31 AM
Subject: Annual meeting presentation

Hello Lori and Tom,

I trust your summer is off to a great start! You have to love the nice long days.

We are hoping to have a session at the annual meeting on advances in scope of practice and have some states share their experiences. Wisconsin came to mind on the imaging issue. I realize that Wisconsin had this and was simply reinstating it but it will be a new topic for many FSBPT members. I would like one or two members from Wisconsin to share: The history, why WI felt it was important, the scope battle (who opposed and who supported) and the success. Perhaps this would be someone from the association. We would then love someone from the Board to share the regulatory implications and any rules the Board has or is developing. Will radiologists get reimbursed when a PT refers for an image? Are there any restrictions on imaging (CT scans, MRIs? Etc.)

Do you have suggestions for who might present on these subjects?

We may have someone from APTA present the recent House of Delegates Motion as well

Mark

Mark Lane
Vice President
Federation of State Boards of Physical Therapy
124 West Street South #300
Alexandria, VA 22314
703-299-3100 ext 232

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted: 4/22/2016	
		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: Physical Therapy Examining Board			
4) Meeting Date: 9/07/2016	5) Attachments: x Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of FSBPT Webinar 'Enhanced NPTE Registration Processing System Updates'	
7) Place Item in: x 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? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will view the FSBPT webinar and have a discussion about the impact of the updates.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: John Greany		2) Date When Request Submitted: 7/6/2016 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <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: Physical Therapy Examining Board			
4) Meeting Date: 9/7/2016	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Training and New Board Member Training Resources	
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? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: John Greany has asked that the Board discuss experiences with training of new board members and liaisons to the Department, and to identify opportunities to improve on current resources.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date