



**VIRTUAL/TELECONFERENCE
PHYSICAL THERAPY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
August 6, 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

9:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of May 14, 2025 (4-6)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. 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. – 7/1/2029
 - e. McEldowney, Todd – 7/1/2025
- F. Legislative and Policy Matters – Discussion and Consideration
- G. Administrative Rule Matters – Discussion and Consideration (7-26)**
 - 1. Drafting: PT 1, relating to compact privilege process clarification (8-17)
 - 2. Drafting: PT 1 and 5, relating to telehealth and supervision of PTAs (18-25)
 - 3. Pending or Possible Rulemaking Projects (26)
- H. Federation of State Boards of Physical Therapy (FSBPT) Matters – Discussion and Consideration (27-31)**
 - 1. 2025 Leadership Issues Forum Report
- I. 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

J. 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.).

K. Credentialing Matters

1. **Application Review**
 - a. K.N. – Continuing Education Waiver Request (IA# 567172) **(32-42)**

L. Deliberation on DLSC Matters

1. **Administrative Warnings**
 - a. 24 PHT 0021 – M.R.P. **(43-44)**
 - b. 25 PHT 0006 – L.L.J.A. **(45-46)**
2. **Case Closing**
 - a. 24 PHT 0019 – J.F.S. **(47-57)**

M. Deliberation on Proposed Final Decision and Order

1. Jeanna L. Viramontes, Respondent (DHA Case Number SPS-25-0001/ DLSC Case Number 24 PHT 0010) **(58-66)**

N. 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

O. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

R. Delegation and Ratification of Examinations, Licenses and Certificates

ADJOURNMENT

NEXT MEETING: NOVEMBER 5, 2025

 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
MAY 14, 2025**

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

ABSENT: Todd McEldowney

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rule Coordinator; Tracy Drinkwater, Board Administration Specialist; and other Department Staff

CALL TO ORDER

Steven Johnson, Chairperson, called the meeting to order at 8:33 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 FEBRUARY 5, 2025

MOTION: Steven Johnson moved, seconded by Kate Brewer, to approve the Minutes of February 5, 2025, as published. Motion carried unanimously.

**PRELIMINARY PUBLIC HEARING ON SCOPE STATEMENT 010-25 – PT 1, RELATING TO
COMPACT PRIVILEGE PROCESS CLARIFICATION**

MOTION: Steven Johnson moved, seconded by Barbara Carter, to affirm the Board has provided an opportunity to receive public comments concerning Scope Statement (SS) 010-25 for PT 1, relating to compact privilege process clarification. Additionally, the Board approves SS 010-25 for implementation. Motion carried unanimously.

CLOSED SESSION

MOTION: Barbara Carter moved, seconded by Steven Johnson, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Steven Johnson, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Kate Brewer-yes; Brad Bulkow-yes; Barbara Carter-yes; and Steven Johnson-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:12 a.m.

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

Proposed Stipulations, Final Decisions and Orders

24 PHT 0009 – Claire E. Kurschner

MOTION: Steven Johnson moved, seconded by Brad Bulkow, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Claire E. Kurschner, DLSC Case Number 24 PHT 0009. Motion carried unanimously.

DELIBERATION OF PROPOSED FINAL DECISIONS AND ORDERS

Christopher S. Karps, Respondent (DHA Case Number SPS-24-0060/ DLSC Case Number 23 PHT 003)

MOTION: Kate Brewer moved, seconded by Brad Bulkow, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Christopher S. Karps, Respondent – DHA Case Number SPS-24-0060/ DLSC Case Number 23 PHT 003. Motion carried unanimously.

(Steven Johnson recused themselves and left the room for deliberation and voting in the matter concerning, Christopher S. Karps, Respondent – DHA case number SPS-24-0060/ DLSC Case Number 23 PHT 003.)

RECONVENE TO OPEN SESSION

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

The Board reconvened into Open Session at 9:17 a.m.

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

MOTION: Steven Johnson moved, seconded by Kate Brewer, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

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

MOTION: 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

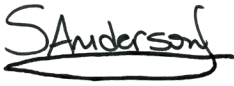
MOTION: Steven Johnson moved, seconded by Kate Brewer, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:19 a.m.

DRAFT

**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: 07/25/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: August 6, 2025	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Drafting: 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: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: <ul style="list-style-type: none"> Chapter PT 1 redlined. Chapter PT 1 and 5 redlined. PT 1 and 5 4-state analysis. Other states telehealth laws and regulations. Physical Therapy Rules Chart 			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of person making this request </div> <div style="text-align: right;"> 07/25/2025 Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> Supervisor (if required) </div> <div style="text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="text-align: right;"> Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Chapter PT 1

LICENSE AND COMPACT PRIVILEGE TO PRACTICE PHYSICAL THERAPY

[PT 1.01](#) Authority and purpose.

[PT 1.02](#) Definitions.

[PT 1.03](#) Licensure requirements.

[PT 1.04](#) Compact privilege requirements.

PT 1.01 Authority and purpose.

(1) The rules in this chapter are adopted by the physical therapy examining board pursuant to the authority delegated by ss. [15.08 \(5\) \(b\)](#), [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 \(2\)](#).

(11q)

(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](#).

(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~~ meet all of the following requirements:

(1) ~~A completed application form provided by the board.~~ Complete the compact application process.

(2) ~~The~~ Payment of the fee specified in s. [448.985 \(3\) \(d\)](#), Stats.

(3) ~~Evidence of successful completion of~~ Successfully pass the examination specified in s. [PT 2.01 \(6\) \(c\)](#).

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

State Telehealth Laws, Regulations, Policies, and Guidance



Since early 2020, the ability of physical therapists to treat patients via telehealth has expanded rapidly, fueled by the necessity of providing continuity of care to patients during the COVID-19 pandemic. Before the public health emergency, many states laws and regulations were silent on whether PTs could treat patients via telehealth. As states began implementing shutdowns in spring 2020, many states issued emergency orders and guidance explicitly permitting PTs to provide services via telehealth and mandating insurance reimbursement for those services. Some states, including Colorado and New Hampshire, codified into statute the emergency expansions in their states last year, recognizing that telehealth should permanently be part of their state's health care delivery system, given its success during the pandemic.

Numerous states introduced bills to codify the expanded use of telehealth during the 2021 legislative session and H.R. 2168, the Expanded Telehealth Act of 2021, has been introduced in the U.S. House of Representatives to make permanent the Medicare rules expanding telehealth that were issued in April 2020.

Below is a state-by-state chart that links to current state laws, regulations, executive orders, policies, and guidance governing telehealth for physical therapy. The information and links for each state are current to the best of APTA's knowledge as of the "Last updated" date at the bottom of the document. States can put different conditions on the delivery of physical therapy services via telehealth, so it is important to follow any protocols and limitations specific to your state. It is also important to know that physical therapists and physical therapist assistants, where allowed, are able to maintain necessary standards of care for any treatment provided through telehealth.

Note: APTA cannot provide legal advice, so if you have questions about your state's rules governing telehealth, you are advised to seek the latest guidance from your licensing board and insurance carriers before providing physical therapy services via telehealth.

State	PTs Permitted to Practice Using Telehealth?	Authority
Alabama	Yes	Alabama PT board telehealth guidance
Alaska	Yes	Standards for the practice of telerehabilitation by Physical Therapists
Arizona	Yes	HB 2454 (Enacted 2021) includes physical therapists as eligible providers (see pgs. 46-51)
Arkansas	Yes	AR PT Telehealth Rule
California	Yes	California Business and Professions Code 2290.5 includes all licensed healthcare providers as eligible to provide telehealth
Colorado	Yes	Colorado PT Board guidelines on the appropriate use of telehealth
Connecticut	Yes	Connecticut Telehealth Statute includes physical therapists as eligible providers

Delaware	Yes	Delaware PT Practice Act explicitly allows telehealth
District of Columbia	Yes	Guidance on Telehealth in the District of Columbia includes physical therapists as eligible providers (During COVID-19)
Florida	Yes	Florida Statute on Telehealth provides that all licensed healthcare providers may use telehealth
Georgia	Yes	Georgia PT Board Telehealth Policy – see page 9
Hawaii	Silent	No reference found
Idaho	Yes	Idaho Telehealth Access Act includes physical therapists as eligible providers
Illinois	Yes	Executive Order to Expand Telehealth Services includes physical therapists as eligible providers (During COVID-19)
Indiana	Yes	SB 3 includes physical therapists (but not PTAs) as eligible providers
Iowa	Yes	Iowa Administrative Code on Physical Therapy Telehealth
Kansas	Silent	No reference found
Kentucky	Yes	Kentucky Statute on Telehealth for Physical Therapy
Louisiana	Yes	Louisiana PT Board Guidance on Telehealth
Maine	Yes	L.D. 791 (Enacted 2021) includes physical therapists as eligible providers
Maryland	Yes	Maryland Board of Physical Therapy Examiners position on Telehealth
Massachusetts	Yes	Executive Order Expanding Access to Telehealth Services includes physical therapists as eligible providers (During COVID-19, thru 10/31/2021 or until rescinded)
Michigan	Yes	SB 753 (Enacted 2016) includes physical therapists as eligible providers
Minnesota	Silent	No reference found
Mississippi	Yes	Mississippi Board of PT Telehealth Rules
Missouri	Yes	Revised Missouri Statutes §191.1145 includes physical therapists as eligible providers
Montana	Yes	Montana statutory definition of PT includes Telehealth
Nebraska	Yes	Nebraska Telehealth Act includes physical therapists as eligible providers
Nevada	Yes	Nevada Telehealth Statute includes physical therapists as eligible providers – see NRS 629.510 and NRS 629-515
New Hampshire	Yes	New Hampshire Code Title XXXVII §415J:2
New Jersey	Yes	New Jersey Telemedicine and Telehealth Act includes physical therapists as eligible providers

New Mexico	Yes	New Mexico HB 581 includes physical therapists as eligible providers
New York	Yes	New York Telehealth Guidelines for Physical Therapists
North Carolina	Yes	North Carolina Board of PT Telehealth Statement
North Dakota	Yes	North Dakota PT Practice Act includes telehealth in definitions
Ohio	Yes	Ohio Board of PT Statement on Telehealth
Oklahoma	Yes	Physical Therapy Telehealth Act
Oregon	Yes	Oregon Board of PT Telehealth Standards
Pennsylvania	Silent	No reference found
Rhode Island	Yes	Rhode Island Telemedicine Coverage Act includes physical therapists as eligible providers
South Carolina	Silent	No reference found
South Dakota	Silent	No reference found
Tennessee	Yes	HB 8002 allows telehealth or telemedicine services to be provided by any provider licensed under Title 63 or Title 68
Texas	Yes	Texas Board of PT Examiners Telehealth Rule
Utah	Yes	Utah Telehealth Act includes physical therapists as eligible providers
Vermont	Yes	OPR's Telehealth and COVID-19 Guidance On March 30, 2020, Governor Scott signed emergency legislation that allows individuals who are licensed in another state to provide telehealth to Vermonters without a license.
Virginia	Yes	Virginia Board of PT Guidance on Telehealth
Washington	Yes	Washington Administrative Code on the Use of Telehealth in Physical Therapy
West Virginia	Yes	West Virginia Board of PT Telehealth Regulations (see pages 11-12)
Wisconsin	Yes	Wisconsin Telehealth Guidance includes physical therapists as eligible providers
Wyoming	Yes	Wyoming Board of PT Guidance on the Practice of Telehealth by PTs (Thru 12/31/2021)

Last Updated: 08/17/2021
Contact: advocacy@apta.org

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 determined 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]

Chapter PT 1

LICENSE AND COMPACT PRIVILEGE TO PRACTICE PHYSICAL THERAPY

[PT 1.01](#) Authority and purpose.

[PT 1.02](#) Definitions.

[PT 1.03](#) Licensure requirements.

[PT 1.04](#) Compact privilege requirements.

PT 1.01 Authority and purpose.

- (1) The rules in this chapter are adopted by the physical therapy examining board pursuant to the authority delegated by ss. [15.08 \(5\) \(b\)](#), [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.

[PT 5.01](#) Practice and supervision of physical therapist assistants.

[PT 5.02](#) Supervision of unlicensed personnel.

[PT 5.03](#) Supervision of 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~~ 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 assessment and reevaluation may be conducted via telehealth if, in the professional judgment of the supervising physical therapist, telehealth is an appropriate modality for the patient's condition and circumstances, and the patient or their legal guardian has provided documented informed consent specific to the use of telehealth for these services. The physical therapist is responsible for determining and documenting the clinical reasons that telehealth is appropriate for the assessment or reevaluation and for ensuring that telehealth services are provided in real time, allowing for interactive communication. The supervising physical therapist is also responsible for determining that any person assisting the patient at the remote location during a telehealth session is capable of safely providing any necessary assistance.

(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.

**Physical Therapy Examining Board
Rule Projects (updated 07/25/2025)**

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.
	010-25	08/24/2027	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.	Drafting rule.	EIA Comment Period, Clearinghouse Review, and Public Hearing.

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

AGENDA REQUEST FORM

Name and title of person submitting the request: Steve Johnson, Board Chair		2) Date when request submitted: 7/22/2025 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: 8/6/2026	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Federation of State Boards of Physical Therapy 2025 Leadership Issues Forum Report										
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A										
10) Describe the issue and action that should be addressed: Steve Johnson will deliver a report from the 2025 FSBPT Leadership Issues Forum.												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">11) Signature of person making this request</td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Authorization</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (Only required for post agenda deadline items)</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Executive Director signature (Indicates approval for post agenda deadline items)</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> </table>				11) Signature of person making this request	Authorization	Date	Supervisor (Only required for post agenda deadline items)		Date	Executive Director signature (Indicates approval for post agenda deadline items)		Date
11) Signature of person making this request	Authorization	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.												

FSBPT LIF Conference 2025

Day 1– Nominating Committee has identified a slate of candidates for 2025 elections and can be reviewed at this link: [FSBPT 2025 Slate of Candidates](#) . Elections will be held at the annual conference in October. **FSBPT Board Updates:** Completed a strategic planning and developed a set of core values of being people centric, innovative, service-oriented, collaborative, and operate with integrity. Also reviewed the current 6 strategic initiatives [Areas of Focus | FSBPT](#). No NPTE exam fee increases through 2028. Regulatory workshops will continue to be offered to help new and existing board members be successful. Shorter (1 hour) webinar series will continue to be offered as well. Lifetime fitness use of “DPT” lawsuit with FSBPT/APTA has continues. **Council of Board Administrators Updates:** Continue to work collaboratively across jurisdictions with active networking opportunities. **CAPTE Updates:** Seeing continued increase in PT programs and student enrollment and a decrease in PTA programs and enrollments [2024-pt-aggregate-program-data-fact-sheet.pdf](#). Development of **Course Work Tool (CWT) 7** is in progress of being updated last CWT was from 2016, this tool is used for evaluating foreign trained PT applicants. **Sexual Misconduct & Boundaries Committee:** Have developed a series of videos and educational modules for use with clinicians, students and even the public. **Informed Consent Task Force:** Development of educational modules and tools located on the FSBPT website [Free Resources | FSBPT](#) . **Compact Task Force:** 40 member states in 2025. Compact Website is under construction and should be available in August 2025. **Ethics & Legislation Committee:** Maintains the model practice act and working on other regulatory efforts including pre-1996 test scores, regulatory designator etc. **Continuing Competence Committee:** Looking at best evidence for ongoing competence and ways to implement standards. **Exam Development Committee:** NPTE development and ongoing validity of exam. Currently all items had to trace back to a contemporary published text, the committee is exploring other readily available resources such as clinical practice guidelines. **Cross Profession Minimum Data Set (CPMDS):** HRRRI now has a PT specific assessment tool resource which would support state agencies and lawmakers to do better planning and allocation of resources.

Day 2-APTA & FSBPT: House of Delegates just approved a revised core values and code of ethics document, APTA like other organizations is struggling with the rapid application of AI in the practice of physical therapy. APTA is considering term protection of ‘physio’ as it relates directly to physical therapy. **Animal Physical Therapy Task Force:** is developing language for rulemaking in the jurisdictions which would support physical therapy for animals. **Exam Licensure Disciplinary Database (ELDD):** a national data base which creates a notification system for all jurisdictions to get notification of disciplinary issues. **NPTE Update - Standardized Testing:** There has been a national move to change or eliminate standardized testing due to perceived “unfairness” or bias. English Proficiency: testing is being disrupted due to some changes with TOEFL testing and scoring.

Items for Wisconsin PTEB attention:

1. Due to the recent update of the APTA Code of Ethics and Core Values documents, the Wisconsin PT Practice Act will need to be amended. This may be part of larger practice act updates pursued by APTA WI we should seek clarification

2. The Consumer Protection Rating (CPR) issued by FSBPT is attached to this report and indicates we are in process (yellow light) with discipline reporting within the expected criteria of 14days.

Respectfully submitted by Steven Johnson DPT



Exam, Licensure & Disciplinary Database (ELDD) Consumer Protection Rating (CPR)

We need you!

The ELDD is only as good as the disciplinary, licensure, and exam score information it contains. Each jurisdiction has an important role to play in creating the most accurate database available.

Want to know your jurisdiction's impact on the ELDD's ability to further the public protection mission of all FSBPT member boards? See below!

Wisconsin	<i>Active Compact Member State - Yes</i>
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Consumer Protection Rating (CPR)

FSBPT ID	Licensure Data	Disciplinary Data

Ratings Key:

	Actively Participating
	Working towards Participating
	Not Participating

Contact ELDD@fsbpt.org to learn how your jurisdiction can improve its participation in the ELDD or to let us know of specific roadblocks your jurisdiction has to participating.

FSBPT ID	
Status on FSBPT ID	Stores FSBPT ID in their database and sends FSBPT ID in licensure files
Next Steps	None

Licensure Data	
Frequency of Licensure Data	Automated file sent weekly via Sharefile on Wednesdays
Next Steps	Email ELDD@fsbpt.org to receive more information on FSBPT's API.

Disciplinary Data	
Status on Disciplinary Data	Jurisdiction enters via the Online Processing System
Next Steps	Start entering discipline within 14 days of the date the action was taken.

Additional Information	
Licensure File or API transfer last received on:	6/25/2025
Enters new licenses online or uses API?	No
Provided unique identifier with last data:	Yes, FSBPT ID
Provided DOBs with last data:	Yes
Active Number of PTs in the ELDD:	7,398
Active Number of PTAs in the ELDD:	2,162
Total Number of PTs in the ELDD:	14,122
Total Number of PTAs in the ELDD:	3,593
% of Licenses Active/Expired (Licenses with a status of active but an expiration date in the past):	0%
Is FSBPT your NPDB reporting agent?	No
Last disciplinary action received on:	5/19/2025
Total # of Actions in the ELDD:	126
Average number of days from date action taken to date reported to FSBPT within the last 2 years:	16 Days

Note: (Data Current as of 6/30/2025)

ELDD Contact Information:
Email ELDD@fsbpt.org or call
Angela Johnson @ 703-299-3100 Ext 249