Wisconsin Department of Safety and Professional Services
Division of Policy Development
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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
PHYSICAL THERAPY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
February 5, 2025

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 November 13, 2024 (4-5)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition
1) Introduction and Welcome – DSPS Secretary Hereth

E. Administrative Matters – Discussion and Consideration (6-27)
1) Department, Staff and Board Updates
2) 2025 Meeting Dates (6)
3) Annual Policy Review (7-9)
4) Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities (10-27)
5) Board Members – Term Expiration Dates
   a. Brewer, Kate – 7/1/2028
   b. Bulkow, Brad – 7/1/2027
   c. Carter, Barbara – 7/1/2025
   d. Johnson, Steven W. – 7/1/2025
   e. McEldowney, Todd – 7/1/2025

F. Legislative and Policy Matters – Discussion and Consideration

G. Wellness Self-Assessment Tool – Presentation and Appearance – Richard Woolf, Chief Professional Officer, Federation of State Boards of Physical Therapy (28-62)

H. Administrative Rule Matters – Discussion and Consideration (63-102)
1) Scope Statement: PT 1, relating to compact privilege process clarification **(64-65)**
2) Drafting: PT 1 and 5, relating to telehealth and supervision of PTAs **(66-101)**
3) Pending or Possible Rulemaking Projects **(102)**

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

J. Physical Therapy Examining Board 2024 Annual Report (103-105)

K. Speaking Engagements, Travel, or Public Relation Requests, and Reports

1) Consideration of Attendance:
   a. FSBPT 2025 Regulatory Workshop, April 24-26, 2025 – Alexandria, VA or Virtual
   b. FSBPT 2025 Leadership Issues Forum, July 19-20, 2025 – Arlington, VA
   c. FSBPT 2025 Annual Education Meeting, October 23-25, 2025 – Spokane, WA

L. 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

M. 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 DLSC Matters

1) Administrative Warnings

a. 24 MED 0017 – K.M.H. **(106-107)**

O. 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

P. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

S. Delegation and Ratification of Examinations, Licenses and Certificates

ADJOURNMENT

NEXT MEETING: MAY 14, 2025

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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 any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. 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
NOVEMBER 13, 2024

PRESENT: Kate Brewer, PT; Brad Bulkow, PT; Barbara Carter, PTA; Steven Johnson, PT

ABSENT: Todd McEldowney

STAFF: Brad Wojciechowski, Executive Director; Jameson Whitney, Legal Counsel; Sofia Anderson, Administrative Rule Coordinator; Tracy Drinkwater, Board Administration Specialist; and other Department Staff

CALL TO ORDER

Steven Johnson, Chairperson, called the meeting to order at 8:30 a.m. A quorum was confirmed with four (4) members present.

ADOPTION OF AGENDA

MOTION: Steven Johnson moved, seconded by Kate Brewer, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF AUGUST 7, 2024

MOTION: Steven Johnson moved, seconded by Kate Brewer, to approve the Minutes of August 7, 2024, as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Delegation of Authorities

Delegation to Monitoring Liaison

MOTION: Steven Johnson moved, seconded by Kate Brewer, to delegate authority to the Monitoring Liaison(s) to make any determination on Orders under monitoring and to refer to the Full Board any matter the Monitoring Liaison deems appropriate. Motion carried unanimously.

Delegation to Department Monitor

MOTION: Barbara Carter moved, seconded by Brad Bulkow, to delegate authority to the Department Monitor as outlined below:

1. to grant reinstatement of licensure if education and/or costs are the sole condition of the order and the credential holder has submitted the required proof of completion for approved courses and paid the costs.
2. to suspend the license if the credential holder has not completed Board ordered education and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof of completion and/or payment has been received.

3. to suspend the license (or remove stay of suspension) if a credential holder fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if credential holder ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. to grant or deny approval when a credential holder proposes treatment providers, mentors, and supervisors unless the Order specifically requires full-Board or Board designee approval.
5. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete Board ordered continuing, disciplinary, or remedial education.
6. to grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by a credential holder.
7. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete a Board ordered evaluation or exam.

Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Potential rule project: PT 1, relating to compact privilege

MOTION: Steven Johnson moved, seconded by Kate Brewer, to request DSPS staff draft a Scope Statement PT 1, relating to compact privilege. Motion carried unanimously.

2025 Biennial Report on Administrative Rules pursuant s. 227.29, Stats.

MOTION: Steven Johnson moved, seconded by Barbara Carter, to authorize the Chairperson, or highest-ranking officer, or longest serving member of the board, in order of succession, to review and approve the report required under Wis. Stat. 227.29 for submission in March 2025 to the Joint Committee for Review of Administrative Rules. Motion carried unanimously.

DELEGATION AND RATIFICATION OF EXAMINATIONS, LICENSES AND CERTIFICATES

MOTION: Steven Johnson moved, seconded by Kate Brewer, 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: Barbara Carter moved, seconded by Brad Bulkow, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:08 a.m.

PHYSICAL THERAPY EXAMINING BOARD
2025 MEETING DATES

Meeting Date	Start time	Location	Agenda Item Deadline
Wednesday, February 5, 2025	8:30 AM	Virtual	**1/24/25**
Wednesday, May 14, 2025	8:30 AM	Virtual	**5/2/25**
Wednesday, August 6, 2025	9:30 AM	Virtual	**7/25/25**
Wednesday, November 5, 2025	8:30 AM	Virtual	**10/24/25**

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brenda Taylor, Board Services Supervisor		**2) Date when request submitted: 12/1/2024**	
3) Name of Board, Committee, Council, Sections: All Boards			
4) Meeting Date: First Meeting of 2025	**5) Attachments:** ☒ Yes	**6) How should the item be titled on the agenda page?** Administrative Matters: Annual Policy Review	
7) Place Item in: ☒ Open Session	**8) Is an appearance before the Board being scheduled?** ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	

10) Describe the issue and action that should be addressed: Board SharePoint Site: https:/dsps.boards.wisconsin.gov/

Please be advised of the following Policy Items:

1. **In-Person and Virtual Meetings:** Depending on the frequency of scheduled meetings, discussion topics, and member availability, DSPS may host one or more in-person meetings. Virtual connection options are available for all board meetings.

2. **Attendance/Quorum:** Thank you for your service and commitment to meeting attendance. If you cannot attend a meeting or have scheduling conflicts impacting your attendance, please let us know as soon as possible. A quorum is required for Boards, Sections, and Councils to meet pursuant to Open Meetings Law. Connect to / arrive at meetings 10 minutes before posted start time to allow for audio/connection testing, and timely Call to Order and Roll Call. Virtual meetings include viewable onscreen materials and A/V (speaker/microphone/video) connections.

3. **Walking Quorum:** Board/Section/Council members must not collectively discuss the body's business outside a properly noticed meeting. If several members of a body do so, they could be violating the open meetings law.

4. **Mandatory Training:** All Board Members must complete Public Records and Ethics Training, annually. Register to set up an account in the Cornerstone LearnCenter online portal or Log in to an existing account.

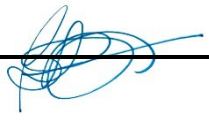
5. **Agenda Deadlines:** Please communicate agenda topics to your Executive Director before the agenda submission deadline at 12:00 p.m., eight business days before a meeting. (Attachment: Timeline of a Meeting)

6. **Travel Voucher and Per Diem Submissions:** Please submit all Per Diem and Reimbursement claims to DSPS within 30 days of the close of each month in which expenses are incurred. (Attachment: Per Diem Form) Travel Vouchers are distributed on travel approval.

7. **Lodging Accommodations/Hotel Cancellation Policy:** Lodging accommodations are available to eligible members for in-person meetings. Standard eligibility: the member must leave home before 6:00 a.m. to attend an in-person meeting by the scheduled start time.
    a. If a member cannot attend a meeting, they must cancel their reservation with the hotel within the applicable cancellation timeframe.
    b. If a meeting is changed to occur remotely, is canceled, or rescheduled, DSPS staff will cancel or modify reservations as appropriate.

8. **Inclement Weather Policy:** In inclement weather, the DSPS may change a meeting from an in-person venue to a virtual/teleconference only**.**

11) Authorization



12/02/2024

Directions for including supporting documents:
1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director**

Timeline of a Meeting

8 business days prior to the meeting: All agenda materials are due to the Department by 12:00 pm, 8 business days prior to the meeting date.

7 business days prior to the meeting: The draft agenda page is due to the Executive Director. The Executive Director transmits to the Chair for review and approval.

5 business days prior to the meeting: The approved agenda is returned to the Board Administration Specialist for agenda packet production and compilation.

4 business days prior to the meeting: Agenda packets are posted on the DSPS Board SharePoint site and on the Department website.

Agenda Item Examples:

- Approval of the Agenda and previous meeting Minutes
- Open Session Items
  - Public Hearings (relating to Administrative Rules)
  - Administrative Matters
  - Legislation and Policy Matters
  - Administrative Rules Matters
  - Credentialing Matters
  - Education and Exam Issues
  - Public Agenda Requests
  - Current Issues Affecting the Profession
  - Public Comments
- Closed Session items
  - Deliberations on Proposed Disciplinary Actions
    - Stipulations
    - Administrative Warnings
    - Case Closings
    - Monitoring Matters
    - Professional Assistance Procedure (PAP) Issues
  - Proposed Final Decisions and Orders
  - Orders Fixing Costs/Matters Relating to Costs
  - Credentialing Matters
  - Education and Exam Issues

Thursday of the Week Prior to the Meeting: Agendas are published for public notice on the Public Notices and Meeting Minutes website: **publicmeetings.wi.gov**.

1 business day after the Meeting: "Action" lists are distributed by staff detailing board actions on closed session business.

5 business days after the Meeting: "To Do" lists are distributed to staff to ensure that board decisions are acted on and/or implemented within the appropriate divisions in the Department. Minutes approved by the board are published on the the Public Notices and Meeting Minutes website: **publicmeetings.wi.gov**.

Department of Safety and Professional Services
PER DIEM REPORT

INSTRUCTIONS: Record board-related activities by date, indicate relevant purpose code, the duration of time spent in B-code activities, location, and activity description. Only one $25.00 per diem payment will be issued on any given calendar day. Submit one form per month and within 60 days of the last activity being reported. Send completed forms to your Board's Administrative Specialist.

Purpose Codes:

A CODE **Official meetings including Board Meetings, Hearings and Examinations and Test Development Sessions** (automatic day of per diem) Examples: board, committee, board training or screening panels; Senate Confirmation hearings, legislative and disciplinary hearings, or informal settlement conferences; test administration, test review or analysis events, national testing events, tour of test facilities, etc.

B CODE **Other** (One (1) per diem will be issued for every five (5) hours spent in category B, per calendar month): i.e., review of disciplinary cases, consultation on cases, review of meeting materials, board liaison work, e.g., contacts regarding Monitoring, Professional Assistance Procedure, Credentialing, Education and Examinations

Name of Examining Board or Council	Board or Council Member's Name
Month Year	Employee ID Number

Date	Purpose Code **A or B**	Duration of **B activity** **Hours: Minutes**	Where Performed **(Home, DSPS, or City, State)**	Activity **Describe Activity Performed (see purpose codes)**
TOTALS				

CLAIMANT'S CERTIFICATION The Board/Council member named above, certifies, in accordance with § 16.53, Wis. Stats., that this account for per diem, is just and correct; and that this claim is for service necessarily incurred in the performance of duties required by the State, as authorized by law. (Rev.04/24)

Board Member Approval & Date: _____

TOTAL DAYS CLAIMED: _____ @ $25.00 = _____ Supervisor Approval & Date: _____

PHYSICAL THERAPY EXAMINING BOARD

2024 Elections and Liaison Appointments

2024 ELECTION RESULTS	
Chairperson	Steven Johnson
Vice Chairperson	Kate Brewer
Secretary	Barbara Carter

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Barbara Carter, Brad Bulkow *Alternate:* Kate Brewer
Education and Examinations Liaison(s)	Steven Johnson, Barbara Carter *Alternate:* Brad Bulkow
Monitoring Liaison(s)	Steven Johnson, Todd McEldowney *Alternate: Vacant*
Professional Assistance Procedure (PAP) Liaison(s)	Steven Johnson *Alternate*: Todd McEldowney
Legislative Liaison(s)	Steven Johnson *Alternate:* Barbara Carter
Travel Authorization Liaison(s)	Barbara Carter *Alternate:* Steven Johnson
Website Liaison(s)	Barbara Carter, Brad Bulkow *Alternate:* Todd McEldowney
Compact Liaison	Kate Brewer *Alternate*: Brad Bulkow
Screening Panel	Steven Johnson, Todd McEldowney *Alternate:* Kate Brewer

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Paralegal Richanda Turner, on behalf of Attorney Jameson Whitney		**2) Date when request submitted:** 01/16/25 **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: 02/05/25	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Reaffirming 2024 delegations and new 2025 delegations	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	
10) Describe the issue and action that should be addressed: The Board members need to review and consider reaffirming 2024 delegations and new delegations for 2025.			
11)	**Authorization**		
Richanda Turner		*01/16/25*	
Signature of person making this request		**Date**	
Supervisor (Only required for post agenda deadline items)		**Date**	
Executive Director signature (Indicates approval for post agenda deadline items)		**Date**	

Directions for including supporting documents:

1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

CORRESPONDENCE / MEMORANDUM

DATE: January 1, 2025

TO: Board, Council, and Committee Members

FROM: Legal Counsel

SUBJECT: Liaison Definitions and Delegations Explanations

Overall Purpose of Liaison Appointments

Each Board/Section (Board) has inherent authority that is established in our Wisconsin Statutes. This authority may change from Board to Board. Further information on your Board's authority can be found in Wis. Stat. ch. 15. Generally, each Board has authority to grant credentials, discipline credential holders, and set standards for education and examinations. In order to efficiently accomplish these tasks, Boards may appoint Liaisons. Liaisons assist with the operations of the Boards' purpose by weighing in on legislative matters, traveling to national conferences, or communicating with stakeholders.

The Department asks that each year the Boards make Liaison appointments to assist the Board and Department to accomplish these tasks in an efficient manner. Your practical knowledge and experience, as an appointed member of a professional board, are essential in making determinations regularly. The Liaison positions listed below assist the Department to complete operations between Board meetings. In most cases, Liaisons can make decisions for the full Board in their designated area. However, these areas are determined through the delegation process. Please note, a Liaison may also decide to send the delegated matter to the full Board for consideration as appropriate. Delegations assist the Board in defining the roles and authorities of each Liaison and other Board functions.

Liaison Definitions

Credentialing Liaison: The Credentialing Liaison is empowered by the Board to review and make determinations regarding certain credential applications. The Credentialing Liaison may be called on by Department staff to answer questions that pertain to qualifications for licensure, which may include whether a particular degree is suitable for the application requirements, whether an applicant's specific work experience satisfies the requirements in statute or rule for licensure, or

whether an applicant's criminal or disciplinary history is substantially related to the practice of the profession in such a way that granting the applicant a credential would create a risk of harm to the public. Questions will likely be sent by Department staff to the Credentialing Liaison via email and may include application materials. The Credentialing Liaison serves a very important role in the credentialing process.

Monitoring Liaison: The Monitoring Liaison is empowered by the Board to make decisions on any credential that is limited either through a disciplinary order or initial licensure. The Department Monitors will send requests from credential holders to the Monitoring Liaison. These requests vary wildly. A common request could be to remove a limitation that has been placed on a credential or to petition for full licensure. The Monitoring Liaison can review these requests and make decisions on behalf of the Board. The Board has the authority to grant decision making latitude to their liaison to any degree. If the Monitoring Liaison has a question on a request, it is advisable for the Liaison to consult further with Department staff or bring the matter to the full Board for consideration.

Professional Assistance Procedure (PAP) Liaison: PAP is a voluntary program open to credential holders with substance abuse issues who wish to seek help by being held accountable through treatment and monitoring by the Department and Board. As part of PAP, the credential holder enters into an agreement with the Department to undergo testing, counseling, or other rehabilitation. The PAP Liaison's role includes responding to credential holders' requests for modifications and terminations of provisions of the agreement. Similar to the Monitoring Liaison, the Department Monitors will send requests from credential holders to the PAP Liaison for further review.

Education and Examination Liaison: Some Boards are required by statute or rule to approve qualifying education and examinations. The Education and Examination Liaison provides guidance to Department staff to exercise authority of the Board to approve or decline examinations and educational programs. This determination requires a level of professional expertise and should be performed by a professional member of the Board. For some Boards, the Education and Examination Liaison will also be tasked with approving continuing education programs and courses.

Legislative Liaison: The Legislative Liaison is permitted to act and speak on the Board's behalf regarding pending and enacted legislation or actions being considered by the legislature outside of Board meetings. The Legislative Liaison is not the Board's designated lobbyist and should exercise their delegated authority carefully.

Travel Authorization Liaison: The Travel Authorization Liaison is authorized to approve a Board member to travel to events and speak or act on the Board's behalf between Board meetings. The Travel Authorization Liaison is called upon to make decisions when sufficient notice was not received, and the full Board could not determine a representative to travel. The Travel Authorization Liaison is tasked with making determinations if the Board appointed representative is not able to attend or if the Board becomes authorized to send additional members as scholarship and funding streams can be unpredictable.

Communication Liaison: The Communication Liaison responds to questions that arise on behalf of the Board. The Communication Liaison works with the Department to cultivate an appropriate response which will be sent by the Executive Director or Board Counsel. The Communication Liaison **can** be responsible for all types of communication on behalf of the Board. However, the Board can appoint a separate **Website Liaison** to work with DSPS staff to make changes and ensure the Board webpage contains updated and accurate information. Additionally, for the Boards that are required by statute to produce a newsletter or digest, the Board can appoint a separate **Newsletter/Digest Liaison** to assemble and approve content for those communications.

Screening Panel Members: Screening Panel Members review incoming complaints against credential holders and determine which complaints should be opened for investigation and which complaints should be closed without further action. The complexity and amount of work in this role depends substantially on your Board. As a member of the Screening Panel, you are asked to apply your professional expertise to determine if a complaint alleges unprofessional conduct.

Delegations Explanations

CREDENTIALING DELEGATIONS

The overall purpose of credentialing delegations is to allow the credentialing process to proceed as efficiently and effectively as possible.

Delegation of Authority to Credentialing Liaison (Generic)

MOTION EXAMPLE: to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications.

PURPOSE: To allow a representative of the Board to assist Department staff with credentialing applications and eliminate the need for the entire Board to convene to consider credential application content or questions. Additionally, it is most efficient to have the designated liaison who has assisted with the credentialing process be able to effectuate decisions which require a signature.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION EXAMPLE: to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review.

PURPOSE: To permit Department staff to efficiently issue credentials and eliminate the need for Board/Section/Liaison review when all credentialing legal requirements are met in an application. This delegation greatly decreases workload on Board members and cuts down processing time on applications.

Delegation of Authority for Predetermination Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f).

PURPOSE: In general, the Wisconsin Fair Employment Act (codified in Wis. Stat. Ch. 111) prohibits licensing agencies from discriminating against applicants because of their arrest and/or conviction record. However, there are exceptions which permit denial of a license in certain circumstances. Individuals who do not possess a license have a legal right to apply for a determination of whether they are disqualified from obtaining a license due to their conviction record. This process is called "Predetermination." Predetermination reviews must be completed within 30 days. This delegation allows Department Attorneys to conduct predetermination reviews and efficiently make these legal determinations without need for Board/Section/Liaison review.

Delegation of Authority for Conviction Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the relevant professional practice.

PURPOSE: As used here, "substantially related" is a legal standard that is used in the Wisconsin Fair Employment Act. The concept of what is "substantially related" is informed by case law. This delegation permits Department Attorneys to independently conduct conviction reviews and efficiently approve applications if convictions are not substantially related to the practice of the profession. Applications that contain conviction records that may be substantially related to the practice of a profession will still be submitted to the Credentialing Liaison for input.

Delegation to DSPS When Applicant's Disciplinary History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where Applicant's prior discipline has been approved for a previous credential and there is no new discipline.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison for a lower-level credential.

Delegation to DSPS When Applicant's Conviction History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous credential and there is no new conviction record.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of conviction history that has already been reviewed and approved for a lower-level credential.

Delegation of Authority for Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to review and approve reciprocity applications in which the out of state license requirements meet Wisconsin license requirements. (specific legal standards are referenced in the motion depending on credential/profession type).

PURPOSE: Applications via reciprocity or endorsement require comparison of Wisconsin licensing requirements to the licensing requirements of another jurisdiction. These reviews consider the legal standard for reciprocity, which varies by profession, as well as the specified legal requirements to obtain licensure in the profession. This delegation permits Department Attorneys to independently conduct reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Military Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09.

PURPOSE: The law permits service members, former service members, and their spouses to be licensed if they hold licensure in other jurisdictions that qualify them to perform acts authorized by the credential they are seeking in Wisconsin. This is a shortened path to licensure that does not require meeting the specific requirements/standards for licensure/reciprocity in a profession. By law, the Department/Board must expedite the issuance of a reciprocal license via military reciprocity. This delegation permits Department Attorneys to independently conduct military reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Application Denial Reviews

MOTION EXAMPLE: to delegate authority to the Department's Attorney Supervisors to serve as the Board designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential.

PURPOSE: When an application is denied, the applicant has a legal right to appeal the denial determination. Applicants must meet a specified legal standard in order to have an appeal granted. Additionally, Wisconsin law sets specific time frames for appeal decisions. This delegation permits Department Attorney Supervisors to independently review and efficiently act on requests for hearing as a result of a denial of a credential.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION EXAMPLE: to delegate authority to Department Attorneys to approve a legal matter in connection with a renewal application when that same/similar matter was already addressed by the Board and there are no new legal issues for that credential holder.

PURPOSE: The intent of this delegation is to be able to approve prior discipline by the Board for the renewal applicant. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison.

Delegation to Department Attorneys to Approve Prior Discipline

MOTION EXAMPLE: to delegate authority to Department Attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing.

PURPOSE: In order to continue improving processing application legal reviews in a timely matter, this delegation gives Department Attorneys authority to approve prior professional discipline which meets all of the following criteria: (1) it is at least ten years old; (2) it resulted in a monetary penalty, remedial education, and/or reprimand; and (3) the previously disciplined credential is currently in good standing.

MONITORING DELEGATIONS

The overall purpose of monitoring delegations is to be able to enforce the Boards orders and limited licenses as efficiently and effectively as possible. Monitoring delegations have two categories: delegations to the Monitoring Liaison and delegations to the Department Monitor.

Delegation of Authority to Department Monitor

MOTION EXAMPLE: to delegate authority to the Department Monitor:

a. to grant full reinstatement of licensure if education is the only limitation and credential holder has submitted the required proof of course completion.
b. to suspend the credential if the credential holder has not completed Board ordered education, paid costs, paid forfeitures, within the time specified by the Board Order.
c. to lift a suspension when compliance with education and costs provisions have been met.

PURPOSE: These delegations allow for the Department Monitor to automatically act on requests when certain criteria are met or not met without needing to burden the Monitoring Liaison. The Board can set their own criteria for what actions they would like to be handled by the Department, the Monitoring Liaison, and the full Board.

Delegation of Authority to Monitoring Liaison

MOTION EXAMPLE: to delegate authority to the Monitoring Liaison to approve or deny all requests received by the credential holder.

PURPOSE: These delegations allow the Board to set criteria for what decisions can be made by the Board member(s) serving as the Monitoring Liaison and what matters should be decided by the full Board.

Education and Examination Delegations

MOTION EXAMPLE: to delegate authority to the Education and Examination Liaison(s) to address all issues related to qualifying education, continuing education and examinations. Motion carried unanimously. (Differs by Board)

PURPOSE: Some Boards are responsible for approving qualifying educational programs or continuing education courses. A delegation is executed in order for an Education and Examination Liaison to make these determinations on behalf of the Board and with assistance of the Department. Additionally, some Boards review examinations and individual scores to qualify for a credential.

MISCELLANEOUS DELEGATIONS

Document Signature

MOTION EXAMPLE: to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION EXAMPLE: in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director, Board Counsel, or DPD Division Administrator the authority to sign on behalf of a Board member as necessary. Motion carried unanimously.

PURPOSE: To take the action approved at Board meetings, the Department may need to draft correspondence and/or Orders after the meetings have adjourned. These actions then need to be signed by a Board Member. This interaction usually takes place over email and a Board member can authorize the use of his/her signature that is kept on file.

Urgent Matters

MOTION EXAMPLE: in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

PURPOSE: Allows for quick responses to urgent matters that may need Board approval or for which the Department requires guidance from the Board.

Delegation to Chief Legal Counsel-Due to Loss of Quorum

MOTION EXAMPLE**:** to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

PURPOSE: Sometimes Boards can struggle to meet quorum necessary to conduct business. This happens for a multitude of reasons, but this delegation allows for the Boards to have disciplinary cases decided by Chief Legal Counsel if the Board fails to meet quorum for two consecutive meetings.

Delegation to Chief Legal Counsel-Stipulated Resolutions

MOTION EXAMPLE: to delegate to the Department's Chief Legal Counsel (CLC) the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that CLC only act on such matters when the best interests of the Board, Department, and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

PURPOSE: For matters of public safety, it may be necessary to take immediate action on a stipulated agreement rather than allowing a credential holder to continue practicing unencumbered until the next scheduled meeting. This delegation allows CLC to act on behalf of the Board when there is a stipulated agreement. A stipulated agreement is an agreement to which all relevant parties have consented to the terms.

Voluntary Surrenders

MOTION: to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter.

MOTION: to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19.

PURPOSE: Credential holders can ask the Boards to accept surrender of their credentials at any time. These delegations are in place for the different situations that arise from those requests. If a credential holder is seeking to surrender their credential because they wish to leave the profession, that can be processed with this delegation by the Department if they have no pending disciplinary complaints. If the credential holder wishes to surrender while they have a pending disciplinary complaint, that request is reviewed by the individual Board member assigned to the case.

DLSC Pre-screening

MOTION EXAMPLE: to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases where the credential holder has failed to respond to allegations contained in the complaint when requested by intake (case will be opened on failure to respond and the merits of the complaint).

PURPOSE: Pre-screening delegations exist so the Board can define specific parameters where the Department can review disciplinary complaints and open those cases if they meet certain criteria. Boards also have the authority to set certain criteria that would allow the Department to review and close a case if the criteria is met.

Delegation to Handle Administrative Rule Matters

MOTION EXAMPLE: to delegate authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried unanimously.

PURPOSE: In order to advance the administrative rules process, action may need to occur between meetings. This allows for quick responses to urgent matters that may need Board approval or for which the Department requires guidance from the Board.

PHYSICAL THERAPY EXAMINING BOARD
2024 DELEGATIONS
FEBRUARY 7, 2024
NOVEMBER 13, 2024

All Combined Delegations for 2024

Document Signature Delegations

MOTION: Shari Berry moved, seconded by Barbara Carter, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Shari Berry moved, seconded by John Greany, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Shari Berry moved, seconded by Barbara Carter, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Shari Berry moved, seconded by Todd McEldowney, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

Delegation to Chief Legal Counsel for Stipulated Resolutions

MOTION: Shari Berry moved, seconded by Barbara Carter, to delegate to DSPS Chief Legal Counsel the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous

behavior, and where the signed stipulation is received between Board meetings. The Board further requests that CLC only act on such matters when the best interests of the Board, Department and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

Monitoring Delegations

Delegation of Authorities for Legal Counsel to Sign Monitoring Orders

MOTION: Barbara Carter moved, seconded by Shari Berry, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

Delegation to Monitoring Liaison

MOTION: Steven Johnson moved, seconded by Kate Brewer, to delegate authority to the Monitoring Liaison(s) to make any determination on Orders under monitoring and to refer to the Full Board any matter the Monitoring Liaison deems appropriate. Motion carried unanimously.

Delegation to Department Monitor

MOTION: Barbara Carter moved, seconded by Brad Bulkow, to delegate authority to the Department Monitor as outlined below:

1. to grant reinstatement of licensure if education and/or costs are the sole condition of the order and the credential holder has submitted the required proof of completion for approved courses and paid the costs.
2. to suspend the license if the credential holder has not completed Board ordered education and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof of completion and/or payment has been received.
3. to suspend the license (or remove stay of suspension) if a credential holder fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if credential holder ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. to grant or deny approval when a credential holder proposes treatment providers, mentors, and supervisors unless the Order specifically requires full-Board or Board designee approval.

5. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete Board ordered continuing, disciplinary, or remedial education.
6. to grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by a credential holder.
7. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete a Board ordered evaluation or exam.

Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Shari Berry moved, seconded by Barbara Carter, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Shari Berry moved, seconded by Barbara Carter, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegation of Authority for Predetermination Reviews

MOTION: Shari Berry moved, seconded by Steven Johnson, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

Delegation of Authority for Conviction Reviews

MOTION: Shari Berry moved, seconded by Steven Johnson, to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice of physical therapy. Motion carried unanimously.

Delegation to DSPS When Applicant's Discipline History Has Been Previously Reviewed

MOTION: Shari Berry moved, seconded by Todd McEldowney, to delegate authority to Department staff to approve applications where Applicant's prior

discipline has been approved for a previous physical therapy credential and there is no new discipline. Motion carried. Opposed: John Greany

Delegation to DSPS When Applicant's Conviction History Has Been Previously Reviewed

MOTION: Shari Berry moved, seconded by Barbara Carter, to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous physical therapy credential and there is no new conviction record. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Shari Berry moved, seconded by Steven Johnson, that the Department's Attorney Supervisors are authorized to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Delegation of Authority for Military Reciprocity Reviews

MOTION: Shari Berry moved, seconded by Barbara Carter, to delegate authority to the Department Attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09. Motion carried unanimously.

Pre-Screening Delegation to Open Cases

MOTION: Shari Berry moved, seconded by Steven Johnson, to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases as outlined below:

1. OWIs of 3 or more that occurred in the last 5 years.
2. Reciprocal discipline cases.
3. Impairment and/or diversion at work that includes a positive drug/alcohol test or admission by respondent.
4. Conviction of a misdemeanor or felony that the attorney believes is substantially related and is not otherwise excluded from consideration via Wis. Stat. ch. 111.
5. No response from the respondent after intake requested a response (case would be opened for the failure to respond issue as well as the merits).

Motion carried unanimously.

Pre-Screening Delegation to Close Cases

MOTION: Shari Berry moved, seconded by Barbara Carter, to delegate pre-screening decision making authority to the DSPS screening attorney for closing cases as outlined below:

1. One OWI that is non-work related and if AODA assessment completed, assessment does not indicate dependency.
2. Complaints that even if allegations are true, do not amount to a violation of law or rules.

Motion carried unanimously.

Voluntary Surrenders

MOTION: Shari Berry moved, seconded by Todd McEldowney, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

MOTION: Shari Berry moved, seconded by Steven Johnson, to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19. Motion carried unanimously.

Education and Examination Liaison(s) Delegation

MOTION: Todd moved, seconded by Barbara Carter, to delegate authority to the Education and Examination Liaison(s) to address all issues related to education, continuing education, and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Shari Berry moved, seconded by Barbara Carter, to authorize DSPS staff to provide national regulatory related bodies with all board member contact information that DSPS retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Barbara Carter moved, seconded by Shari Berry, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Barbara Carter moved, seconded by Shari Berry, to delegate authority to the Legislative Liaison(s) to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Authorization Liaison Delegation

MOTION: Barbara Carter moved, seconded by Steven Johnson, to delegate authority to the Travel Authorization Liaison(s) to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

Website Liaison(s) Delegation

MOTION: Shari Berry moved, seconded by Barbara Carter, to authorize to the Website Liaison(s) to act on behalf of the Board in working with Department staff to identify and execute website updates. Motion carried unanimously.

Compact Liaison(s) Delegation

MOTION: Shari Berry moved, seconded by Todd McEldowney, to delegate to the Compact Liaison the authority to act and answer questions on any matters related to the Physical Therapy Licensure Compact. Motion carried unanimously.

Delegation to Approve Performance Self-Audit Report

MOTION: [Board member name] moved, seconded by [Board member name], to authorize the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession) to review and approve the performance self-audit report required by Wis. Stat. § 448.567, for filing with the Legislature.

Delegation to Department Attorneys to Approve Prior Discipline

MOTION: [Board member name] moved, seconded by [Board member name], to delegate authority to Department Attorneys to approve an applicant's prior professional discipline which resulted in a forfeiture/fine/other monetary penalty, remedial education, and/or reprimand, that is 10 years old or older, and the previously disciplined credential is currently in good standing. Motion carried [ ].

Delegation to Handle Administrative Rule Matters

MOTION: [Board member name] moved, seconded by [Board member name], to delegate authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to act on behalf of the Board regarding administrative rule matters between meetings. Motion carried [ ].

Review and Approval of 2024 Delegations including new modifications

MOTION: [Board member name] moved, seconded by [Board member name], to reaffirm all delegation motions made in 2024, as reflected in the February 5, 2025 agenda materials**,** which were not otherwise modified or amended during the February 5, 2025 meeting. Motion carried [ ].

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Jennifer Garrett, DSPS Deputy Secretary		**2) Date when request submitted:** 1/3/25 **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: 2/5/25	**5) Attachments:** ☐ Yes ☒ No	**6) How should the item be titled on the agenda page?** Wellness Self-Assessment Tool – Presentation and Appearance – Richard Woolf, Chief Professional Officer, Federation of State Boards of Physical Therapy (FSBPT)	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☒ Yes ☐ No	**9) Name of Case Advisor(s), if applicable:** N/A	
10) Describe the issue and action that should be addressed: Richard Woolf from the Federation of State Boards of Physical Therapy (FSBPT)			
11) **Authorization** **Signature of person making this request**		**Date**	
Supervisor (Only required for post agenda deadline items)		**Date**	
Executive Director signature (Indicates approval for post agenda deadline items)		**Date**	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			

Healthy Practice Resource

HRRI Healthcare Regulatory Research Institute

Home About Wellbeing New Technology Behavior and Discipline Competence Workforce

HRRI creates a forum for the exchange of information and ideas and to pursue research and education to enhance regulation in support of public protection.

Public Protection through Licensee Well-Being & Healthy Practice

Current continuing competence paradigm

Primary focus on meeting minimum legal standards

CE = proxy for ensuring “continuing competence”

CE alone doesn’t ensure competence/prevent harm

Proposed FSBPT Guidelines for Continuing Professional Development (CPD)

Public protection through licensee well-being and healthy practice

Encourage licensees to engage in CPD

Encourage employers to create supportive environments that support

Elements of FSBPT's Guidelines for Continuing Professional Development

Jurisprudence & Ethics Assessment

Practice/Work (Skills and Knowledge) Self-Inventory

Healthy Practice Self-Inventory

www.fsbpt.org/continuingcompetence

Elements of FSBPT's Guidelines for Continuing Professional Development

Healthy Practice
Self-Inventory

Healthy Practice

Personal

- Physical Well Being
- Emotional Well Being
- Social Well Being
- Mental Well Being
- Demographic Characteristics
- Financial Well Being

Healthy Practice

Individual

Personal

Physical Well Being

- healthy lifestyle
- physical activity
- diet
- sleep
- able to meet physical requirements of your position
- free from abuse (physical, chemical) or addiction

Emotional Well Being

- Emotional Quotient (EQ)
- personality traits
- empathetic
- resilience/stress management
- self esteem
- work/life integration
- sense of meaning
- spiritual well being
- personal values
- ethics
- morals
- free from abuse

Social Well Being

- adequate support system
- connection with friends/community
- family dynamics
- life changing events

Demographic Characteristics

- age
- gender
- practice location
- career stage,
- being a new graduate
- practice transitions

Mental Well Being

- harnessing one's attention to stay focused
- processing information
- effective management of mental health issues
- free from abuse or addiction

Financial Well Being

- reasonable debt to income ratio
- debt management
- financial literacy
- living within your means
- rainy day fund

Physical Well Being

- healthy lifestyle
- physical activity
- diet
- sleep
- able to meet physical requirements of your position
- free from abuse (physical, chemical) or addiction

Healthy Practice = conditions under which safe, effective, and ethical practice is most likely to thrive

Awareness of Risks & Supports — will include a self assessment of the items below

Individual

Practice

- Relational Competence
- Core Values/ Professionalism
- Professional Engagement
- Use of Evidence in Decision-Making
- Use of Outcome Measures to Evaluate Practice Effectiveness
- Evaluation of One's Practice Performance

Personal

- Physical Well Being
- Emotional Well Being
- Social Well Being
- Mental Well Being
- Demographic Characteristics
- Financial Well Being

Practice Environment

Support and Culture

- Supports for Pursuit of Professional Well Being
- Resources for Professional Development
- Compassion from (and for) Colleagues, Professionals, Patients, and Self
- Wellness Programs: Physical, Social, and Emotional

Organizational

- Systems/ Infrastructure/ Technical Support
- Operational Processes
- Compliance
- Ethics
- Performance Expectations

Healthy Practice

Organizational

- Systems/ Infrastructure/ Technical Support
- Operational Processes
- Compliance
- Ethics
- Performance Expectations

Healthy Practice Guidelines

Practice Environment

Organizational

Systems/Infrastructure /Tech Support

- electronic medical records system
- technological hardware and software
- billing systems
- adequate staffing: both professional and support

Operational Processes

- performance management including regular appraisals
- documentation and reporting requirements
- how organization responds to professionals' concerns
- roles of professionals in process improvement

Compliance

- compliance with scope of practice, insurance, state and federal law
- compliance with supervision requirements

Ethics

- administrative support for ethical practice
- mission and values congruent with the professional Codes of Ethics
- relationship between workload demands and clinical decision making
- code(s) of conduct
- priorities of the organization

Performance Expectations

- productivity standards and responsibilities
- job descriptions
- job specific competencies
- administrative burden

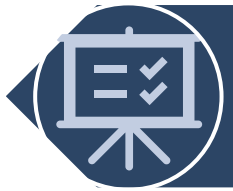
Ethics

- administrative support for ethical practice
- mission and values congruent with the professional Codes of Ethics
- relationship between workload demands and clinical decision making
- code(s) of conduct
- priorities of the organization

Purpose of the Healthy Practice Self-Assessment Resource (HPR)

A self-reflection on the user's professional well-being

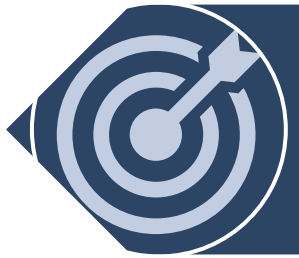
Catered support resources based on responses



Brief feedback summary in each module, but no overall summative feedback

It is not a punitive or remedial measure, nor an evaluation

Purpose of the Healthy Practice Self-Assessment Resource (HPR)



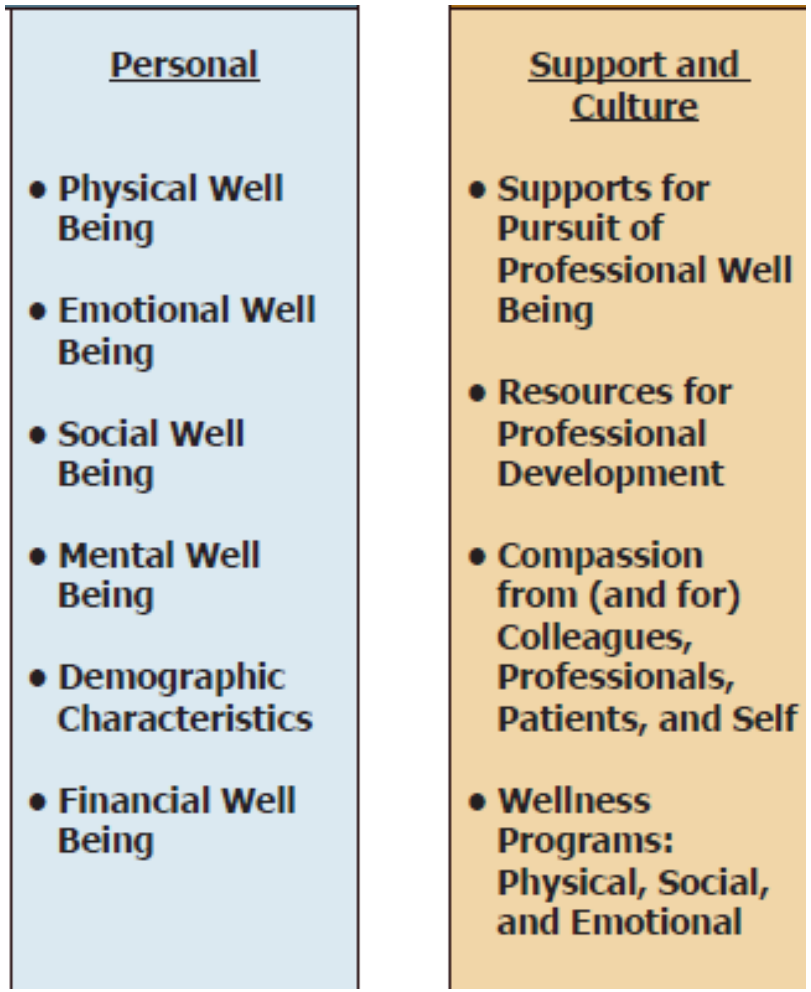
Does not set a quantitative standard for “acceptably healthy” practice

Not intended for licensure decisions

Scores and responses are confidential

Goal of the Healthy Practice Self-Assessment

- Some elements of the Healthy Practice Framework **are** internal experiences:
- Create a resource to help practitioners check their own "vital signs" in these areas
  - Evidence-based
  - Modular
  - Supportive
  - Full spectrum of healthy practice



The HPR Story: How Did We Get Here?

Identified 72 measures of personal, workplace, and nonwork factors relevant to healthy practice.

Over 400 items!

Pilot tested items with 2 samples of physical therapists and physical therapist assistants.

Combined N = 755 people.

The HPR Story: How Did We Get Here?

Pilot Test Phase I (Fall 2022)

107 people completed all 10 modules

Pilot Test Phase II (Spring/Summer 2023)

648 people completed 1-2 modules each

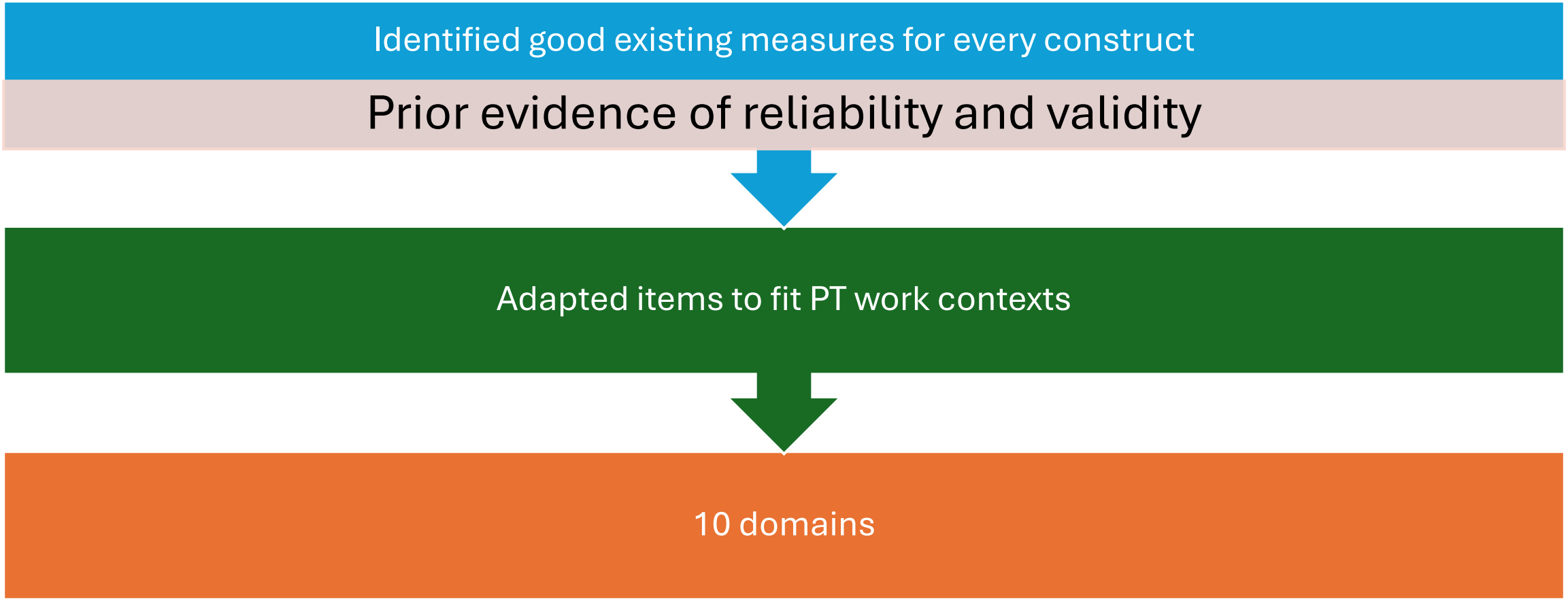
What Did We Do with Pilot Test Data?

- Allowed us to **revise & refine**
- Choose the **most informative items**
- Efficiency without losing information

The HPR Story: Where are We Now

- Identified specific psychological **constructs** relevant to each of the Healthy Practice domains. For example:

Building the Measures



Connecting Users to Resources

Currently – curated information to dig deeper and learn more

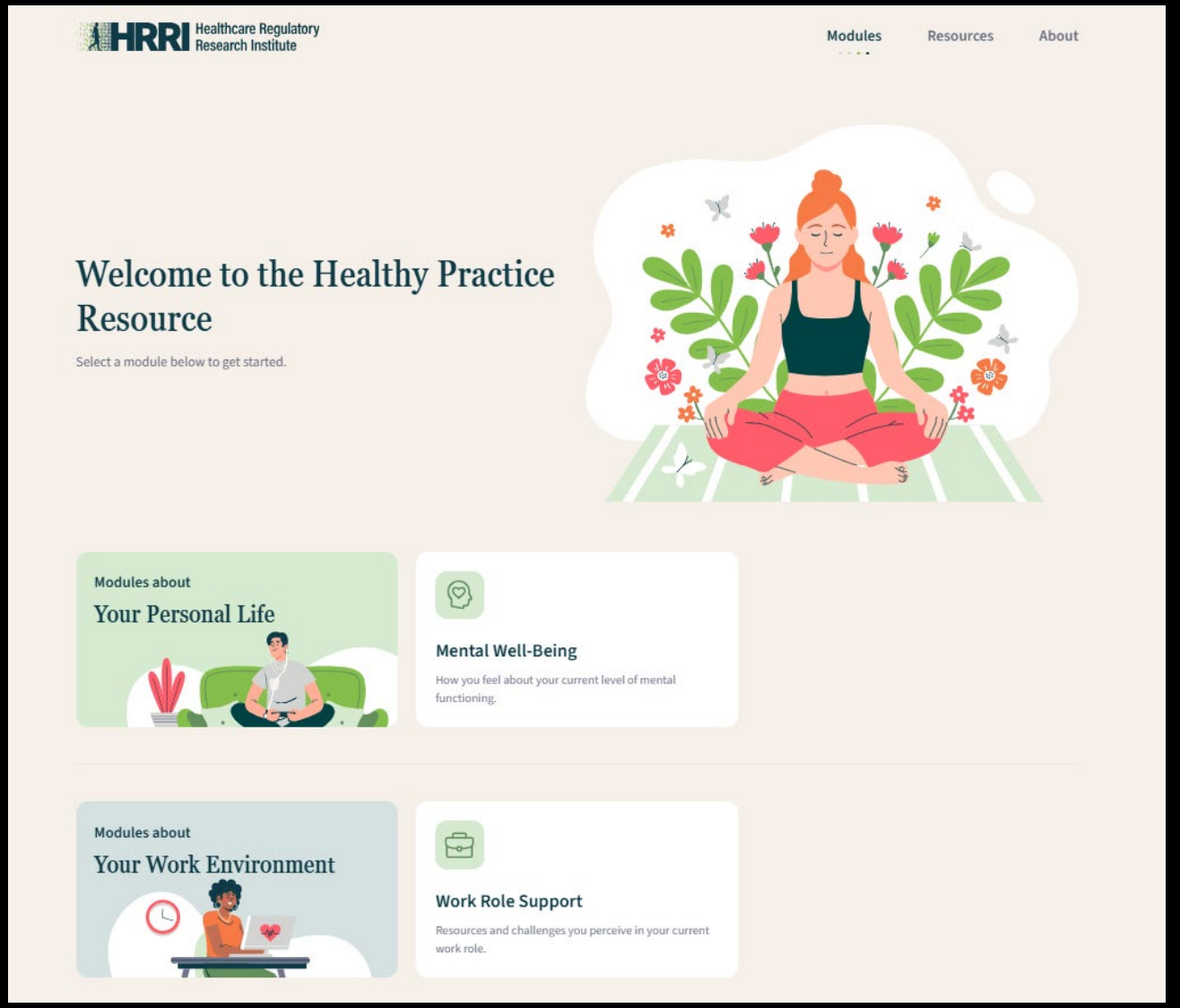
Long-term Goals

Industry-wide resources (e.g.: APTA)

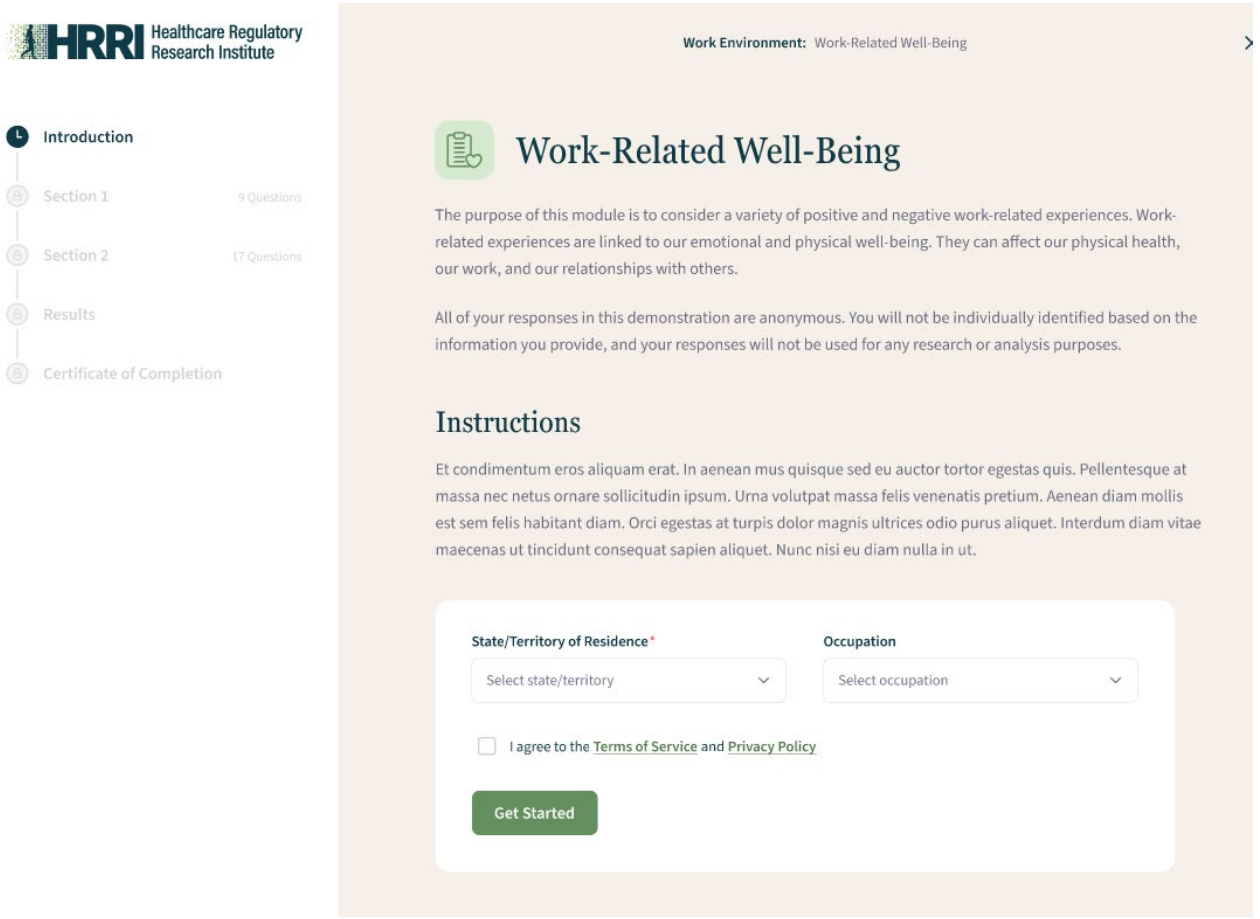
Jurisdiction-specific resources

Coming soon!

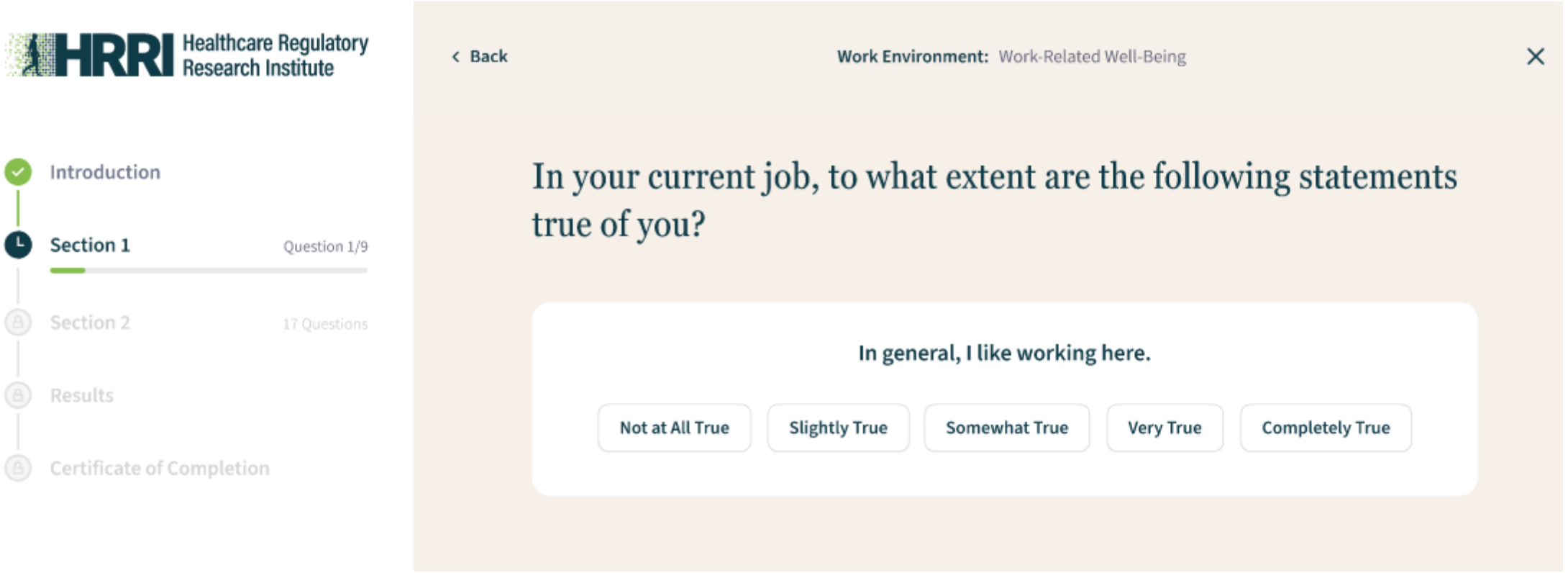
Healthy Practice Resource



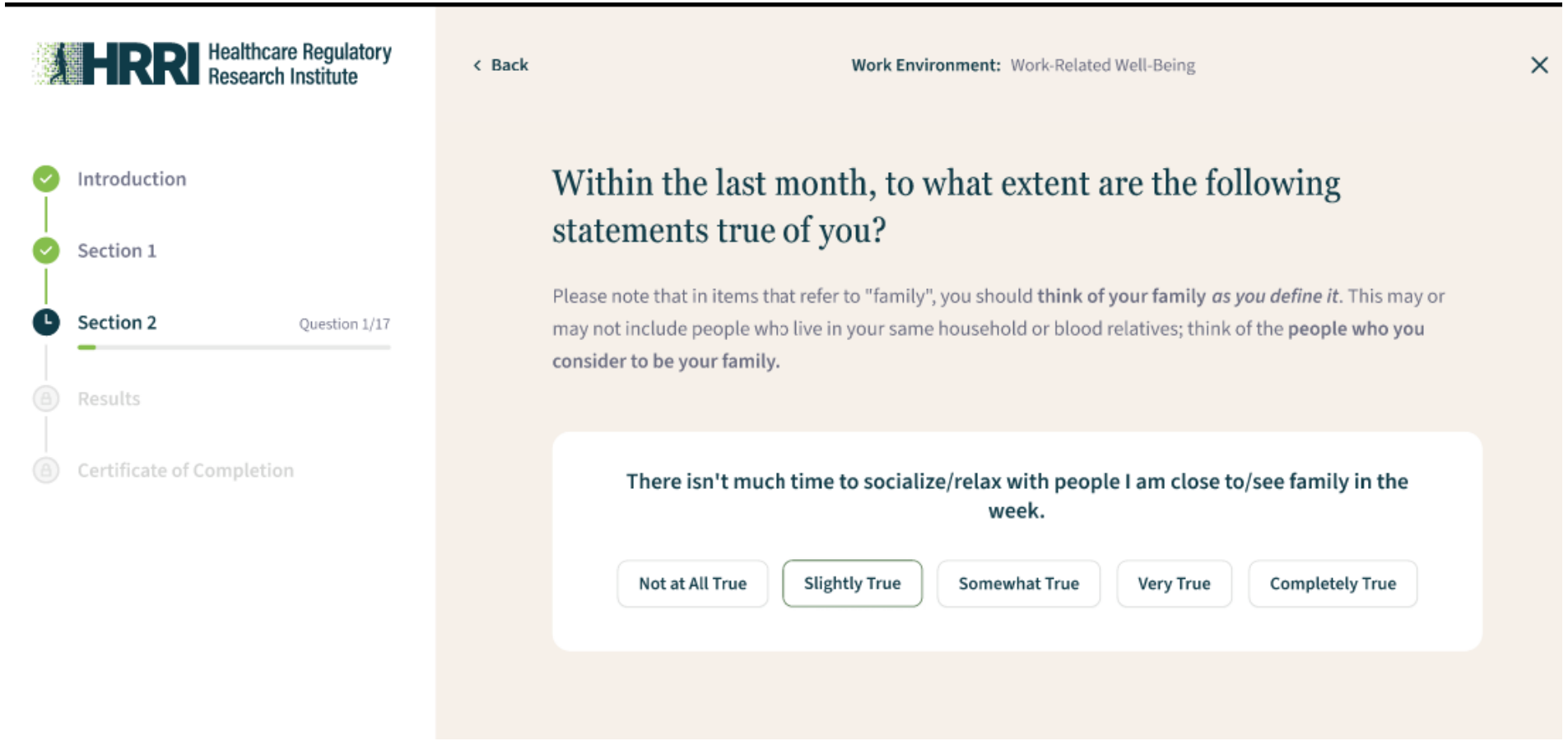
Starting the Module



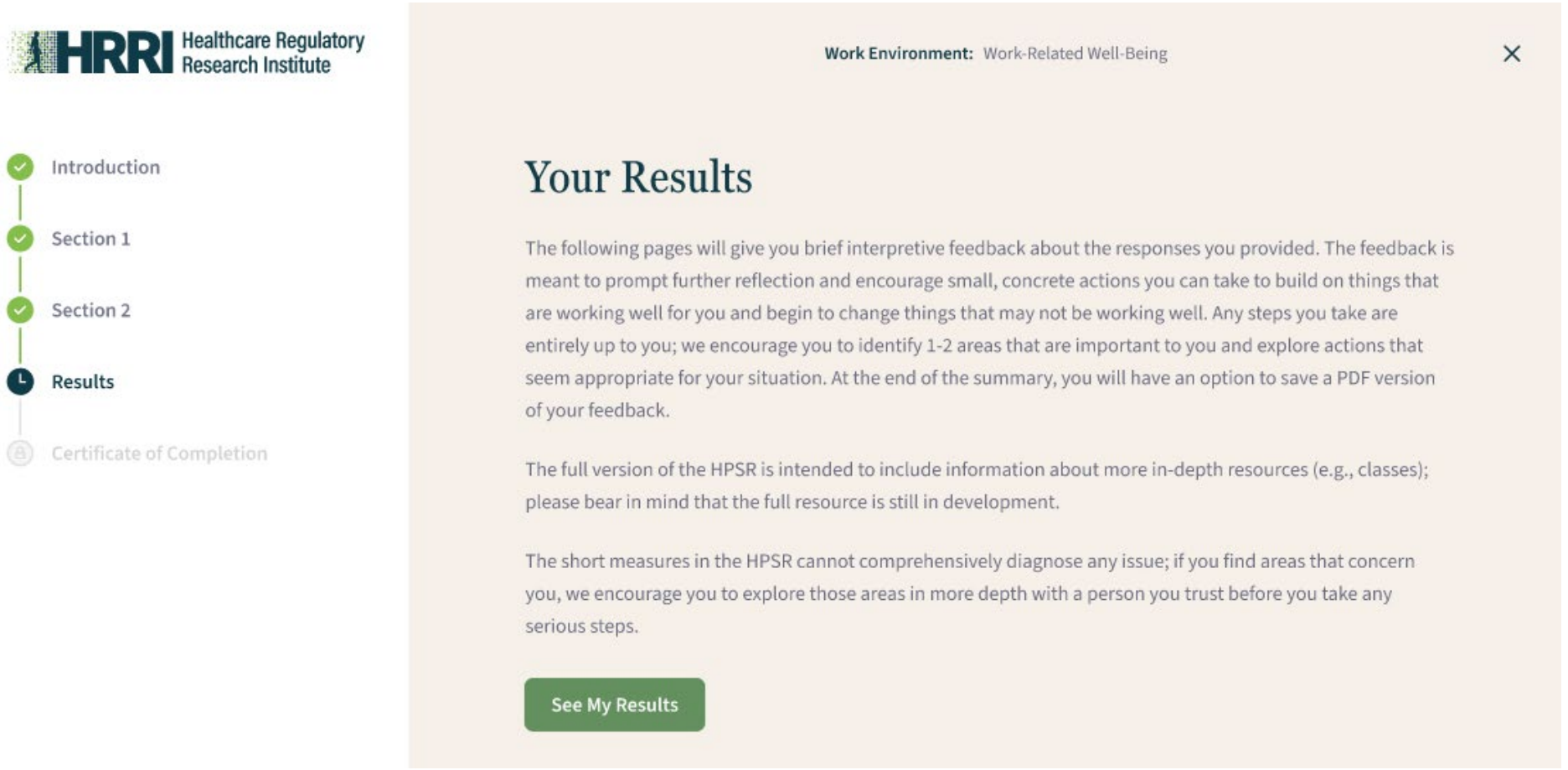
Example of a Question



Example of a Question



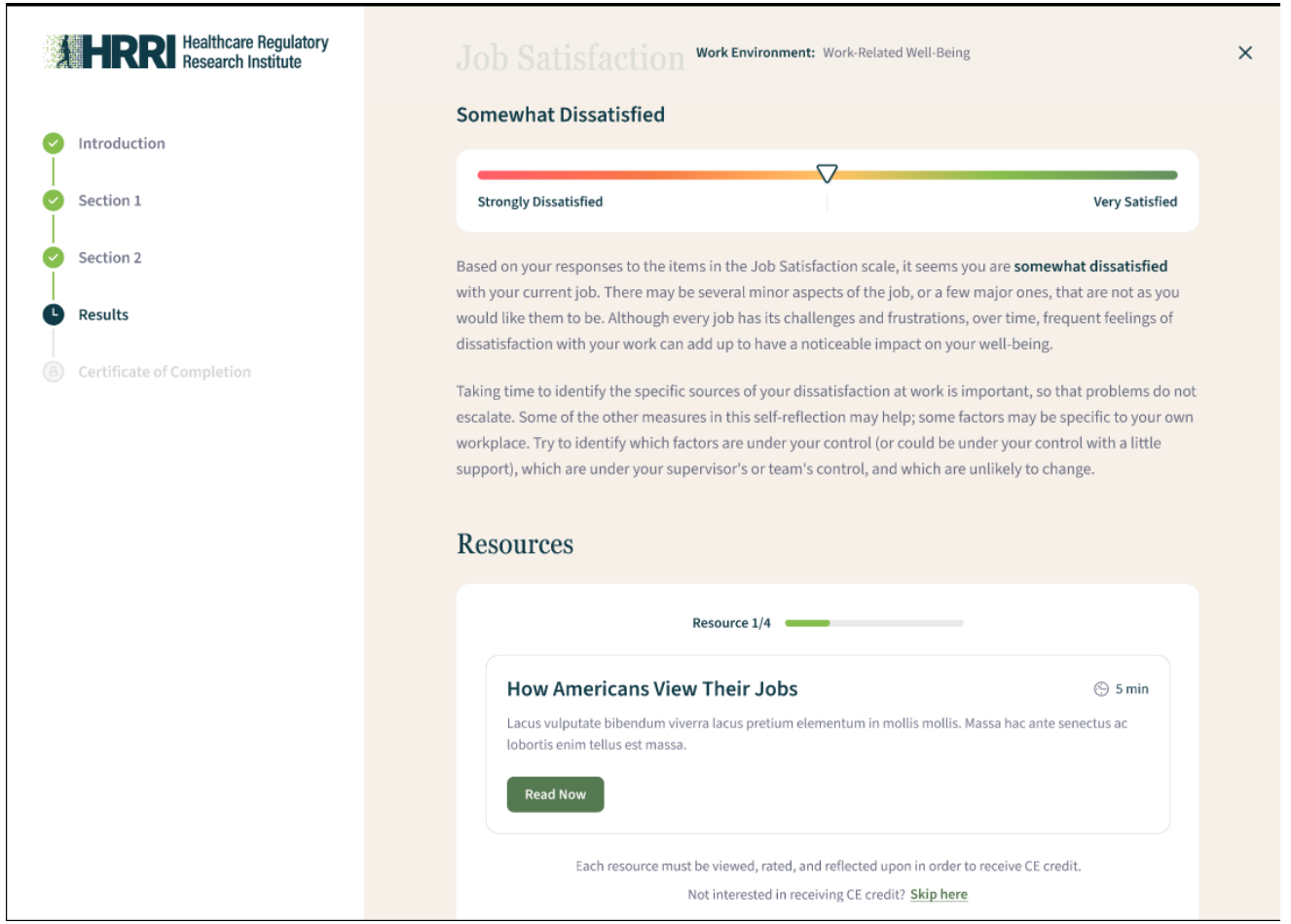
Results Info



Self-Reflection

- Answering the questions isn’t the self-reflection
  - Real self-reflection happens as your **process** and respond to the feedback
  - Prompts to **dig deeper, learn more, start conversations,** and **take action**

Results Info



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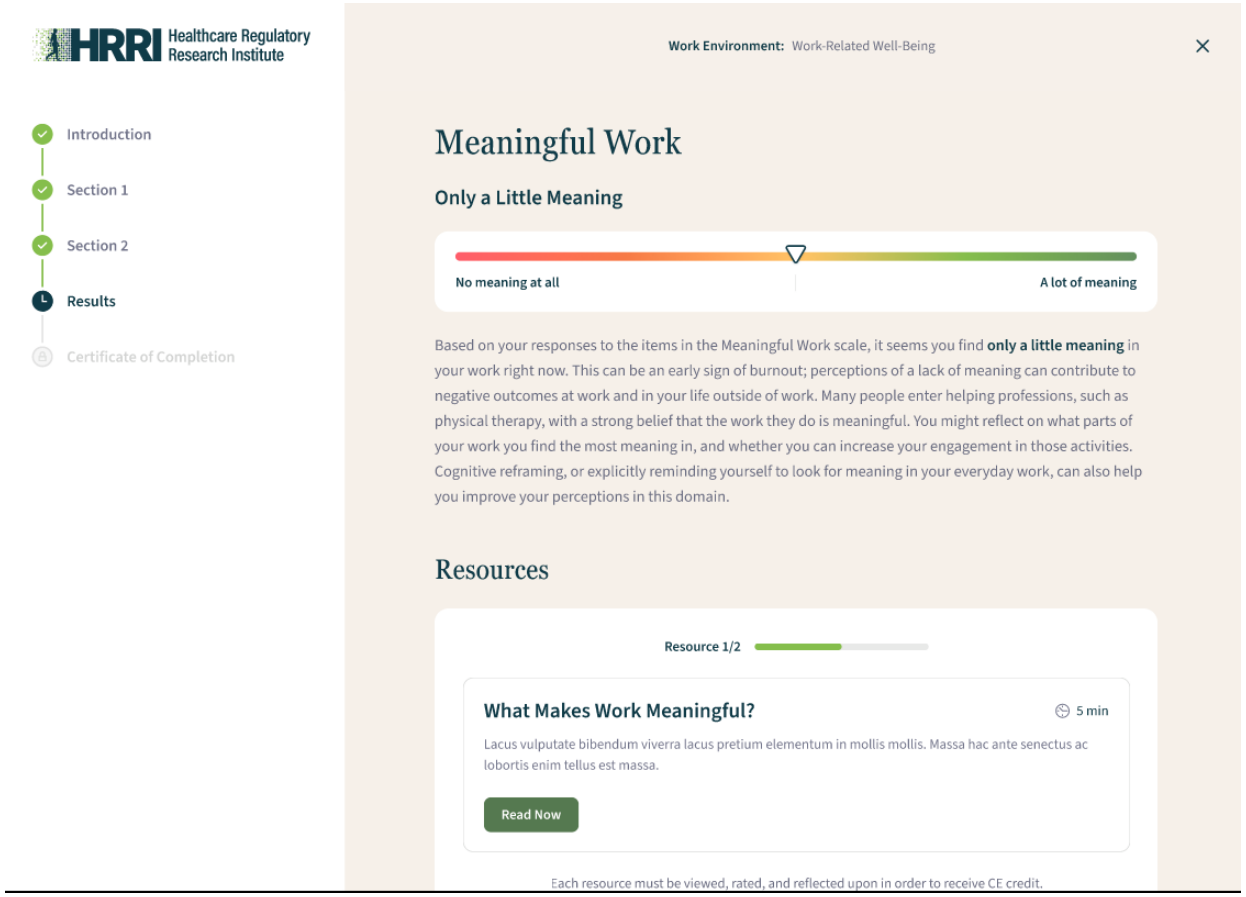
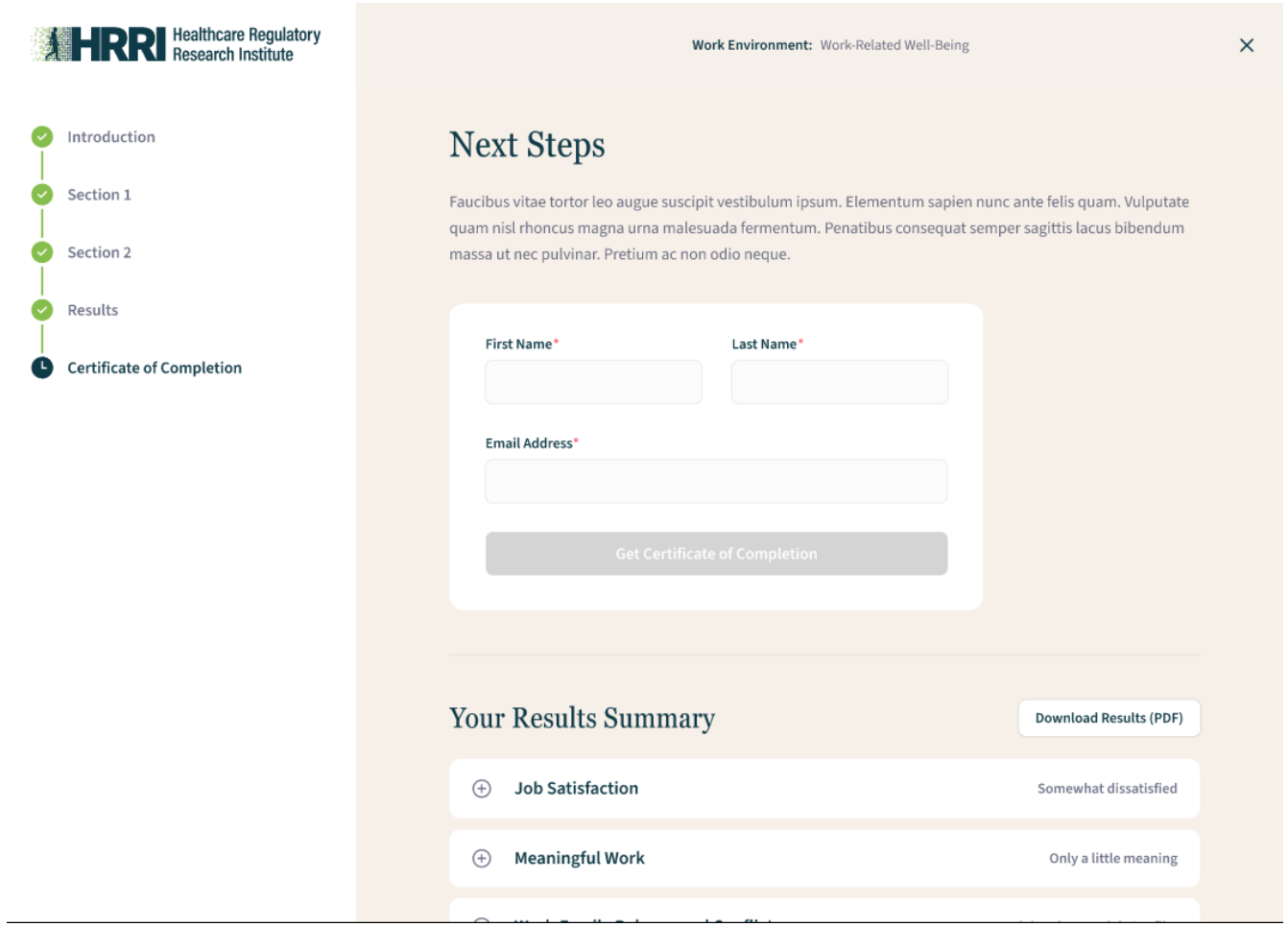


Privacy and Security

- Scores and responses are confidential
- Any data that could identify an individual user only provided to the user
- Nothing reported to licensing boards

Getting a Certificate of Completion



Certificate of Completion

Interested in Learning More?

- https://www.hrri.org/healthy-practice

- https://www.fsbpt.org/Free-Resources/Continuing-Competence

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:** 01/24/2025 **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: February 5, 2025	**5) Attachments:** ☒ **Yes** ☐ **No**	**6) How should the item be titled on the agenda page?** Administrative Rule Matters – Discussion and Consideration 1. Scope Statement: PT 1, relating to compact privilege process clarification. 2. Drafting: PT 1 and 5, relating to telehealth and supervision of PTAs. 3. Pending or Possible Rulemaking Projects.
7) Place Item in: ☒ **Open Session** ☐ **Closed Session**	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete **Appearance Request** for Non-DSPS Staff)* ☐ **Yes** ☒ **No**	**9) Name of Case Advisor(s), if required:** N/A

10) Describe the issue and action that should be addressed:

Attachments:

- Scope Statement: PT 1, relating to compact privileges process clarification.
- PT 1 & 5 chapter redline.
- 4-state analysis.
- APTA – Supervision of Physical Therapist Assistants under Medicare.
- FSBPT – Telehealth in Physical Therapy Policy Recommendations.
- Physical Therapy Rules Chart

11) Authorization

SAnderson

01/24/2025

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.

Revised 03/2021

STATEMENT OF SCOPE

PHYSICAL THERAPY EXAMINING BOARD

Rule No.: PT 1

Relating to: Compact privilege process clarification

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The Board intends to clarify and update its rules to implement the Compact and ensure clarity and consistency with applicable Wisconsin statutes.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The Board has identified the need to clarify the compact privilege requirements process in order to comply with the Physical Therapy Licensure Compact process set forth in subchapter XI of chapter 448 of the Wisconsin Statutes and the Physical Therapy Compact Commission.

The alternatives of either partially updating or not updating these rules would be potential conflict with the process established by the Physical Therapy Compact Commission and confusion of stakeholders who want to practice in Wisconsin with a compact privilege to practice physical therapy.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides that an examining board "[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 227.11 (2) (a), Stats., provides that "[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute…"

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

80 hours

6. List with description of all entities that may be affected by the proposed rule:

Individuals applying for or holding a license or compact privilege to practice physical therapy in Wisconsin.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Sofia Anderson, DSPSAdminRules@wisconsin.gov

Approved for publication:

Authorized Signature

Date Submitted

Approved for implementation:

Authorized Signature

Date Submitted

Chapter PT 1

LICENSE AND COMPACT PRIVILEGE TO PRACTICE PHYSICAL THERAPY

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), 448.53 (1), and 448.986 (3), 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., and the granting of compact privileges under subch. IX of ch. 448, Stats.

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.

(11e) "Physical therapist" has the meaning given in s. 448.50 (3), Stats.

(11m) "Physical therapist assistant" has the meaning given in s. 448.50 (3m), Stats.

(11n) "Physical therapist assistant student" means a person enrolled in a physical therapist assistant educational program approved by the board who performs physical therapy procedures and related tasks consistent with the person's education, training, and experience under the direct, immediate, on-premises supervision of a physical therapist or under the supervision of a physical therapist assistant as authorized by s. PT 5.03 (2).

(11r) "Physical therapist student" means a person enrolled in a physical therapist educational program approved by the board who performs physical therapy procedures and related tasks consistent with the person's education, training, and experience under the direct, immediate, on-premises supervision of a physical therapist.

(11s) "Physical therapy" has the meaning given in s. 448.50 (4), Stats.

(11w) "Student" means a physical therapist student or physical therapist assistant student.

(12) "Supervisor" means a person holding a regular license as a physical therapist issued under s. 448.53 (1), Stats., or a physical therapist compact privilege granted by the board who is competent to coordinate, direct, and inspect the accomplishments of another physical therapist, physical therapist assistant, student, or temporary licensee. "Supervisor" does not include a person holding a license issued under ch. PT 3 or 4.

(12m) "Telehealth" has the meaning given in s. 440.01 (1) (hm), Stats.

(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, physical therapist assistant, or student who performs patient related tasks consistent with the person's education, training and experience under the direct, immediate, on-premises supervision of a physical therapist.

PT 1.03 Licensure requirements.

(1) Except as provided under subs. (3) and (4), 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 from the department of safety and professional services' website at www.dsps.wi.gov.

(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 required under this paragraph shall be obtained from a board-approved foreign graduate evaluation service, based upon submission to the evaluation service of all 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 that 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 by calling (608) 266-2112.

(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) The applicant is a graduate of a physical therapy school or a physical therapist assistant educational program.

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

(c) The jurisdiction in which the applicant is licensed required the applicant 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) The applicant 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 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.

(4) A reciprocal license to provide physical therapy services shall be granted to a service member, a former service member, or the spouse of a service member or former service member who the board determines meets all of the requirements under s. 440.09 (2), Stats. Subject to s. 440.09 (2m), Stats., the board may request verification necessary to make a determination under this subsection.

PT 1.04 Compact privilege requirements. Every person applying for a compact privilege shall submit to the board all of the following:

(1) A completed application form provided by the board.

(2) The fee specified in s. 448.985 (3) (d), Stats.

(3) Evidence of successful completion of the examination specified in s. PT 2.01 (6) (c).

Note: An application for a compact privilege may be obtained from the department of safety and professional services' website at www.dsps.wi.gov.

Chapter PT 5

PHYSICAL THERAPIST ASSISTANTS, UNLICENSED PERSONNEL, AND STUDENTS

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.

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 or via telehealth, ~~when at least 50 percent of the visits are being done via telehealth practice,~~ 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. The location of the assessment shall be determined considering the patient's best interests to assess and re-evaluate their treatment. The assessment cannot be done via telehealth if the standard of care for the particular physical therapy services cannot be met using technology.

From the August 2024 meeting

Option # 1 (h) *Provide on-site or via telehealth, when telehealth practice is ~~being provided,~~ indicated according to the clinical judgement of the physical therapist, 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.*

OR

Option # 2 (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. This assessment may be done on-site or, if appropriate, via telehealth.*

OR

Option # 3 (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. This assessment must be done on-site unless the supervising PT determines it is in the patient's best interests to assess and re-evaluate their treatment via telehealth.*

(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.

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).

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 therapist 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.

PT 1 and 5 4-state analysis

Illinois

The Illinois Physical Therapy Act states that physical therapist assistants can perform patient care activities under the general supervision of a licensed physical therapist, who must maintain continual contact with the physical therapist assistant including periodic personal supervision and instruction. In the case of physical therapist or physical therapist assistant students, the physical therapist supervising shall be on-site and readily available for direct supervision and instruction to protect the safety and welfare of the patient. Per the Act, a physical therapist assistant working under supervision may provide physical therapy via telehealth as long as it is not an initial evaluation without a referral or established diagnosis, which can only be performed by a physical therapist. The Act also states that the use of telehealth must be an exception in case of documented hardships related to geographical, physical, or weather-related conditions. Additionally, the patient must be able to request and receive in-person care at any point of the treatment, which means a physical therapy practice must have the capacity to provide in-person care within the State of Illinois. [225 ILCS 90]

Iowa

Iowa establishes that a physical therapist who is providing supervision must be readily available on-site or telephonically for advice, assistance, or instruction any time a physical therapist assistant is providing physical therapy services. The supervising physical therapist shall hold regularly scheduled meetings with the physical therapist assistant to evaluate their performance, assess the progress of the patient, and make changes to the plan of care as needed. The frequency of the meetings should be determined by the supervising physical therapist based on the needs of the patient, the supervisory needs of the physical therapist assistant, and any planned discharge. The minimum frequency of direct participation by a supervising physical therapist shall be determine by the physical therapist using professional judgment and based on the needs of the patient. The Code states that direct participation can occur through an in-person or telehealth visit and establishes minimum standards depending on the setting where the physical therapy services are being performed. In a hospital inpatient and skilled nursing, the direct participation has to happen at least once per calendar week. In all other setting, the direct participation must happen at least every 8th visit or every 30 calendar days, whichever comes first. [481 IAC 801.4]

In regard to telehealth visits, Iowa provides that a licensee may engage in telehealth visits as long as they are held to the same standard of care as a licensee who provides in-person physical therapy and that telehealth visits should not be used if the technology does not guarantee the same standard of care as an in-person visit. [481 IAC 801.3]

Michigan

Michigan establishes that a physical therapist shall supervise a physical therapist assistant to whom they have delegated acts, tasks, or functions. This supervision shall include regular meetings to evaluate the physical therapist assistant's performance, review records, and educate the physical

therapist assistant on the acts, tasks, or functions that have been delegated. [MI Admin. Code R 338.7138]

Michigan also establishes that telehealth visits are permissible provided that the licensee is acting within the scope of their practice and is exercising the same standard of care applicable to a traditional, in-person healthcare service. [MI Admin Code R 338.7127]

Minnesota

Minnesota establishes that physical therapist who delegate components of a patient's treatment to a physical therapist assistant shall provide on-site observation of the treatment and documentation of its appropriateness at least every 6 treatment sessions. However, the provision declares that the physical therapist is not required to be on site but must be easily available by telecommunications. [MN Statutes Section 148.706]

Supervision of Physical Therapist Assistants Under Medicare

Article

Date: Tuesday, December 17, 2024

Under Medicare, a physical therapist must supervise physical therapist assistants. The level is consistent across settings, but differs by state or local law.

Supervision level of PTs over PTAs is either general (the PT does not have to be on-site but must be available at least via telecommunication) or direct (the PT must be physically present and immediately available).

General supervision is required for PTAs in all settings under Medicare including outpatient private practice, which changed from direct supervision to general supervision on Jan. 1, 2025.

Keep in mind that if state or local practice requirements are more stringent than the federal requirements, the PT and PTA must comply with their state practice act. For example, even though Medicare requires only general supervision in a skilled nursing facility when a PTA provides services, if a state practice act requires the PT to provide direct supervision then the state practice act must be followed.

Following are explanations of the supervision requirements for different practice settings.

Comprehensive Outpatient Rehabilitation Facility

Pursuant to 42 CFR 485.58, physical therapist services must be furnished by qualified personnel who satisfy the qualifications of 42 CFR 484.115. A qualified professional representing each service made available at the facility **must either be on the premises of the facility or be available through direct telecommunications** for consultation and assistance during the facility's operating hours. At least one qualified professional must be on the premises during the facility's operating hours.

Home Health Agencies

Physical therapist services must be performed by or under the **general supervision** of a skilled PT. General supervision has been described in CMS' Medicare Benefit Policy Manual as being furnished under the supervisor's overall direction and control, but the supervisor's presence is not required during the performance of the service.

Inpatient and Outpatient Hospital Services

Physical therapist services must be provided by PTs or PTAs who satisfy the qualifications of 42 CFR 484.115. Further, pursuant to 42 CFR 482.56, the provision of care and the personnel qualifications must

be in accordance with national acceptable standards of practice and must also meet the requirements of 42 CFR 409.17. Because the **regulations do not specifically delineate the type of direction required**, providers must defer to their physical therapy state practice act.

Outpatient Rehabilitation Agency

Physical therapist services must be provided by PTs or PTAs who satisfy the qualifications of 42 CFR 484.115. Physical therapist services are provided by or under the supervision of a qualified PT, meaning the PT must be present or readily available to offer supervision when a PTA furnishes services. If a qualified PT is not on the premises during all hours of operation, patients must be scheduled to ensure that the PT is present when special skills are needed, such as for evaluation and reevaluation. When a PTA furnishes services off the organization's premises, those services must be supervised by a qualified PT who makes an onsite supervisory visit at least once every 30 days.

Physician's Office

Per Medicare Benefit Policy Manual Chapter 15 Section 230.5, although PTAs work under the supervision of a PT and their services may be billed by the PT, their services are covered under the benefit for therapy services and not under the benefit for services incident to a physician or nonphysician provider. The services furnished by PTAs are not incident to the PT's service.

The services of PTAs may not be billed incident to a physician's or NPP's service. However, if a PT and PTA both are employed in a physician's office, then the services of the PTA, when under the **direct supervision** of the PT, may be billed by the physician group as PT services using the NPI of the enrolled PT. CMS has generally defined direct supervision to mean that the PTs is in the office suite when an individual procedure is performed.

Private Practice

As of Jan. 1, 2025, physical therapist services must be provided by or under the **general supervision** of the PT. CMS' Medicare Benefit Policy Manual describes general supervision as being furnished under the supervisor's overall direction and control, but the supervisor's presence is not required during the performance of the service.

Skilled Nursing Facility

Skilled rehabilitation services must be provided directly by or under the **general supervision** of skilled rehabilitation personnel. CMS' Medicare Benefit Policy Manual describes general supervision as being furnished under the supervisor's overall direction and control, but the supervisor's presence is not required during the performance of the service.

CMS Resources

- 2025 Medicare Physician Fee Schedule
- Medicare Benefit Policy Manual Chapter 7: Home Health Services (.pdf)
- Medicare Benefit Policy Manual Chapter 8: Skilled Nursing Facility (.pdf)
- Medicare Benefit Policy Manual Chapter 15: Covered Medical and Other Health Services (.pdf)

Back to top

Federation of State Boards of Physical Therapy

Telehealth in Physical Therapy

Policy Recommendations for Appropriate Regulation

FSBPT Ethics and Legislation Committee

November 12, 2014

Updated: September 2023

Ethics and Legislation Committee Members

2023

- Sherise Smith
- Bettina Brown
- Sara Conrad
- Craig Miller
- Steven Scherger
- Enjeen Wolford

2014

- Jane E. Julian, PT/ATC
- Joni Kalis, PT, MS
- Kevin Lindsey, PT
- Kathleen A. Luedtke-Hoffmann, PT, MBA, PhD
- Scott D. Majors
- Robert E. Schmidt, PT

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Contents

Telehealth in Physical Therapy

Introduction

The Federation of State Boards of Physical Therapy (FSBPT or the Federation) is a membership organization whose mission is to protect the public by providing service and leadership that promote safe and competent physical therapy practice. Its membership comprises the fifty-three jurisdictional licensing boards in the United States.

Technology has often created shifts in the delivery of healthcare services. While just a few years ago telehealth was a new concept, physical therapists (PTs) and physical therapist assistants (PTAs)[1] are now embarking on the world of digital health technologies and therapeutics. According to the Digital Medicine Society:

> Digital medicine describes a field concerned with the use of technologies as tools for measurement, and intervention in the service of human health. Digital medicine products are driven by high-quality hardware and software that support the practice of medicine broadly, including treatment, recovery, disease prevention, and health promotion for individuals and across populations.[2]

A joint task force of the World Confederation for Physical Therapy and International Network of Physiotherapy Regulatory Authorities proposed the following definition of digital practice: "term used to describe healthcare services, support, and information provided remotely via digital communication and devices."[3]

Digital practice is a term used to describe healthcare services, support, and information provided remotely via digital communication and devices. The 2022 American Physical Therapy Association's (APTA) House of Delegates accepted the position that as long as certain criteria are met, "digital health technologies and therapeutics have the potential to augment physical therapist practice by expanding access, enhancing care delivery models, promoting safety, and improving outcomes."[4] The term digital practice encompasses the term telehealth and is more representative of the variety of virtual tools

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[1] Collectively will be referenced as physical therapy providers.
[2] Digital Medicine Society, "Defining Digital Medicine," Digital Medicine Society (DiMe), 2023, https://dimesociety.org/about-us/defining-digital-medicine/.
[3] WCPT/INPTRA, "Report of the World Physiotherapy/INTPRA Digital Physical Therapy Practice Task Force," June 15, 2019, https://world.physio/sites/default/files/2021-06/digital-practice-report-2021-FINAL.pdf.
[4] American Physical Therapy Association, "Digital Health Technologies and Therapeutics in Physical Therapist Practice," APTA, October 26, 2022, https://www.apta.org/apta-and-you/leadership-and-governance/policies/digital-technologies-therapeutics-practice.

augmenting physical therapy practice, including wearable technology, artificial intelligence, platforms, and apps. However, most regulatory language still uses telehealth, telerehabilitation, and/or telemedicine as the term of art. Acknowledging this and the delay between the introduction of technology and updating regulatory language, this resource will continue to use the term telehealth as defined in the seventh edition of the FSBPT Model Practice Act:

> The use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy-related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.[5]

As technology has improved, providing physical therapy services via telehealth technology has been steadily growing since the 2010s. However, the onset of the COVID-19 pandemic brought exponential expansion. There are other reasons for the increase in utilization including improved reimbursement, positive outcomes, and jurisdictions adding telehealth-enabling statutory language. In March 2020, policy changes allowed PTs to bill Medicare for telehealth services for the first time at the same rate as in-person services.[29] New policies also allowed PTs to provide telehealth services from their home while continuing to bill from their office location (to avoid reporting their home address on their Medicare enrollment).

During the pandemic, when healthcare facilities were closed or limiting access, telehealth enabled patients to continue their care. A research report from the US Department of Health and Human Service's Office of the Assistant Secretary for Planning and Evaluation (ASPE) examined the use of telehealth in 2020 during the COVID-19 public health emergency (PHE). Prior to the pandemic, significant restrictions placed on Medicare telehealth visits limited utilization and total telehealth visits were estimated in the hundreds of thousands.[6] During the PHE, the waiving of statutory limitations and policies such as geographic restrictions and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements for videoconferencing, coupled with the greater flexibility of allowing beneficiaries to receive telehealth in their home, allowed telehealth visits to expand to the tens of

[5] Federation of State Boards of Physical Therapy, "The Model Practice Act for Physical Therapy a Tool for Public Protection and Legislative Change - Seventh Edition," 2022, https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf.

[6] Centers for Medicare & Medicaid Services, "New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization during the Pandemic | CMS," www.cms.gov, December 3, 2021, https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic.

millions.[7] In some cases, such as when travel is difficult or when there is no provider nearby, provided appropriate professional care standards can be maintained, the use of remote visits is favorable to a traditional in-person encounter for the consideration of patient access and safety.

Physical Therapy delivered via telehealth is not a new treatment nor is it an expansion of the scope of practice. Rather, telehealth is a mode of delivering skilled physical therapy care to those in need. The PT retains responsibility for the care of the patient/client and for determining the best means to deliver that care. Standards of care and practice, laws, and regulations currently required to be followed for any in-person encounter must also be followed for any encounter via telehealth.

Advancements in telehealth are seemingly outpacing regulatory requirements, assumptions, and licensure policies. The current physical therapy licensure system, with inconsistent application requirements and limited licensure portability, creates potential barriers to providing physical therapy services remotely. Regulators acknowledge that like all healthcare delivery modes, telehealth has the potential for fraud and abuse as well as other unprofessional conduct. Mandates for in-person evaluations or supervisory visits are examples of regulations, while well-intentioned, may inhibit the potential use and availability of telehealth in physical therapy for patients/clients.

Delivery of skilled physical therapy services via telehealth continues to evolve with the advancement of developing technologies, and as such, questions remain regarding best practices for regulation. Prior to the utilization of telehealth as a mode of delivering physical therapy, all safety procedures and assessment of the appropriateness should be considered. The provider, whether virtual or in person, is responsible for making sure the appropriate care can be delivered without in-person interaction.

The purpose of this document is to provide information and general guidance to physical therapy boards for regulating the use of telehealth technologies in the practice of physical therapy. In developing these recommendations, the committee conducted a review of other professions' models and best practices, telehealth nomenclature, published practice/clinical guidelines, and industry standards. With the rapid growth in telehealth technology and applications, as well as emerging digital practice, the guidelines in this resource were purposefully written in a general manner to maintain future relevance and avoid the need for jurisdictions to continually revise statutes and/or regulations on this topic.

FSBPT updated these guidelines for regulators to consider when drafting statutes, regulations, and policies regarding telehealth technologies in the delivery of physical therapy. These guidelines support a consistent scope of practice and standard of care regardless of the delivery mode and are not draft model language. The following guidelines should not be construed to alter the physical therapy scope of

[7] Centers for Medicare & Medicaid Services, "New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization during the Pandemic | CMS," www.cms.gov, December 3, 2021, https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic.

practice or authorize the delivery of physical therapy services in a setting or manner otherwise not authorized by jurisdictional authorities or regulatory agencies. Regulators should review existing statutes and rules to determine if the language is sufficient to authorize physical therapy to be delivered via telehealth technology; drafting new language if required.

Current Telehealth Legislation and Regulation Specific to Physical Therapy

In preparing the following guidelines, the Ethics and Legislation Committee reviewed current and proposed legislative and regulatory language regarding physical therapy and other healthcare provided via telehealth technologies that may prove useful to other jurisdictional authorities. Since the last review in 2015, for the reasons discussed above, numerous jurisdictions have added telehealth language into statute, regulation, or policy; some of which is broadly applicable to all health professions while others are specific to physical therapy. Examples of telehealth affirming language are found in Appendix A and may be beneficial to jurisdictional authorities as they consider their own terminology and content. Jurisdictions should consider including the following elements: scope of practice and standards of practice remain unchanged whether in person or remote, maintenance of confidentiality, clearly communicating by what means the provider is authorized to legally practice/work in the jurisdiction (compact privilege, license, registry), and documentation (and possibly justification) that remote care is appropriate and potentially effective for the patient/client. Additionally, many jurisdictions have enacted statutes which facilitate telehealth through improved licensure portability by creating alternatives to traditional licensure pathways such as telehealth registries, universal licensure, and multi-state licensure compacts.

As digital practice and technologies such as artificial intelligence are increasingly more sophisticated and present in healthcare, regulators should ensure the goals of public health and protection, health equity, and accessibility are achieved while avoiding restricting the appropriate use of emerging technology.

Guidelines for Appropriate Use of Telehealth in Physical Therapy Practice

Responsibility for and Appropriate Use of Technology

A patient/client's appropriateness to be treated via telehealth should be determined on a case-by-case basis, based on the PT's judgment, patient/client preference, technology availability, risks and benefits, and professional standards of care. A PT is responsible for all aspects of physical therapy care provided to a patient/client. The therapist should determine and document the appropriate technology used to complete the visit. Additionally, the PT is responsible for assuring those involved in the patient/client's care possess the technological proficiency required to provide a safe and effective physical therapy encounter.

Verification of Identity

Both the patient/client's and the physical therapy provider's identities should be verified at the onset of the telehealth visit. Photo identification is recommended for this verification. The physical therapy provider should clearly inform the patient/client of their credentials (PT or PTA) and the patient/client should be made aware that resources exist, such as jurisdiction websites to verify the physical therapy provider is legally authorized to provide physical therapy services. It is important to identify where the patient/client is physically located and will receive telehealth services.

Informed Consent

PTs/PTAs must follow state law requirements and best practices for acquiring informed consent for in-person encounters, and these same requirements should be followed for the delivery of physical therapy services via telehealth communications/encounters. The patient/client should be made aware of any potential limitations of telehealth services, such as the inability to perform a hands-on examination, assessment, and/or treatment. Informed consent, at a minimum, occurs at the onset of physical therapy care and is updated when there are changes/modifications to the treatment of the plan of care. The PT or PTA should document if informed consent was obtained through written or verbal means, in-person, or via electronic communications. Regardless of the setting, the patient/client has the right to receive a clear explanation of care and the opportunity to give or deny consent.

Given the potential for technology issues and the unique nature of the provision of services through telehealth, PTs may wish to include the following during the informed consent process:

1. Services to be provided in the plan of care provided via telehealth should be clearly communicated with the patient/client.
2. Consent to being photographed, recorded, or videotaped and consent to the storage of the encounter data should be obtained, if applicable. Disclosure should be made as to how long the data will be stored.
3. Consent procedures should include a hold-harmless clause for medical or other information lost secondary to technological failures. The patient/client should be informed of the possibility that technology to provide telehealth services could fail.

Consent to release information from the patient/client's medical record, and laws protecting the confidentiality of medical information, should be held to the same standards of consent as for in-person care.

Provider-Patient/Client Relationship

PTs/PTAs have an obligation to adhere to the professional standards of care for the patient/client; the same guidelines apply for in-person and telehealth physical therapy encounters. Guidelines and standards for telehealth developed by a professional organization or society (e.g. American Physical Therapy Association (APTA)), should be reviewed and incorporated into practice.

The therapeutic relationship forms the basis of a patient/client-centered approach to healthcare. There is little guidance in physical therapy literature regarding the establishment of the therapeutic relationship,

potential implications for patient/client care management, and liability risk. The relationship is established regardless of whether the care delivered was pro bono or for a fee. The MPA defines both the PT and PTA patient/client relationship as the "formal or inferred relationship entered into by mutual consent between [the physical therapy provider] and a patient/client or their legally authorized representative."[8]

As alternative delivery methods such as telehealth emerge, all parties involved (including regulators) must be mindful that the provider-patient/client relationship may be established in the absence of actual physical contact between the PT and patient/client. Though it may sometimes be difficult to determine the precise moment the relationship is established, the definition in the MPA states the relationship is, "established once the [provider] assumes or undertakes the care or treatment of a patient/client."[9] It is solidly established when the PT affirmatively commences to evaluate, diagnose, and render treatment, including any advice or instructions to the patient/client. This relationship continues at a minimum, "until either the patient/client is discharged, or treatment is formally transferred to another practitioner."[10] Once the provider owes a duty of care to the patient/client, the relationship is established.

Clinical Guidelines for Use of Telehealth in Physical Therapy Practice

FSBPT has proposed the following guidelines for telehealth technologies in the delivery of patient/client care, regardless of any pre-existing provider/client relationship. These guidelines support a consistent scope of practice and standard of care regardless of the delivery mode. Guidelines, position statements, or standards for telehealth developed by a professional organization or society (e.g. American Physical Therapy Association [APTA]), should be reviewed and appropriately incorporated into practice.

Scope of Practice

The following guidelines should not be construed to alter the scope of practice of the physical therapist or authorize the delivery of physical therapy services in a setting or manner not otherwise authorized by jurisdictional authorities or regulatory agencies.

Licensure

Physical therapy providers delivering care using technology must be legally authorized to provide physical therapy in the jurisdiction in which the patient/client is physically located during the provider/client interaction. Most jurisdictions define physical therapy care as occurring in the jurisdiction in which the patient/client is located at the time the technology is used. Although the

[8] Federation of State Boards of Physical Therapy, "The Model Practice Act for Physical Therapy a Tool for Public Protection and Legislative Change - Seventh Edition," 2022, https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf.
[9] Federation of State Boards of Physical Therapy, "The Model Practice Act."
[10] Federation of State Boards of Physical Therapy, "The Model Practice Act."

provider should be legally authorized to provide physical therapy in the jurisdiction where the patient/client is located and must adhere to the laws defining scope of practice in that jurisdiction, the provider should not be required to be physically located in that same jurisdiction. Providers of telehealth services shall be aware of credentialing requirements at both the site where the PT is located and the site where the patient/client is located. The PT should ensure compliance with regulatory, credentialing, and accrediting agency requirements as applicable.

Standards of Care

A PT/PTA who uses telehealth communications should ensure that the services provided are included in both the legal scope of practice as well as personal competency, including their education, training, experience, and ability to perform safely and effectively. Physical therapy providers shall be guided by professional ethics and existing clinical practice guidelines with telehealth visits. The same standards of care and professional conduct as a traditional in-person visit with a patient/client must be followed, including documentation and making appropriate referrals. Regardless of the delivery method, a physical therapy examination and evaluation must be completed prior to providing physical therapy interventions. As such, it is incumbent upon the PT to determine the appropriateness for telehealth treatment sessions as a component of, or in lieu of, the in-person provision of physical therapy care. Failure to follow the appropriate standards of care or professional ethics may subject the PT/PTA to disciplinary action.

Supervision

The Model Practice Act states that a PT may provide supervision while either onsite or virtual. As stated previously, the PT or PTA is subject to the same standard of care that would apply to the provision of the same physical therapy service in an in-person setting. Boards should consider reviewing current statutes and regulations for requirements that may inhibit the ability for PTs to provide supervision to PTAs when the patient/client is seen virtually. A PTA should be able to engage in telehealth services with patients/clients where the PT, PTA, and the patient/client are in different locations, provided the client is first evaluated by the supervising PT. Physical therapy statutes and regulations should include the supervision of PTAs for telehealth visits conforming to the acceptable standards of care and compliance with privacy requirements.

Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies

Privacy and Security of Patient/Client Records and Exchange of Information

Physical therapy providers should meet or exceed applicable federal and state legal requirements of personal health information privacy, including compliance with:

- Health Insurance Portability and Accountability Act (HIPAA);

- Health Information Technology for Economic and Clinical Health Act (HITECH);
- Affordable Care Act (ACA); and
- State privacy, confidentiality, security, and medical record retention rules.

More information is provided in the US Department of Health and Human Services' guidance documents[11].

Identifiable patient/client health information confidentiality and integrity must be ensured by having sufficient privacy and security measures in place. Physical therapy providers and their staff should be aware of the requirements for privacy and confidentiality associated with the provision of telehealth services at both the originating and remote sites. Best practices for privacy include authentication and/or encryption technology and limiting access to a "need-to-know" basis. Transmissions including patient/client email, billing, and treatment records must be secure within existing technology. All provider-client email, as well as other client-related electronic communications, should be stored and filed in the physical therapy record, consistent with traditional recordkeeping policies and procedures. Specific guidelines shall be in place to address access to patient/client records to ensure that unauthorized users cannot access, alter, tamper with, destroy, or otherwise misuse patient/client information. The physical security of telehealth equipment and the electronic security of data storage, retrieval, and transmission should be maintained. The PT/PTA should confirm the originating site provides the patient/client with privacy during an appointment.

Telehealth does bring some unique issues regarding the security of patient/client information. Patients/clients should be informed of information/communications transmitted via telehealth technologies and the utilization of any passive tracking mechanisms in the collection of information. Additional considerations may include providing clients with a clear method to access, supplement, and amend client-provided personal health information, feedback mechanisms regarding the quality of information and services, and a means to register complaints to the therapist, employer, regulatory board, etc.

Administrative Guidelines

Written policies and procedures should be reviewed for currency and maintained at the same standard as traditional in-person encounters. In addition to privacy, policies and procedures should address topics such as:

- Required patient/client information to be included in communications
- Healthcare personnel authorized to process electronic communications

[11] Office for Civil Rights (OCR), "Standards for Privacy of Individually Identifiable Health Info," HHS.gov, May 20, 2008, https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/standards-privacy-individually-identifiable-health-information/index.html.

- Types of transactions that will be permitted electronically
- Archival and retrieval of the data
- Quality oversight systems

Procedures should be written to ensure the safety and effectiveness of equipment through ongoing maintenance. Infection control policies and procedures should be followed, and it is imperative that quality-oversight systems are in place.

Technical Guidelines

Physical therapy providers need to demonstrate competence with technology to ensure safe, effective delivery of care. Providers should take appropriate measures to familiarize themselves with the equipment being used by themselves and the patient/client. All providers should be fully aware of the capabilities and limitations of the technology they are using. All providers should have an appropriate plan prior to delivering services ensuring that the equipment is sufficient to support the encounter, is available and functioning properly, and that all personnel using the telehealth equipment are trained in equipment operation and troubleshooting. Additionally, arrangements should be made to ensure access to appropriate technological support as needed.

Physical therapy providers should have strategies in place to address the environmental elements of care including the physical accessibility of the treatment space as well as usability of equipment. This is essential in physical therapy telehealth applications as considerations must be made for patients/clients who have a variety of impairments in areas such as fine/gross motor skills, cognition, speech, and language. Providers should also consider possible modifications to accommodate patients/clients with visual or hearing impairments.

Emergencies and Patient/Client Safety Procedures

When providing physical therapy via telehealth services, it is essential to have procedures in place to address technical, medical, or clinical emergencies. Emergency procedure plans, including notifying the patient/client's emergency contact or local physician and calling local first responders, should be accessible by the PT/PTA during telehealth services and the patient/client should be informed of these procedures. It is the responsibility of the practitioner/provider to have all needed information to activate emergency medical services to the patient/clients' physical location at the time of the interaction. At the outset of each telehealth visit the practitioner/provider should confirm the following:

- Patient/client location including physical address
- Alternate methods of communication in case of technical complications
- Ability to safely receive physical therapy treatment in the location without distraction
- Proper functioning of technology
- Understanding of emergency procedures

If during the physical therapy session, the clinician feels that the patient/client is experiencing a medical or clinical complication or an emergency, the treatment session should be immediately terminated, and a local emergency response initiated.

Conclusion

Advancements in technology, initiatives to increase access to care, concerns regarding health equity, and positive outcomes and feedback from patients/clients, as well as the COVID-19 public health emergency, have contributed to the development and acceptance of innovative treatment delivery options for healthcare providers, including PTs/PTAs. However, these innovations often pose challenges to regulators. The delivery of care by or under the supervision of a PT is physical therapy, whether virtual or in person, and falls under the purview of respective jurisdictional regulatory bodies. Regulators should adapt the existing physical therapy regulatory framework for telehealth, rather than draft a new set of telehealth-specific rules. Physical therapy providers must understand that they shall be held to the same laws, rules, ethics, and professional standards for both virtual and in-person encounters.

Definitions

Artificial Intelligence (AI): computer systems able to perform tasks that normally require human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages.

Digital: electronic technology that generates, stores, and processes data through binary code. https://www.gartner.com/en/information-technology/glossary/digital

Digital practice: healthcare services, support, and information provided remotely via digital communication and devices. Digital practice is more encompassing than telehealth.

Electronic Communications: the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses, including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.

Informed Consent: a two-way ongoing process between the provider and the patient/client to provide information on the risks and benefits of the treatment plan and interventions recommended while respecting the right of the patient/client to make decisions regarding their healthcare.

Originating Site: the location of the physical therapy provider.

Patient/client: any individual receiving physical therapy from a licensee [or certificate holder]

Physical therapist or Physical therapist assistant-patient/client relationship: the formal or inferred relationship entered by mutual consent between a licensed [certified] physical therapy provider and a patient/client or their legally authorized representative established once care is assumed by the PT/PTA, or the care or treatment of a patient/client has been undertaken. The relationship continues until the PT either discharges the patient/client, or treatment is formally transferred to another provider or as further defined by rule.

Physical therapy providers: inclusive term for physical therapist and physical therapist assistant.

Physical therapy: the care and services provided in person or via telehealth by, or under the direction and supervision of, a physical therapist who is licensed pursuant to this [act]. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this [act].

Practice of physical therapy:

a. Examining, evaluating, and testing patients/clients with mechanical, physiological, and developmental impairments; functional limitations; and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis, and plan of treatment intervention, and to assess the ongoing effects of intervention.

b. Alleviating impairments, functional limitations, and disabilities; promoting health; and preventing disease by designing, implementing, and modifying treatment interventions that may include, but not limited to: therapeutic exercise; needle insertion; patient-related instruction; therapeutic massage; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; manual therapy including soft tissue and joint mobilization/manipulation; functional training in self-care and in home, community, or work integration or reintegration; as well as prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment.

c. Reducing the risk of injury, impairment, functional limitation, and disability, including the performance of participation-focused physical examinations, and the promotion and maintenance of fitness, health, and wellness in populations of all ages.

d. Referring a patient/client to healthcare providers and facilities for services and testing to inform the physical therapist plan of care.

e. Engaging in administration, consultation, education, and research.

Public Health Emergency (United States Federal): under Section 319 of the Public Health Service Act, the Secretary of the US Department of Health and Human Services government may declare that an event, either natural or manmade, creates public health risk and allows the government to take certain actions in response. The public health emergency for COVID-19 began January 31, 2020, and expired at 11:59 p.m. May 11, 2023.

Remote site: the location of the patient/client.

Supervision: the process by which a physical therapist oversees and directs safe and effective delivery of patient care through appropriate verbal, written, or electronic communication. This may be accomplished with the physical therapist located onsite or remotely as deemed appropriate based on the patient/client needs.

Telehealth: the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy-related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Therapeutic Relationship: another term for the physical therapist or physical therapist assistant-patient/client relationship.

Virtual: carried out, accessed, or stored by means of a computer, especially over a network.

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Appendix A Examples: Jurisdiction Telehealth Statutes & Regulations

Alaska
Regulation: 12 AAC Chapter 54. Statutory Authority: AS 08.84.010
12 AAC 54.530. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY PT.
(a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of an interactive telecommunication system by a PT licensed under AS 08.84 and this chapter in order to provide physical therapy to clients who are located at distant sites in the state which are not in close proximity of a PT.
(b) A PT licensed under AS 08.84 and this chapter conducting telerehabilitation by means of an interactive telecommunication system
(1) must be physically present in the state while performing telerehabilitation under this section;
(2) must interact with the client maintaining the same ethical conduct and integrity required under 12 AAC 54.500(c) and (d);
(3) must comply with the requirements of 12 AAC 54.510 for any licensed PTA providing services under this section;
(4) may conduct one-on-one consultations, including initial evaluation, under this section; and
(5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.

Colorado
Title: The Appropriate Use of Telehealth Technologies in the Practice of Physical Therapy Date issued: July 20, 2018 as guidelines modified to policy July 19, 2019
Physical Therapy Policies - Google Drive

Kentucky
Regulation: 201 KAR 22:160. Telehealth and telephysical therapy.
Section 1. Client Identity, Communication, and Informed Consent Requirements. A credential holder using telehealth to deliver physical therapy services or who practices telephysical therapy shall, upon an initial contact with the client:
(1)Verify the identity of the client;
(2) Obtain alternative means of contacting the client;
(3) Provide to the client alternative means of contacting the credential holder;
(4) Provide contact methods of alternative communication the credential holder shall use for emergency purposes;
(5) Not use personal identifying information in non-secure communications; and
(6) Inform the client and document acknowledgement of the risk and limitations of:
(a) The use of electronic communications in the provision of physical therapy;
(b) The potential breach of confidentiality, or inadvertent access, of protected health information using electronic communication in the provision of physical therapy; and
(c) The potential disruption of electronic communication in the use of telephysical therapy.

Section 2. Competence, Limits on Practice, Maintenance, and Retention of Records. A credential holder using electronic communication to deliver physical therapy services or who practices telephysical therapy shall:
(1) Be responsible for determining and documenting that telehealth is appropriate in the provision of physical therapy;
(2) Limit the practice of telephysical therapy to the area of competence in which proficiency has been gained through education, training, and experience;
(3) Document which physical therapy services were provided by telephysical therapy;
(4) Follow the record-keeping requirements of 201 KAR 22:053, Section 5; and

(5) Ensure that confidential communications obtained and stored electronically shall not be recovered and accessed by unauthorized persons when the credential holder disposes of electronic equipment and data.

Section 3. Compliance with State Law. A credential holder practicing telephysical therapy shall be:
(1) Licensed to practice physical therapy where the client is physically present or domiciled; or
(2) Otherwise authorized by law to practice physical therapy in another jurisdiction where the client is physically present or domiciled.

Louisiana
§319. USE OF TELEHEALTH IN THE PRACTICE OF PHYSICAL THERAPY The board hereby adopts R.S. 40:1223.1 et seq., known as the "Louisiana Telehealth Access Act", including any amendments thereto, and promulgates these rules to provide for, promote, and regulate the use of telehealth in the delivery of physical therapy services through telehealth. Physical therapists and physical therapist assistants owe a duty to patients to provide quality physical therapy services in accordance with the laws and rules governing the practice of physical therapy regardless of the mode in which those services are rendered. These rules shall be interpreted, construed, and applied so as to give effect to such purposes and intent. Individuals who are licensed physical therapists and physical therapist assistants in good standing in Louisiana may provide physical therapy via telehealth to a patient in an originating site as defined in R.S. 40:1223.3 within the jurisdiction of Louisiana and shall follow all requirements for standard of practice and documentation as provided in the Practice Act and board rules. The standard of care for telehealth services shall be substantially equivalent to the standard of care for services delivered in person. When providing telehealth services, a licensee shall have documented procedures in place to address remote medical or clinical emergencies at the patient's location. A physical therapist licensed in good standing in another jurisdiction who is providing information, advice, or opinion through telehealth to a physical therapist licensed in Louisiana regarding patient care shall be exempt from Louisiana licensure requirements. A Louisiana licensee providing telehealth services to a patient in an originating site as defined in. R.S. 40:1223.3 in a jurisdiction outside of Louisiana may be required to be licensed or registered in the jurisdiction in which the originating site is located.

Michigan
R 338.7127 Telehealth. Rule 27.
(1) A licensee shall obtain consent for treatment before providing a telehealth service under section 16284 of the code, MCL 333.16284.
(2) A licensee shall keep proof of consent for telehealth treatment in the patient's up-to-date medical record and follow section 16213 of the code, MCL 333.16213.
(3) A licensee providing any telehealth service shall do both of the following:
(a) Act within the scope of the licensee's practice.
(b) Exercise the same standard of care applicable to a traditional, in-person health care service.

Nevada
NRS 629.510 Legislative findings and declarations. The Legislature hereby finds and declares that:
1. Health care services provided through telehealth are often as effective as health care services provided in person;
2. The provision of services through telehealth does not detract from, and often improves, the quality of health care provided to patients and the relationship between patients and providers of health care; and
3. It is the public policy of this State to:
(a) Encourage and facilitate the provision of services through telehealth to improve public health and the quality of health care provided to patients and to lower the cost of health care in this State; and
(b) Ensure that services provided through telehealth are covered by policies of insurance to the same extent as though provided in person or by other means.

(Added to NRS by 2015, 621)

NRS 629.515 Valid license or certificate required; exception; restrictions; jurisdiction over and applicability of laws; conditions for establishment of relationship with patient using telehealth; regulations.

1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to NRS 630.261. The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

2. The provisions of this section must not be interpreted or construed to:

(a) Modify, expand or alter the scope of practice of a provider of health care; or

(b) Authorize a provider of health care to provide services in a setting that is not authorized by law or in a manner that violates the standard of care required of the provider of health care.

3. A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient:

(a) Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by an occupational licensing board in this State, regardless of the location from which the provider of health care provides services through telehealth.

(b) Shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State.

4. A provider of health care may establish a relationship with a patient using telehealth when it is clinically appropriate to establish a relationship with a patient in that manner. The State Board of Health may adopt regulations governing the process by which a provider of health care may establish a relationship with a patient using telehealth.

5. As used in this section:

(a) "Distant site" means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site.

(b) "Originating site" means the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site.

(c) "Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including facsimile or electronic mail. The term includes, without limitation, the delivery of services from a provider of health care to a patient at a different location through the use of:

(1) Synchronous interaction or an asynchronous system of storing and forwarding information; and

(2) Audio-only interaction, whether synchronous or asynchronous.

(Added to NRS by 2015, 621; A 2021, 3015)

Oregon

Chapter 848

Division 40

MINIMUM STANDARDS FOR PHYSICAL THERAPY PRACTICE AND RECORDS

848-040-0180

Standards for Telehealth Services

(1) A Licensee may provide telehealth services to a patient who is domiciled or physically present in the state of Oregon at the time the services are provided. An aide may not provide telehealth services.

(2) Telehealth services provided must conform to the scope and standards of practice and documentation as provided in Oregon Revised Statutes 688.010 through 688.201 and these Division 40 rules. Telehealth services must be at least equivalent to the quality of services delivered in person.
(3) Prior to the initiation of telehealth services, a Licensee shall obtain the patient's consent to receive the services via telehealth. The consent may be verbal, written, or recorded and must be documented in the patient's permanent record.
(4) When providing telehealth services, a Licensee shall have procedures in place to address remote medical or clinical emergencies at the patient's location.
(5) The application and technology used to provide telehealth services shall meet all standards required by state and federal laws governing the privacy and security of a patient's protected health information.
(6) A Licensee providing telehealth services to a person who is domiciled in another state and physically present in that state at the time the telehealth services are being provided, may be required to be licensed in the state where the services are being rendered.
Statutory/Other Authority: ORS 688.160(6)©
Statutes/Other Implemented: ORS 688.010-688.230
History:
PTLB 2-2015, f. 8-27-15, cert. ef. 9-1-15

Washington
Regulation: WA Admin Code 246-915-187 Use of telehealth in the practice of physical therapy.
(1) Licensed physical therapists and physical therapist assistants may provide physical therapy via telehealth following all requirements for standard of care, including those defined in chapters 18.74 Revised Code Washington (LAW) and 246-915 Washington Administrative Code.
(2) The physical therapist or physical therapist assistant must identify in the clinical record that the physical therapy occurred via telehealth.
(3) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise:
(a) "Telehealth" means providing physical therapy via electronic communication where the physical therapist or physical therapist assistant and the client are not at the same physical location.
(b) "Electronic communication" means the use of interactive, secure multimedia equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the PT or the PTA and the client.

Physical Therapy Examining Board
Rule Projects (updated 01/24/2025)

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Synopsis	Current Stage	Next Step
	005-24	07/16/2026	PT 1 and 5	Telehealth and supervision of Physical Therapist Assistants	The Board's primary objective is to review the supervision requirements in chapter PT 5 in order to bring it up to current standards of practice in supervising physical therapist assistants according to new telehealth practice. The Board will also conduct a comprehensive review of chapter PT 1 and 5 to implement the changes of 2021 Wisconsin Act 121 and make revisions to ensure statutory compliance.	Drafting rule.	EIA Comment Period, Clearinghouse Review, and Public Hearing.
			PT 1	Compact privilege process clarification	The Board's objective is to clarify and update the language in the compact privilege process in order to comply with the process established by the PT Compact Commission.	Scope Statement requested at the November 2024 meeting. Board to review the draft at the February 2025 meeting.	Submission of scope statement to Governor's Office for review.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: DSPS		**2) Date when request submitted:** 1/24/2025 **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: 2/5/2025	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Physical Therapy Examining Board 2024 Annual Report	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	
10) Describe the issue and action that should be addressed: The Board will review the 2024 Annual Report and consider a motion to approve it.			
11) **Authorization**			
Signature of person making this request			**Date**
Supervisor (Only required for post agenda deadline items)			**Date**
Executive Director signature (Indicates approval for post agenda deadline items)			**Date**

Directions for including supporting documents:
1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
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 Examining Board 2024 Annual Report

- **Board Members in 2024:** Barbara Carter, PTA (Black River Falls); Todd McEldowney, Public Member (Rhinelander); Brad Bulkow, PT (Milwaukee); Kate Brewer, PT (Milwaukee) and Steve Johnson, PT (La Crosse).
- **Officers in 2024:** Steve Johnson (Chair), Kate Brewer (Vice Chair), and Barbara Carter (Secretary)
- **2024 Liaison Appointments:**
    - Credentialing – Barb Carter, Brad Bulkow (Alternate – Kate Brewer)
    - Monitoring – Todd McEldowney, Steve Johnson (Alternate – NA)
    - Education and Exams – Steve Johnson, Barbara Carter (Alternate – Brad Bulkow)
    - Legislative – Steve Johnson (Alternate – Barb Carter)
    - Travel – Barbara Carter (Alternate – Steve Johnson)
    - Website – Barbara Carter, Brad Bulkow (Alternate – Todd McEldowney)
    - Professional Assistance Procedure – Steve Johnson (Alternate – Todd McEldowney)
    - Screening Panel – Todd McEldowney, Steve Johnson (Alternate – Kate Brewer)
    - Licensure Compact – Kate Brewer (Alternate – Brad Bulkow)
- **Administrative Rules:**
    - The Board discussed a rule project relating to telehealth and supervision of physical therapist assistants, Wis. Admin. Code PT 1 and 5. Discussion will continue in 2025.
    - The Board began a rule project regarding the Compact privilege process, Wis. Admin. Code PT 1, in November 2024.
- **Conferences, Trainings and Special Meetings:**
    - Brad Bulkow attended the Federation of State Boards of Physical Therapy (FSBPT) Regulatory Workshop on May 16-18, 2024
    - Steve Johnson (delegate) and Tom Ryan (Executive Director) attended the 2024 FSBPT Leadership Issues Forum (LIF) – July 13-14, 2024.
    - Steve Johnson (delegate) and Tom Ryan (Executive Director) attended the 2024 FSBPT Annual Meeting and Delegate Assembly – October 31- November 2, 2024

- **Licensing Activity:**

	PT	**PTA**
Applications Received	601	150
Licenses Issued	450	101
License Renewals	33	8

	PT	**PTA**
Bridge Licenses Issued (Act 10)	15	6
Predetermination reviews	1	1

- **Enforcement Activity (PT and PTA):**

Complaints received: 27

Source of complaints received (*Note: A complaint may have more than one source*):

- Consumer: 14
- Employer: 1
- Professional Organization (Federation of State Boards of Physical Therapy): 1
- Self: 3
- Wisconsin Department of Health Services: 7
- State: 4 (PT Compact – 3, MN Attorney General's Office -1)
- Family: 1
- Inmate: 1
- Insurance Company: 1
- Co Worker: 1

- **Number of respondents involved:** 27
- **Number of these cases opened for investigation:** 7 (*Note: As of January 23, 2025, there are 5 complaints in "Complaint Received" status, therefore a screening decision has not been determined yet.*)
- **Total cases/respondents closed**: 21
  Note: Cases/respondents closed in 2024 may have been received in previous years.
  - Closed at screening: 15
  - Closed after investigation: 3
  - Closed with formal action: 3
- **Cases pending as of January 2024:** 6 (*Note: Cases pending = status of open for investigation, open for legal action, hearing*)

- **Projects for 2025:**
  - Explore feasibility of participating in the FSBPT ID database, the remaining area for Wisconsin in the Consumer Protection Rating (CPR) report
  - Focus on outreach to increase awareness of the PTEB. Start with outreach to professional and educational communities
  - Continue rulemaking regarding Wisc. Admin. Code PT 1 and 5, relating to telehealth and supervision of PTA's