Dear Physical Therapists and Assistants:
(By: Sally B. Oxley PT, CHT, Board Chair)

It has been a dreary Fall and Winter; but Spring has arrived and brought with it the birth of new projects. I have been following some of the activities in State Government and have been pleased that Governor Manchin and the Legislature are taking a real interest in the obesity problem in our State. The First Lady of West Virginia, Gayle Manchin, has launched a new web site encouraging us all to devote time to volunteering in our communities: www.volunteerwv.org

In our PT practice, we have established a partnership with two of our area high schools - - one in West Virginia and one in Ohio. One of our priority areas is to educate the students regarding proper nutrition and to increase awareness of the importance of activity and exercise for a healthy lifestyle. We are also involved in education regarding careers in healthcare; which should enhance our mission to increase the interest in Physical Therapy among West Virginia students. The partnerships have been fun and challenging and I would encourage all of you to get involved in your schools and communities.

Regards,
Sally Oxley, Board Chair

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REIMBURSEMENT BEING PROVIDED BY PEIA
(By: Michael McLeod PT)

Our Admissions Coordinator at Davis Home Care had previously been informed by Accordia National, Claims Administrator for PEIA, that Physical Therapy services performed by a Physical Therapist Assistant would not be reimbursed. This was disconcerting to me since the State of West Virginia does license Physical Therapist Assistants and PEIA was a State program.

I thought that just calling PEIA would be a waste of my time; so, I decided to call the Governor since he was newly inaugurated in hopes that he would be interested and assist with this dilemma. I explained the facts of the situation to the person in the Governor’s Office who answered the phone and they assured me that the matter would be looked into. Much to my surprise, I got a call from a representative of PEIA that very afternoon! They told me that they had gotten a call from the Governor’s Office relating that I was having a problem with receiving reimbursement from PEIA. I explained how I felt that it was not right that a State program would exclude a health care provider who was duly licensed by the State to provide health care. They transferred me to Tanya Cyrus who listened to my complaint with an obvious sympathetic ear. I explained to her the supervision requirements as outlined by Law for PTA’s working with PT’s as well as how PTA’s are utilized in Home Care. She said that she would research the issue.

Well, after six weeks of research, she contacted me to say that PEIA was changing it’s Policy and would pay for Physical Therapy services provided by a PTA pursuant to WV Law. I have not yet received the written form of this new Policy; but Tanya has recently assured me that it will arrive soon.
SEXUAL MISCONDUCT
(By: Sally B. Oxley, PT, CHT, Board Chair)

Frankie Cayton and I attended the annual meeting of the Federation of State Boards of Physical Therapy (FSBPT), September 11 - 13, 2004, in Philadelphia, PA. One issue that was at the forefront this year was sexual misconduct by Physical Therapists. Many States have taken disciplinary actions toward licensees for these boundary issues.

David Shapiro, PhD, a Psychotherapist specializing in this area addressed the group. His topic was “The Diagnosis and Treatment of the Sexually Offending Therapist”. He states that most of the offenders are men. The recidivism rate is high, being 30% for first-time offenders and higher for subsequent episodes. He indicates that treatment of the offending therapist must be administered by professionals trained in this specific area; and even so, the failure rate of treatment is high. Certain patient types can contribute to the problem, but it certainly does not excuse it. These patients are dependent and manipulative and tend to develop crushes on their therapists. Dr. Shapiro recommends that as soon as the situation arises, it should be immediately documented in the chart and the patient should be changed to another - - same sex - - therapist.

Many of the Physical Therapy educators in attendance at the meeting indicated that they have included training regarding these boundary issues in their curriculums. Dr. Shapiro commended them for taking a pro-active stance.

Jonathan Cooperman, PT, DPT, MS, JD combines the Physical Therapy and Legal Professions. He spoke about sexual misconduct at the WVPTA Spring Meeting. Mr. Cooperman made several excellent points on the subject. He states that there cannot be a consensual relationship between a Physical Therapist and a patient, due to the imbalance of power in the relationship. The Physical Therapist is in a position of power and the patient is in a position of vulnerability. He feels that the practitioner is always responsible for creating the relationship despite who is the aggressor. Mr. Cooperman agrees with Dr. Shapiro that if a relationship is about to occur, the Physical Therapist must disengage from the care of the patient and transfer the care to another provider.

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PTA PRACTICE EXAM AND ASSESSMENT TOOL
(PTA PEAT)

As of June 17, 2004, Physical Therapist Assistants have a new tool available to them when they are preparing the NPTE - - the PTA Practice Exam and Assessment Tool (PTA PEAT). Candidates who purchase PTA PEAT will be able to take two different 150 question exams and receive feedback on each exam. Candidates also have access to the rationale for why a correct answer is correct and the references used for each question. PTA PEAT also includes graphic items so a candidate’s PEAT experience is as close as possible to the real NPTE.

To purchase PTA (or PT) PEAT, go to https://www.fsbpt.net/pt. Candidates then have the option of paying online by credit card or sending in a money order to the FSBPT for processing. If you have any questions regarding PEAT, check the “Frequently Asked Questions” on the Federation Web Site or send an email to PEAT@fsbpt.org.
REDUCTION IN THE NUMBER OF RETRIES ON THE NPTE

Two important changes are being implemented in 2005 to improve examination security. First, the number of forms of the NPTE will increase. While the number of forms available will increase, the number of attempts that a candidate can make in a 12-month period will decrease from four times to three. Increasing the number of forms while decreasing the number of attempts may seem counterintuitive. Actually, both steps will improve examination security by limiting item exposure. Candidates will be able to take multiple forms of the examination in the same exam cycle without ever seeing the same item twice. In addition, these two changes will decrease the number of candidates seeing each item, which will reduce opportunities for candidates to memorize and illegally share items after taking the NPTE. The NPTE Commission is the author of these recommendations. Its purpose was to review the NPTE program and provide pro-active methods for addressing the Internet cheating that was discovered in the fall of 2002.

Disciplinary Actions Taken By The Board:

David Lyle  PTA

The Respondent violated the provisions of the previous Final Order dated May 2003 by working as a Physical Therapist Assistant during the period of time that his license was suspended. In the instant matter, as illustrated by the testimony presented to the Board and the documentary evidence presented to the Board, the Respondent refused to comply with his Amended Order by working on a suspended license, failing to pay assessed administrative costs, and failing to notify the Board of his intent to work along with his employer’s name and address. Respondent’s actions were not only unprofessional, but also misleading to the patients he served during this time of employment. His employment was fraudulent from the start by his action of presenting an invalid license, and by this action the Respondent misrepresented his current license status.

Wherefore, for the reasons stated more fully above, the WV Board of Physical Therapy REVOKED Mr. Lyle’s suspended license to perform services as a Physical Therapist Assistant.

NEW WEB SITE DESIGN

We recently contracted with WV Designs to make improvements to and upgrade our Web Site. Our goal for the future is to make on-line renewals possible. The Web Site transition will help to facilitate this endeavor. Information posted is updated frequently. The Site is your best source of information for Continuing Education Course work that has been approved by the Board’s Continuing Education Committee. Current and upcoming Courses are added to the site weekly. Older Courses appear in the Archive section of the Site. For more information go to: www.wvbopt.com
RECENTLY ASKED QUESTIONS

Question:

1. Setting: Acute Care Hospital campus - - which includes the hospital and several medical office buildings. The outpatient PT clinic is located in one of these medical office buildings and is separated from the hospital by a parking lot.

Can the PT in the outpatient facility provide “general supervision” of the PTA’s in the hospital?

Answer

“No”. The PT in the outpatient facility cannot provide general supervision of the PTA’s in the hospital.

Question:

2. a. Are licensed PT’s in WV allowed to perform “Trigger Point Injections”?
   b. Are licensed PT’s in WV allowed to perform “Tendon Sheath Injections”?
   c. If they are licensed to perform these tasks, does a physician need to be present in the facility when the treatments are performed? Is a prescribed order enough for the Therapist to act?
   d. Does the PT Practice Act/Law include a broad statement such as: “a licensed PT can perform any action that they are trained or certified to perform as long as they are under the direction of a physician?

Answer:

PT’s are not licensed to perform injections of any kind. They cannot even do needle EMG’s in this State. There is no statement in our Practice Act/Law that enables a PT to do anything that they are trained by a physician to do.