



**VIRTUAL/TELECONFERENCE
PHYSICAL THERAPY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
August 9, 2023**

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 description 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 3, 2023 (4-5)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition

- 1) New Member Introductions
 - a. Kate Brewer, Physical Therapist Member
- 2) Recognitions
 - a. Shari Berri, Physical Therapist Member (Resigned: 5/24/2023)
 - b. John Greany, Physical Therapist Member (Resigned: 8/1/2023)

E. Administrative Matters – Discussion and Consideration

- 1) Department, Staff and Board Updates
- 2) Election of Officers, Appointment of Liaisons and Alternates
- 3) Board Members – Term Expiration Dates
 - a. Kate Brewer – 7/1/2024
 - b. Carter, Barbara – 7/1/2025
 - c. Johnson, Steven W. – 7/1/2025
 - d. McEldowney, Todd – 7/1/2025

F. Physical Therapy Compact Update – Discussion and Consideration

G. Legislative and Policy Matters – Discussion and Consideration

H. Administrative Rule Matters – Discussion and Consideration (6-17)

- 1) Possible Rulemaking Projects
 - a. Discussion of possible rule project: PT 5, relating to on-site supervision

I. Speaking Engagements, Travel, or Public Relation Requests, and Reports (18-19)

- 1) Travel Report: FSBPT Leadership Issues Forum (LIF) – Arlington, VA – July 15-16, 2023

II. Federation of State Boards of Physical Therapy (FSBPT) Matters – Discussion and Consideration

III. Liaison Reports – Discussion and Consideration

IV. Discussion and Consideration of Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislative and Policy Matters
- 10) Administrative Rule Matters
- 11) Liaison Reports
- 12) Board Liaison Training and Appointment of Mentors
- 13) Public Health Emergencies
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

V. Public Comments

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

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

- 1) **Proposed Stipulation and Final Decision and Order (20-24)**
 - a. 22 PHT 014 – John A. Zegar, P.T. (21-24)

O. Credentialing Matters

1) Application Review (25-65)

- a. Brian Weitz – CIB Review for Physical Therapy Assistant License Renewal

P. Deliberation of Items Added After Preparation of the Agenda

- 1. Education and Examination Matters
- 2. Credentialing Matters
- 3. DLSC Matters
- 4. Monitoring Matters
- 5. Professional Assistance Procedure (PAP) Matters
- 6. Petitions for Summary Suspensions
- 7. Petitions for Designation of Hearing Examiner
- 8. Proposed Stipulations, Final Decisions and Orders
- 9. Proposed Interim Orders
- 10. Administrative Warnings
- 11. Review of Administrative Warnings
- 12. Proposed Final Decisions and Orders
- 13. Matters Relating to Costs/Orders Fixing Costs
- 14. Case Closings
- 15. Board Liaison Training
- 16. Petitions for Assessments and Evaluations
- 17. Petitions to Vacate Orders
- 18. Remedial Education Cases
- 19. Motions
- 20. Petitions for Re-Hearing
- 21. Appearances from Requests Received or Renewed

Q. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

R. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

S. Open Session Items Noticed Above Not Completed in the Initial Open Session

T. Delegation and Ratification of Examinations, Licenses and Certificates

ADJOURNMENT

NEXT MEETING: NOVEMBER 29, 2023

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE
PHYSICAL THERAPY EXAMINING BOARD
MEETING MINUTES
MAY 3, 2023**

PRESENT: Shari Berry, PT; Barbara Carter, PTA; John Greany, PT; Steven Johnson, PT; Todd McEldowney

STAFF: Tom Ryan, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rule Coordinator; Katlin Schwartz, Bureau Assistant; and other Department Staff

CALL TO ORDER

John Greany, Chairperson, called the meeting to order at 8:31 a.m. A quorum was confirmed with five (5) members present.

ADOPTION OF AGENDA

MOTION: Shari Berry moved, seconded by Barbara Carter, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 8, 2023

MOTION: Todd McEldowney moved, seconded by Shari Berry, to approve the Minutes of February 8, 2023 as published. Motion carried unanimously.

CONFERENCE ATTENDANCE

MOTION: Shari Berry moved, seconded by Steven Johnson, to designate Tom Ryan, to attend the FSBPT Leadership Issues Forum (LIF) Meeting and the additional day on the updates to the Model Practice Act on July 15-17, 2023 in Alexandria, VA. Motion carried unanimously.

CLOSED SESSION

MOTION: Barbara Carter moved, seconded by Shari Berry, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). John Greany, Chairperson, 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; Barbara Carter-yes; John Greany-yes; Steven Johnson-yes; and Todd McEldowney-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:07 a.m.

**DELIBERATION ON DIVISION OF LEGAL SERVICES
AND COMPLIANCE (DLSC) MATTERS**

Case Closings

22 PHT 011 – C.S.K.

MOTION: Todd McEldowney moved, seconded by Shari Berry, to close DLSC Case Number 22 PHT 011, against C.S.K., for No Violation. Motion carried unanimously.

Proposed Stipulation and Final Decision and Order

22 PHT 004 – Andrea R. Lyon, P.T.

MOTION: Todd McEldowney moved, seconded by Steven Johnson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Andrea R. Lyon, P.T., DLSC Case Number 22 PHT 004. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Shari Berry moved, seconded by Barbara Carter, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 9:12 a.m.

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

MOTION: Todd McEldowney moved, seconded by Shari Berry, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

**DELEGATION AND RATIFICATION OF EXAMINATIONS,
LICENSES AND CERTIFICATES**

MOTION: Barbara Carter moved, seconded by Steven Johnson, to delegate ratification of examination results to DSPS staff and to delegate and ratify all licenses and certificates as issued. Motion carried unanimously.

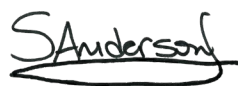
ADJOURNMENT

MOTION: Shari Berry moved, seconded by Barbara Carter, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:15 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator		2) Date when request submitted: 7/28/23 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: August 9, 2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Pending or Possible Rulemaking Projects. a. Discussion possible rule project: PT 5, relating to on-site supervision.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <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: Attachments: <ul style="list-style-type: none"> • Subchapter III of chapter 448 of Statutes. • Chapter PT 5 			
11) Authorization			
		7/28/23	
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.			

SUBCHAPTER III

PHYSICAL THERAPY EXAMINING BOARD

Cross-reference: See also [PT](#), Wis. adm. code.

448.50 Definitions. In this subchapter:

(1m) "Business entity" has the meaning given in s. [452.01 \(3j\)](#).

(1n) "Compact" means the physical therapy licensure compact under s. [448.985](#).

(1o) "Compact privilege" means a compact privilege, as defined in s. [448.985 \(2\) \(d\)](#), that is granted under the compact to an individual to practice in this state.

(1r) "Diagnosis" means a judgment that is made after examining the neuromusculoskeletal system or evaluating or studying its symptoms and that utilizes the techniques and science of physical therapy for the purpose of establishing a plan of therapeutic intervention, but does not include a chiropractic or medical diagnosis.

(1v) "Examining board" means the physical therapy examining board.

(2) "Licensee" means a person who is licensed under this subchapter.

(3) "Physical therapist" means an individual who has been graduated from a school of physical therapy and holds a license to practice physical therapy granted by the examining board or who holds a physical therapist compact privilege.

(3m) "Physical therapist assistant" means an individual who holds a license as a physical therapist assistant granted by the examining board or who holds a physical therapist assistant compact privilege.

(4)

(a) "Physical therapy" means, except as provided in par. [\(b\)](#), any of the following:

1. Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention. In this subdivision, "testing" means using standardized methods or techniques for gathering data about a patient.
2. Alleviating impairments or functional limitations by instructing patients or designing, implementing, or modifying therapeutic interventions.
3. Reducing the risk of injury, impairment, functional limitation, or disability, including by promoting or maintaining fitness, health, or quality of life in all age populations.
4. Engaging in administration, consultation, or research that is related to any activity specified in subds. [1.](#) to [3.](#)

(b) "Physical therapy" does not include any of the following:

1. Using roentgen rays or radium for any purpose, except that "physical therapy" includes ordering X-rays to be performed by qualified persons, subject to s. [448.56 \(7\) \(a\)](#), and using X-ray results to determine a course of care or to determine whether a referral to another health care provider is necessary.
2. Using electricity for surgical purposes, including cauterization.
3. Prescribing drugs or devices.

(5) "Sexual misconduct with a patient" means any of the following:

- (a) Engaging in or soliciting a consensual or nonconsensual sexual relationship with a patient.
- (b) Making sexual advances toward, requesting sexual favors from, or engaging in other verbal conduct or physical contact of a sexual nature with a patient.
- (c) Intentionally viewing a completely or partially disrobed patient during the course of treatment if the viewing is not related to diagnosis or treatment.

(6) "Therapeutic intervention" means the purposeful and skilled interaction between a physical therapist, patient, and, if appropriate, individuals involved in the patient's care, using physical therapy procedures or techniques that are intended to produce changes in the patient's condition and that are consistent with diagnosis and prognosis.

Physical therapists and massage therapists are not prohibited from performing the activities that are within their respective scopes of practice, even if those activities extend in some degree into the field of chiropractic science. [OAG 1-01](#).

448.51 License required.

(1) Except as provided in s. [448.52](#), no person may practice physical therapy unless the person is licensed as a physical therapist under this subchapter or holds a valid physical therapist compact privilege.

(1e) No person may designate himself or herself as a physical therapist or use or assume the title "physical therapist," "physiotherapist," "physical therapy technician," "licensed physical therapist," "registered physical therapist," "master of physical therapy," "master of science in physical therapy," or "doctorate in physical therapy," or append to the person's name the letters "P.T.," "P.T.T.," "L.P.T.," "R.P.T.," "M.P.T.," "M.S.P.T.," or "D.P.T.," or any other title, letters, or designation that represents or may tend to represent the person as a physical therapist, unless the person is licensed as a physical therapist under this subchapter or holds a valid physical therapist compact privilege.

(1s) No person may designate himself or herself as a physical therapist assistant, use or assume the title "physical therapist assistant," or append to the person's name the letters "P.T.A." or any other title, letters, or designation that represents or may tend to represent the person as a physical therapist assistant unless the person is licensed as a physical therapist assistant under this subchapter or holds a valid physical therapist assistant compact privilege.

(2) Except as provided in s. [448.52 \(2m\)](#), no person may claim to render physical therapy or physiotherapy services unless the person is licensed as a physical therapist under this subchapter or holds a valid physical therapist compact privilege.

Cross-reference: See also chs. [PT 1, 3](#), and [4](#), Wis. adm. code.

448.52 Applicability.

(1m) A license is not required under this subchapter for any of the following, if the person does not claim to render physical therapy or physiotherapy services:

(a) Any person lawfully practicing within the scope of a license, permit, registration or certification granted by this state or the federal government.

(am) An individual who is exempt from licensure as a physician under s. [448.03 \(2m\)](#).

(b) Any person assisting a physical therapist in practice under the direct, on-premises supervision of the physical therapist.

(c) A physical therapy student or a physical therapist assistant student performing physical therapy procedures and related tasks, if doing so is within the scope of the student's education or training. The examining board may promulgate rules related to the supervision of students who perform physical therapy procedures and related tasks.

(d) A physical therapist who is licensed to practice physical therapy in another state or country and is providing a consultation or demonstration with a physical therapist who is licensed under this subchapter.

(2m) A license is not required under this subchapter for any of the following:

(a) Except as provided in par. (b), a chiropractor licensed under ch. [446](#) claiming to render physical therapy, if the physical therapy is provided by a physical therapist employed by the chiropractor.

(b) A chiropractor licensed under ch. [446](#) claiming to render physical therapy modality services.

Cross-reference: See also ch. [PT 5](#), Wis. adm. code.

448.522 Manipulation services. A physical therapist may not claim that any manipulation service that he or she provides is in any manner a chiropractic adjustment that is employed to correct a spinal subluxation.

448.527 Code of ethics. The examining board shall promulgate rules establishing a code of ethics governing the professional conduct of physical therapists and physical therapist assistants.

448.53 Licensure of physical therapists.

(1) The examining board shall grant a license as a physical therapist to a person who does all of the following:

(a) Submits an application for the license to the department on a form provided by the department.

(b) Pays the fee specified in s. [440.05 \(1\)](#).

(c) Subject to ss. [111.321](#), [111.322](#) and [111.335](#), submits evidence satisfactory to the examining board that the applicant does not have an arrest or conviction record.

(d) Submits evidence satisfactory to the examining board that the applicant is a graduate of a school of physical therapy approved by the examining board, unless the examining board waives this requirement under sub. [\(3\)](#).

(e) Passes an examination under s. [448.54](#).

(f) If the person was educated at a physical therapy school that is not in the United States, the person satisfies any additional requirements for demonstrating competence to practice physical therapy that the examining board may establish by rule.

(2) The examining board may promulgate rules providing for various classes of temporary licenses to practice physical therapy.

(3) The examining board may waive the requirement under sub. [\(1\) \(d\)](#) for an applicant who establishes, to the satisfaction of the examining board, all of the following:

(a) That he or she is a graduate of a physical therapy school.

(b) That he or she is licensed as a physical therapist 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 approved by the licensing jurisdiction or of a school that the licensing jurisdiction evaluated for education equivalency.

(d) That he or she has actively practiced physical therapy, 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.

Cross-reference: See also chs. [PT 1](#), [3](#), and [4](#), Wis. adm. code.

448.535 **Licensure of physical therapist assistants.**

(1) The examining board shall grant a license as a physical therapist assistant to a person who does all of the following:

(a) Submits an application for the license to the department on a form provided by the department.

(b) Pays the fee specified in s. [440.05 \(1\)](#).

(c) Subject to ss. [111.321](#), [111.322](#), and [111.335](#), submits evidence satisfactory to the examining board that the applicant does not have an arrest or conviction record.

(d) Submits evidence satisfactory to the examining board that the applicant is a graduate of a physical therapist assistant educational program accredited by an agency that is approved by the examining board.

(e) Passes an examination under s. [448.54](#).

(2) The examining board may waive a requirement under sub. (1) (d) or (e), or both, for an applicant who establishes to the satisfaction of the examining board that he or she is licensed as a physical therapist assistant by another licensing jurisdiction in the United States. The examining board shall promulgate rules for granting a waiver under this subsection. The rules may require an applicant to satisfy additional requirements as a condition for granting a waiver.

448.54 Examination.

(1) The examining board shall conduct or arrange for examinations for physical therapist and physical therapist assistant licensure at least semiannually and at times and places determined by the examining board.

(2)

(a) Except as provided in sub. (3), examinations for physical therapist licensure shall consist of written or oral tests, or both, requiring applicants to demonstrate minimum competency in subjects substantially related to the practice of physical therapy.

(b) Examinations for physical therapist assistant licensure shall consist of written or oral tests, or both, requiring applicants to demonstrate minimum competency in the technical application of physical therapy services.

(3) Notwithstanding s. [448.53 \(1\) \(f\)](#), the examining board may not require an applicant for physical therapist licensure to take an oral examination or an examination to test proficiency in the English language for the sole reason that the applicant was educated at a physical therapy school that is not in the United States if the applicant establishes, to the satisfaction of the examining board, that he or she satisfies the requirements under s. [448.53 \(3\)](#).

Cross-reference: See also ch. [PT 2](#), Wis. adm. code.

448.55 Issuance of license; expiration and renewal.

(1) The department shall issue a certificate of licensure to each person who is licensed under this subchapter.

(2) The renewal dates for licenses granted under this subchapter, other than temporary licenses granted under rules promulgated under s. [448.53 \(2\)](#), are specified under s. [440.08 \(2\) \(a\)](#). Renewal applications shall be submitted to the department on a form provided by the department and shall include the renewal fee determined by the department under s. [440.03 \(9\) \(a\)](#) and proof of compliance with the requirements established in any rules promulgated under sub. (3).

(3) The examining board shall promulgate rules that require an applicant for renewal of a license to demonstrate continued competence as a physical therapist or physical therapist assistant.

Cross-reference: See also chs. [PT 8](#) and [9](#), Wis. adm. code.

448.56 Practice requirements.

(1) Written referral. Except as provided in this subsection and s. [448.52](#), a person may practice physical therapy only upon the written referral of a physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. [441.16 \(2\)](#). Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. [115.76 \(5\)](#), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient's plan of care; provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual's physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified under s. [441.16 \(2\)](#) who made the diagnosis. The examining board may promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.

(1m) Duty to refer.

(a) A physical therapist shall refer a patient to an appropriate health care practitioner if the physical therapist has reasonable cause to believe that symptoms or conditions are present that require services beyond the scope of the practice of physical therapy.

(b) The examining board shall promulgate rules establishing the requirements that a physical therapist must satisfy if a physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse prescriber makes a written referral under sub. [\(1\)](#). The purpose of the rules shall be to ensure continuity of care between the physical therapist and the health care practitioner.

(2) Fee splitting. No licensee or compact privilege holder may give or receive, directly or indirectly, to or from any other person any fee, commission, rebate, or other form of compensation or anything of value for sending, referring, or otherwise inducing a person to communicate with a licensee or compact privilege holder in a professional capacity, or for any professional services not actually rendered personally by the licensee or compact privilege holder or at the licensee's or compact privilege holder's direction.

(3) Billing by professional partnerships and corporations. If 2 or more physical therapists have entered into a bona fide partnership or have formed a service corporation for the practice of physical therapy, the partnership or corporation may not render a single bill for physical therapy services provided in the name of the partnership or corporation unless each physical therapist who provided services that are identified on the bill is identified on the bill as having rendered those services.

(4) Responsibility. A physical therapist is responsible for managing all aspects of the physical therapy care of each patient under his or her care.

(5) Patient records. A physical therapist shall create and maintain a patient record for every patient the physical therapist examines or treats.

(6) Physical therapist assistants. A physical therapist assistant may assist a physical therapist in the practice of physical therapy if the physical therapist provides direct or general supervision of the physical therapist assistant. The examining board shall promulgate rules defining "direct or general supervision"

for purposes of this subsection. Nothing in this subsection interferes with delegation authority under any other provision of this chapter.

(7) Ordering X-rays.

(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.

(b) When a physical therapist orders an X-ray, the physical therapist shall communicate with the patient's primary care physician or an appropriate health care practitioner to ensure coordination of care, unless all of the following apply:

1. A radiologist has read the X-ray and not identified a significant finding.
2. The patient does not have a primary care physician.
3. The patient was not referred to the physical therapist by another health care practitioner to receive care from the physical therapist.

Cross-reference: See also chs. [PT 6](#), [7](#), and [10](#), Wis. adm. code.

448.565 Complaints. The examining board shall promulgate rules establishing procedures and requirements for filing complaints against licensees and compact privilege holders and shall publicize the procedures and requirements.

448.567 Performance audits. The examining board shall promulgate rules that require the examining board on a periodic basis to conduct performance self-audits of its activities under this subchapter.

448.57 Disciplinary proceedings and actions.

(1) Subject to the rules promulgated under s. [440.03 \(1\)](#), the examining board may make investigations and conduct hearings to determine whether a violation of this subchapter or any rule promulgated under this subchapter has occurred.

(2) Subject to the rules promulgated under s. [440.03 \(1\)](#), the examining board may reprimand a licensee or compact privilege holder or may deny, limit, suspend, or revoke a license granted under this subchapter or a compact privilege if it finds that the applicant, licensee, or compact privilege holder has done any of the following:

- (a)** Made a material misstatement in an application for a license or for renewal of a license.

(am) Interfered with an investigation or disciplinary proceeding by using threats, harassment, or intentional misrepresentation of facts.

(b) Subject to ss. [111.321](#), [111.322](#), and [111.335](#), been convicted of an offense the circumstances of which substantially relate to the practice of physical therapy or assisting in the practice of physical therapy.

(bm) Been adjudicated mentally incompetent by a court.

(c) Advertised in a manner that is false, deceptive, or misleading.

(d) Advertised, practiced, or attempted to practice under another's name.

(e) Subject to ss. [111.321](#), [111.322](#), and [111.34](#), practiced or assisted in the practice of physical therapy while the applicant's, licensee's, or compact privilege holder's ability to practice or assist was impaired by alcohol or other drugs.

(f) Engaged in unprofessional or unethical conduct in violation of the code of ethics established in the rules promulgated under s. [448.527](#).

(fm) Engaged in sexual misconduct with a patient.

(g) Engaged in conduct while practicing or assisting in the practice of physical therapy which evidences a lack of knowledge or ability to apply professional principles or skills.

(h) Violated this subchapter or any rule promulgated under this subchapter.

(3)

(a) A licensee may voluntarily surrender his or her license to the examining board, which may refuse to accept the surrender if the examining board has received allegations of unprofessional conduct against the licensee. The examining board may negotiate stipulations in consideration for accepting the surrender of licenses.

(b) The examining board may restore a license that has been voluntarily surrendered under par. [\(a\)](#) on such terms and conditions as it considers appropriate.

(4) The examining board shall prepare and disseminate to the public an annual report that describes final disciplinary action taken against licensees and compact privilege holders during the preceding year.

(5) The examining board may report final disciplinary action taken against a licensee or compact privilege holder to any national database that includes information about disciplinary action taken against health care professionals.

Cross-reference: See also ch. [PT 7](#), Wis. adm. code.

448.58 Injunctive relief. If the examining board has reason to believe that any person is violating this subchapter or any rule promulgated under this subchapter, the examining board, the department, the attorney general or the district attorney of the proper county may investigate and may, in addition to any other remedies, bring an action in the name and on behalf of this state to enjoin the person from the violation.

448.59 Penalties. Any person who violates this subchapter or any rule promulgated under this subchapter may be fined not more than \$10,000 or imprisoned for not more than 9 months or both.

Chapter PT 5

PHYSICAL THERAPIST ASSISTANTS, UNLICENSED PERSONNEL, AND STUDENTS

PT 5.001 Authority and purpose.

PT 5.01 Practice and supervision of physical therapist assistants.

PT 5.02 Supervision of unlicensed personnel.

PT 5.03 Supervision of students.

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), 448.52 (1m) (c), and 448.56 (6), Stats., and govern the practice and supervision of physical therapist assistants and the supervision of unlicensed personnel, physical therapist students, and physical therapist assistant students.

History: CR 12-002: cr. Register August 2012 No. 680, eff. 9-1-12; CR 20-055: am. Register June 2021 No. 786, eff. 7-1-21.

PT 5.01 Practice and supervision of physical therapist assistants. (1) A physical therapist assistant 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. Electronic face-to-face communications may be used to fulfill this requirement. Audio-only telephone, email messages, text messages, facsimile transmission, mail or parcel service are not considered acceptable electronic communications.

(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 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; CR 20-055: am. (1) Register June 2021 No. 786, eff. 7-1-21; CR 20-056: am. (1) Register June 2021 No. 786, eff. 7-1-21; merger of (1) treatments by CR 20-055 and 20-056 made under s. 13.92 (4) (bm), Stats., Register June 2021 No. 786; EmR2128: emerg. am. (2) (b), (h), eff. 11-24-21; CR 21-079: am. (2) (b), (h) Register June 2022 No. 798, eff. 7-1-22.

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

(2) In providing direct, immediate, 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 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; CR 20-055: am. (1), (2) (intro.), (e), (g), (h) Register June 2021 No. 786, eff. 7-1-21; CR 20-056: am. (1), (2) (intro.) Register June 2021 No. 786, eff. 7-1-21; merger of (1), (2) (intro.) treatments by CR 20-055 and 20-056 made under s. 13.92 (4) (bm), Stats., Register June 2021 No. 786.

PT 5.03 Supervision of students. (1) Except as provided under sub. (2), a physical therapist shall provide direct, immediate, on-premises supervision of a student at all times.

(2) (a) A physical therapist providing supervision of a physical therapist assistant student under sub. (1) may delegate that supervision to a physical therapist assistant. The delegating physical therapist shall, as required under s. [PT 5.01](#), provide general supervision of the physical therapist assistant supervising the physical therapist assistant student.

(b) A physical therapist assistant supervising a physical thera-

pist assistant student under par. (a) shall provide face-to-face contact with the student, as necessary, and be physically present in the same building when a service is performed by the student.

(3) A physical therapist supervising a student under sub. (1) shall retain full professional responsibility for all physical therapy procedures and related tasks performed by the student, and shall delegate treatment plans and programs to the student in a manner consistent with the student's education, training, and experience.

(4) A physical therapist delegating supervision of a physical therapist assistant student to a physical therapist assistant under sub. (2) shall retain full professional responsibility for all physical therapy procedures and related tasks performed by the physical therapist assistant and by the physical therapist assistant student, and shall delegate treatment plans and programs to the physical therapist assistant student in a manner consistent with the student's education, training, and experience.

History: CR 20-055: cr. Register June 2021 No. 786, eff. 7-1-21.

FSBPT Report LIF Conference 2023

Saturday

Pre-Session: Attended the getting to know FSBPT session for newer members. The presentation centered on the mission of FSBPT of protecting the public through ensuring safety and quality of physical therapy practice. There was also conversation regarding the distinction between APTA and FSBPT. Areas of alignment such as ethical practice were noted as well as areas where FSBPT sees it's role as more public protection vs professional promotion.

Conference session: Opening session emphasized the value of relying on others who have more and/or varied experience in regulatory affairs as well as being open to seeing or hearing other ways to approach an issue, and be willing to share your experiences. Discussion of nominated slate of candidates and the goal of FSBPT nomination process. [2023 Candidate Statements](#) Proactive strategic planning for FSBPT was a topic of conversation. Continuing competence efforts from the FSBPT level was discussed along with the **Healthy Practice Self-Assessment** and the emphasis on proactive intervention and guiding people to safe practice vs punitive action and punishment. As a component of Healthy Practice is the 'sticky' problem of continued competence. As an example **Certlink** is a tool used for physician board specialty continued certification and was presented as something to explore. Ethics and Legislation updates include the 7th edition of **Model Practice Act (MPA)** <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Model-Practice-Act> , and **Telehealth** updates and work toward post-pandemic permanent changes to practice policy will be brought to APTA, resources mentioned "The digitally enabled PT". This will include definitions of digital health, telehealth, and standards of practice. **Universal Recognition** was discussed, the goal working toward licensure in one state would be licensable in other states (different from **compact privilege**). **Term and title protection** was discussed example Lifetime Fitness attempts to trademark 'DPT' dynamic personal training <https://www.lifetime.life/training-types/dynamic-personal-training.html> , FSBPT and APTA have retained counsel and are opposed. Resources have been developed to heighten awareness of **sexual misconduct**, this includes patient, provider, and licensing board resources. **Re-entry demographics task force** license lapse might be a rare issue, but a big challenge for the individual and can consume a lot of time on the regulatory side with questions etc. Recommend resources, FAQs, flowchart which staff and board members can direct inquiries to for the basics of re-entry.

Jurisdictional Grant Funding was discussed to enhance jurisdictional management Examination, Licensure, and Disciplinary Database (**ELDD**), Compact Privilege Promotion, and Work Force Study efforts. Those interested in grant funding opportunities should clarify if their jurisdiction allows accepting of external funds and contact FSBPT whatherhill@fsbpt.org . **Compact Privilege** current tally: Have it (37) Introduced legislation (6). Free FSBPT educators module on the website to help explain and educate students on the compact. **NPTE updates** Pass Rates -Down significantly (being seen in other professions as well), 2022 FPR 85% PT (down from 2017 high of 94%), NPTE researching pass rates, AI tools, fairness. FSBPT has resources for NPTE decisions regarding content, fairness, etc. Examination will be updated to include video and scenario (several questions generated from a single narrative) based questions will be component of the exam in 2024 with 40 items for PT and 35 items for PTA, there will be a reduction in the # of questions to keep total exam time the same. **DEI efforts** were discussed and the relationship with regulatory issues.

Sunday

Faculty qualifications task force best practice recommendations: in-person must have a license in the jurisdiction where the degree is conferred and where the training occurs. Many questions regarding this and complexities associated with distance education models and emerging compact privilege, creating a multiverse of scenarios. **CAPTE update** APTA has served as the parent organization. Hired consultants to reorganize and innovate. CAPTE commission is being reorganized to focus on specific needs (ie developing programs), rolling out a new structure of onsite reviews, and a new set of standards are all being rolled out. **Workforce:** Data and stakeholder groups continue to study workforce projections and needs. **FSBPT Web** resources were discussed and include challenging situations (Non-CAPTE accredited graduate, criminal history, cannabis and practice). FSBPT has a **research agenda** of core areas, strategic planning as to what gets funded. Based on survey of health patients who had a complaint about service only about 1/3 used the regulatory board so there is room to raise awareness and promote board activity. Keys to success shared include follow-up and personal contact. Website being developed as repository for regulatory related research. **ELDD** an important step for public protection, creates a unique identifier with updated licensing and timely reporting of any incidents. Use of API (application program interface) and grant funding for implementation can make this feasible for all jurisdictions. **Consumer Protection Rating (CPR)** is a way to assess the regulatory situation in each jurisdiction with regard to ELDD. Wisconsin is meeting 2 of the 3 critical reporting metrics (licensure data and disciplinary data). The remaining metric is for retaining the FSBPT unique identifier. An area of discussion was how public to make ELDD data. If a licensee is working in your jurisdiction, should the public be able to easily access information? An example shared from another profession was docinfo <https://www.docinfo.org/about-docinfo/>. **Digital Health** there is an emerging market of AI and digitally designed "PT" which patients can access. How will this be addressed by the regulatory community?

Monday

MPA Workshop

Tom Ryan Board Executive Administrator, Lynn Steffes PT and APTA WI payment specialist and Steve Johnson PT and Examining Board Member spent Monday July 17th participating in a Model Practice Act (MPA) workshop supported by FSBPT. As participants we reviewed the main categories of the 7th edition of the MPA and compared it to the WI practice act. In general the WI practice act contains language similar to most of the MPA categories. There was some excellent discussion regarding opportunities to more closely review the MPA in relation to the WI practice act, improve dialogue between APTA WI and PTEB, and best serve the residents of WI. One topic raised during the MPA review was the performance of physical therapy with animals which the WI practice act is currently silent about. The other issue raised involves the current supervisory language in the WI practice act in the context of digital health/telehealth rules which have been relaxed since the pandemic.

Submitted by Steve W Johnson PT attendee at the 2023 LIF Conference