

WV BOPT - BOARD NEWS

Fall/Winter 2008

Greetings to all PT's and PTA's,

(By: Lesleigh B. Sprouse PT, DPT, Board Chair)



I recently had the opportunity to attend the FSBPT (Federation of State Boards of Physical Therapy) meeting in Minneapolis, MN.

It was a great learning experience and I came home with a newfound direction and focus. It was very beneficial to network with Members from other States and learn the challenges they face. Wherever you live, in WV or CA, many Boards struggle with the same issues.

To discover how other States have tackled these issues was invaluable.

As the profession of Physical Therapy moves forward, I am certain new challenges will face us, but I am confident our Board is up to the task. We are dedicated to our mission of protecting the public and advancing our goals to meet the standards of other States.

Lesleigh Sprouse PT, DPT
Board Chair

Are you Competent?

**By: Lesleigh Sprouse PT, DPT
WVPT Board Chair**

This was the central question discussed at the Federation of State Boards of Physical Therapy (FSBPT) Annual Meeting. This discussion brought important questions to mind.

Are you competent? If you look at our daily lives, how many people do we come in contact with that we assume are competent? We assume the competency of the school teachers who teach our children, the accountant who does our taxes, and the electrician working on our house.

Now, what about competence in healthcare? This hit very close to home when my grandmother was in the hospital and some important decisions needed to be made regarding her care. Were we sure the health care providers helping us make these decisions were competent? People may ask the same question about us as Physical Therapists when we are working with them or their loved ones. Wouldn't it be nice to be able to have a standardized tool to evaluate if we were?

The FSBPT was asked by the delegate assembly to begin working on this issue. The process has continued for a number of years and through much work and research the FSBPT has developed a tool to assist Therapists in evaluating their competence.

Are you Competent?

(Cont.)

Although in West Virginia all Licensees are required to complete ten continuing education hours a year, continuing competence is much more than just taking a weekend class.

In 2000, the FSBPT defined continuing competence as the ongoing application of professional knowledge, skills, and abilities which relate to the occupational performance objectives in a range of possible encounters that is defined by individual scope of practice and practice setting. A Therapist's competence may change as time passes, when a new patient with a new condition is scheduled for an evaluation, or when you need to perform a test you have not completed since PT school. We all need to appreciate our strengths and weaknesses and need to be able to evaluate in which areas we need a "refresher".

There are three tools to evaluate competence. The first is the PRT, (Practice Review Tool). This is a new initiative created by the FSBPT to help Therapists assess their ongoing competence. It affords them an opportunity to compare their current knowledge, skills and abilities to entry level practice. The tool is comprised of scenarios and multiple choice questions that emphasize clinical application of content knowledge.

When you have completed the PRT, you receive feedback on your strengths and areas where you may need more focused training. The current tool available addresses general practice, with one focusing on orthopedics in development.

FSBPT also hopes to develop a tool focusing on pediatrics and geriatrics, as well as having multiple versions of the same test. This is seen as just a resource for Physical Therapists and has not been developed to be a mandatory tool. For more information about the tool, you can go to www.fsbpt.org/PRT .

Another tool is the jurisprudence exam which covers laws, statutes, and rules governing Physical Therapy practice for a State. It is a 50 question multiple choice test. Currently, seven States offer the test and Ohio is in the process of developing one. The District of Columbia requires the exam for license renewals.

The last tool available is CAPS (Competence Assessment Portfolio System). It is a guided self reflection tool and develops strengths and weaknesses. It has been piloted in four States.

It is important for all of us to maintain our competence and realize it is more than taking continuing education classes one time a year. This focus on competency improves our practice, makes us accountable to our patients, and reassures the public we are dedicated to maintaining our skills and improving our knowledge.

Are you Competent?

(Cont.)

Just a reminder that the WVPT Board does perform yearly random audits to check for a Licensee's completion of the required continuing education. If you are not actively practicing due to certain circumstances, please contact the Board Office and get information regarding how to place your license in WV on Inactive Status.

The Model Practice Act

By: Melanie Taylor PT

During the Federation of State Boards of Physical Therapy (FSBPT) Meeting in September 2007, I had the privilege to attend an informational seminar on the Model Practice Act (MPA). Both Clark Vaughan of the West Virginia Chapter of the APTA, and Frankie Cayton, Board Administrator, also attended the seminar.

The three of us were given tools and assistance to compare the West Virginia State Practice Act with the MPA. One tool was a crosswalk between the MPA and our Practice Act. The crosswalk was used to assess if our Practice Act addressed each topic in the four articles of the MPA. With utilization of the tool, there were five sections of the MPA that are not addressed in our Practice Act. These areas included: changes in name and address, reinstatement of license, substance abuse programs, rights of consumers, and direct access.

Changes in name and address may not be discussed in the Practice Act, but it is covered on the Board of Physical Therapy web page, www.wvbopt.com. Reinstatement of license would be used, for example, in disciplinary cases if a license is suspended for a duration of time specified in a Consent Agreement between the Board and a Licensee. Once the stipulations are met, the license would be reinstated. We have not addressed a substance abuse program at this time. Rights of the consumers and public protection are not specified in the Practice Act but are indirectly discussed through the definitions of Physical Therapy and the scope of practice of Physical Therapy. Direct access has been obtained through the omission of the wording that requires a physician order for physical therapy.

The Board's Sunset Committee, which is comprised of Lesleigh Sprouse and myself, has met with members of the WVPTA to discuss needed changes to the WV State Practice Act. We hope that with a combined effort between the Board and the Association, we can have a clear and concise Practice Act that meets the needs of the residents and the practitioners of the State of West Virginia.

What Time is it?

Time to renew your License if it EXPIRES

12/31/2008



Conda Mace - Retiring

By: Frankie Cayton, Administrator



It has been my pleasure for the past 13 years to work with Conda. She joined the Board as a part time employee when this job was still being worked in my home. For at least two years when we would take our family vacation in the summer, I would provide Conda with a key to our home in order that she could continue to let herself in and come to work to be of service to you, our

Licensees.

She has been with me when we were required to move the Office 3 times - - which is quite an undertaking for a State Government Agency Office. She has been the person who has worked on and organized so much of the Continuing Education submissions and processing. I am sure that many of you through the years have had the opportunity to speak with her over the phone and have appreciated her friendly disposition and her professionalism.

Conda has been a tremendous blessing to me and I will really miss her friendship, her encouragement, and her presence. She has such a tremendous work ethic and I could always count on her to do things above and beyond what was expected or required. She never watched the clock; but was always willing to remain engaged in whatever project she was working on until it was completed. She will be greatly missed in this Office.

Disciplinary Actions Taken By The Board:

Kim Chapman PTA

After due investigation of a written complaint, the Board determined that there was Probable Cause to believe that the Respondent did exhibit unprofessional and unethical conduct in the practice of Physical Therapy in violation of the provisions of WV Code §30-20-1 et seq. and the Rules of the Board, 16 CSR 16-1 et seq. In lieu of a hearing, the parties reached an agreement for the resolution of the matter by entering into a Consent Agreement and Order. Respondent's License was Suspended for a period of six (6) months - - which time is in effect until October 22, 2008; and Respondent was required to reimburse the Board for all administrative, procedural and legal costs associated with the Case.

Recently Asked Questions with Answers

- A. **Question:** Is it permissible for a PTA to perform screenings in SNF's. The state practice Act doesn't specifically address this, however, there is a broad belief throughout the State that the answer is "no". I feel that if the PTA is only reviewing objective information from the medical chart and documents this objective data onto the form for the PT to review and evaluate the patient based on, this certainly, in my opinion, is well within the State guidelines. However, the PTA should not be allowed to make any contact with the patient or make assessments based on his/her observations. Only objective data should be presented on the form to the supervising PT.

Answer: (previously supplied and documented in Winter 2000 Newsletter):

If the "screen" is evaluative, the answer is "NO". (See §16-1-8. Nature of Practice For Physical Therapists.)

Also in the Fall/Winter 2006 News Letter: the question was asked as to whether a PTA could complete a status report to a physician on a patient they are familiar with? Can the report include objective (ROM strength, etc...) measurements, as assessment (i.e. interpretation of objective data only, as to gains or lack of gains, w/o why the changes occurred) and a plan section w/o changing the plan of care from the primary PT? The Board Members agreed that the PTA may not interpret objective data; however, the PTA may state his/her findings. With that correction, the above answer would be "yes" as long as the supervising PT signs the report.

Answer supplied 05/14/2008): The Board unanimously agreed that the previous Answers documented were still the correct responses to the Questions asked.

- B. **Question:** I am an ATC. The following questions do not only pertain to ATC's, but also to any other persons asked to perform these duties. I have recently been told that I will be working the weekend rotation at the acute care hospital that I am currently employed at (in the outpatient Dept.) I was given a letter/note of what my Supervisor believes according to PT regulations on what I may do under "other Assistive Personnel" (CSR 1, Title 16-1- 2.5 & 2.6). I am writing the "interpretation" in regards to the questions that were given to me. I am in disagreement with this "interpretation" and I am quite sure that I am unable to legally function as asked, and any other person considered "other Assistive Personnel" would also be out of compliance with the law.

B. **Question (Cont.):**

The note to me contained the following:

1. As an Athletic Trainer, I would be able to assist the PT or PTA with treatments in the Acute care hospital setting and if I would see a patient independently, I must be supervised by the PT. The PT or PTA should write all notes in the chart?

Answer: The Board agreed that the Athletic Trainer can assist in the performance of the Physical Therapy treatments and or service, but can only be supportive in nature when with the PTA, i.e. holding wheelchair, assisting with transfers for safety, moving IV pole, etc.... The Members also agreed that the Athletic Trainer must be supervised by the PT and “supervision” is defined as “authoritative procedural guidance with initial direction and periodic inspection on a regular basis by a PT and that it requires the “actual physical presence of the PT in the immediate treatment area where the treatment is being rendered.” (According to §16-2.6. and WV Code §30-20-2.Definitions (h) (1).)

2. As for Medicare regulations in the acute care setting, I am able to function as “Other Personnel”, however, I am not permitted to see Medicare patients in a skilled setting or outpatient setting?

Answer: The Board agreed that the person asking the Question should check with the facility’s legal counsel and/or CMS and the third party intermediary for all guidelines as it pertains to what is billable and by whom is required to perform the treatment and/or service.

As I said I am sure this “interpretation” of the Law is incorrect. Other questions I have pertaining to the hospital acute care setting:

3. Supervision means: As long as a PT is in the hospital, it is ok for the PTA to see patients on any floor of the hospital? i.e....the PT is on the 5th floor and the PTA is on the 2nd floor treating patients that have already been evaluated by the PT.

Answer: The Board also agreed that the PTA must be supervised by the PT and “supervision” is defined as “authoritative procedural guidance with initial direction and periodic inspection on a regular basis by a PT and that the PT has to be on the premises.” (According to §16-2.6. , and §16-1-9.3(a).)

B. Question (Cont.):

4. The PTA can supervise (“other assistive personnel”) working with them treating patients, performing “other designated tasks related to Physical Therapy, as long as the PT is present in the hospital. Such “tasks” would include finishing ROM exercises, ambulating patients, and then charging for these services?

Answer: The Board agreed that the PT must supervise “Other Assistive Personnel”; not the PTA (According to §16-2.5. & 2.6)

The Board agreed that they cannot give advice regarding billing issues and that such questions should be referred to the appropriate third party payer or CMS for what they require for supervision to make payment on such services rendered

5. What is the definition of “other designated tasks related to physical therapy?”
(An example for instance....)

Answer: The Board agreed that these would be tasks designated by PT’s that are not exclusive to PT’s and/or PTA’s and are within the training of Other Personnel such as Aides, (i.e., allowing “Other Personnel” to complete an Ultrasound once they are trained.) There are no “designated tasks” mentioned in the Law other than those that are “designated by the PT”.

**Answer: (some parts of this Question were previously addressed and answered by the Board.) January 2006 - If a PT Aide is directly involved in patient care, then , he/she would count as one of the two assistive support personnel that the PT is legally allowed to supervise. However, if the PT Aide is not directly involved in patient care, then he/she would not count.
In February 22, 2006, the Board decided that fully licensed PTA’s could supervise PTA students (there was no mention of any other personnel that the PTA would be legally allowed to supervise).**

- C. Question: I am writing in regards to the laws and duties of PTA’s and Functional Capacity Evaluations (FCE). Can a PTA perform an FCE or any part of the FCE?**

Answer: The Board agreed that a PTA cannot do an FCE; but can assist the PT under supervision according to §16-1-9.2.b.

Emergency Rule Change

By: Lesleigh Sprouse PT, DPT, Board Chair

Recently, the Board submitted an Emergency Rule change to the Physical Therapy Law regarding the English proficiency testing for foreign-educated applicants and fee schedule. The Emergency Rule was approved by the Secretary of State's Office and will now go through the normal Legislative process during the 2009 Session to make the changes permanent.

When the Board filed for this needed change, the entire Section 1 of the General Provisions at §16-1-1 et seq. was opened for scrutiny. The West Virginia Legislative Rule Making Committee reviewed our Rule and made some additional recommendations. One area where additional changes were needed was regarding supervision. There were discrepancies throughout the Rule and clarifications were made.

The Emergency Rule was amended to include these changes. The West Virginia Legislature will review the proposed changes during the 2009 Session beginning in February.

If you would like to review this Rule (the original Emergency Rule and the amended version), it can be found at: www.wvsos.com. If you have any questions, please submit them in writing to the Board via the Office.



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