

KENTUCKY STATE BOARD OF PHYSICAL THERAPY
The Hall Office Center
400 Sherburn Lane, Suite 248
Louisville, KY 40207-4215

TO:

FIRST CLASS



KENTUCKY STATE BOARD OF PHYSICAL THERAPY NEWSLETTER

VOLUME 1, ISSUE 1

FALL, 1990

* Welcome to the first issue of the Kentucky State Board of Physical Therapy Newsletter. As a *
 * licensee or certificand in the Commonwealth of Kentucky, you will receive a Newsletter twice *
 * yearly. The purpose of the newsletter is to help keep you informed of current licensure issues, *
 * regulations and policies, disciplinary actions, answer questions pertaining to licensure that *
 * are most frequently asked, and to serve as a line of communication between the Board and you. *
 * If you have any questions you would like to ask the Board, send them to the Board office and *
 * we will attempt to answer as many as possible in the next issue. *
 *

* Bob McCray, Newsletter Chairman *

DOM'T GET LOST...



If this Kentucky Board Newsletter had to be forwarded to you, please send your current address and telephone number to the Board right away! If your name is different from what is on your mailing label, please send a copy of the legal document which authorized the change. That's the only way your licensure record can be altered!!

ALERT!
HB 425 AMENDS KRS 327
CONCERNING HIV/AIDS EDUCATION

Overshadowed by bills concerning Certificate of Need (CON) and Educational Reform, a less publicized bill, HB 425, passed during the 1990 session of the Kentucky General Assembly. HB 425 amended most of the laws regulating health care professionals in Kentucky including KRS 327, "The Physical Therapy Practice Act", to require completion of "educational courses on the transmission, control, treatment and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change..." at initial licensure and at each license renewal.

HB 425 has also mandated dates by which each licensee must have completed an approved course, 07/01/92 for PTs and PTAs. The Board is exploring the best means available to assure that appropriate courses for both PTs and PTAs will be available. Graduates from accredited Kentucky Physical Therapy Programs will have completed courses as part of their curriculum (beginning in 1991).

Each course must meet criteria yet to be established by the Cabinet for Human Resources. All affected agencies are working with the Cabinet to provide input into their regulations. A certificate confirming completion of the course will be issued to participants and will be required for licensure. The cost of a course will be borne by the licensee or applicant.

Because you are scattered throughout the world, including Greece, Canada, Japan, and at various Peace Corps sites, "take home" courses will also have to be available. These may be in the form of course booklets or possibly audio or video tapes.

Another major concern to the Board and to health care providers alike will be the probable initial delays in issuing a license or certificate to endorsement applicants and examinees educated outside Kentucky. The Board will explore every means by which they can continue to provide expeditious service to licensees.

ONGOING ISSUES: Can I Start Work Before I Have My License?

There is an ongoing problem with some persons who begin practicing physical therapy or claim to be a physical therapist without having a Kentucky license. According to the Physical Therapy Practice Act, "No person shall practice or hold himself out as being able to practice physical therapy in any manner whatsoever unless he meets the educational requirements of this chapter, is licensed in accordance with the provision of this chapter, is in good standing with the board and his license is not suspended or revoked."

If you hire someone who is licensed in another state, they must have a Kentucky license before starting work. Persons who have not been examined (usually a new graduate) must have a temporary permit before starting work. Once a person meets all criteria for licensure, the Executive Secretary may so inform the licensee or exam candidate that he or she is permitted to begin work before the license or permit has been received in the mail. These rules apply equally to physical therapist's assistants.

NEW EXAM

The newly validated, one part examination for physical therapists is scheduled for its first administration on Feb. 28, 1991. Validation is required by the EEOC to occur every five years. The three-part exam, given in Kentucky since 1959, will be administered last on November 2nd and has 300 questions. The new exam will contain 200 practice oriented questions and will take only 1/2 day to administer.

After considerable deliberation, the Board submitted amendments to existing regulations which will change the passing requirements for all PT applicants from passing each part of the exam, to passing only the total exam.

CABINET OF THE GENERAL GOVERNMENT
Board of Physical Therapy

201 KAR 22:053. Code of Ethical Standards and Standards of Practice For
Physical Therapists and Physical Therapist's Assistants

RELATES TO: KRS 327.040, KRS 327.070

STATUTORY AUTHORITY: KRS 327.040 (11), KRS 327.040 (12)

NECESSITY AND FUNCTION: KRS 327.040 (11) and KRS 327.040 (12) authorize the Board of Physical Therapy to establish by regulation a code of ethical standards and standards of practice for physical therapists and physical therapist's assistants. This regulation establishes those standards which, if violated, are a basis for disciplinary action under KRS 327.070 (9).

Section 1. As used in this administrative regulation, unless the context requires otherwise:

- (1) "Board" means the Kentucky State Board of Physical Therapy.
- (2) "Full-time" means employment for forty (40) hours a week.
- (3) "On-site supervision" means immediate physical accessibility within the same building.
- (4) "Supportive personnel" means a person assisting in direct patient care who is not licensed or certified by the board to provide physical therapy.

Section 2. Code of Ethical Standards for the physical therapist and physical therapist's assistant. Physical therapists and physical therapist's assistants shall:

- (1) Respect the rights and dignity of all individuals;
- (2) Maintain the confidentiality of patient information unless the patient or his appointed representative consents to it's release;
- (3) Provide accurate information to the consumer; and
- (4) Report unethical, incompetent or illegal acts to the board.

Section 3. Standards of Practice for the physical therapist. When engaged in the practice of physical therapy, a physical therapist shall:

- (1) Evaluate each patient. The patient shall be evaluated:
 - (a) Prior to initiation of any treatment;
 - (b) Upon receipt of a patient from another physical therapy service, facility or agency; and
 - (c) When requested by a referring professional.
- (2) Refer the patient to other professionals or services when the treatment or service is beyond his scope of practice;
- (3) Be responsible for the physical therapy record of each patient;
- (4) Provide services that meet or exceed the generally accepted practice of the profession;
- (5) Explain the plan of care to the patient, to others designated by the patient, and to appropriate professionals;
- (6) Make it clear to the patient that the patient has the right to choose any qualified professional or equipment supply companies if the physical therapist makes recommendations for such;
- (7) Disclose in writing to each patient any financial interest or compensation or other value to be received by the referral source:
 - (a) For services provided by the physical therapist;
 - (b) For equipment rental or purchase; and

- (d) Evaluating the competency of physical therapist's assistants and supportive personnel;
- (e) Supervising the physical therapist's assistant and supportive personnel;
- (f) Reassessing in-patients in either a hospital or comprehensive rehabilitation facility every fourteen (14) days;
- (g) Reassessing every ninety (90) days, with the physical therapist's assistant present patients in:
 1. A facility defined in 902 KAR 20:086 as an intermediate care facility (ICF) for the mentally retarded (MR) and developmentally disabled (DD); or
 2. A school system;
- (h) Reassessing each patient not otherwise noted after the earlier of every:
 1. Twenty (20) physical therapy visits; or
 2. Thirty (30) days following the initial evaluation or subsequent reassessment;
- (i) Reassessing a patient whose medical condition has changed;
- (j) Establishing discharge planning for patients who require continued physical therapy;
- (k) Altering, extending, refusing or discontinuing treatment by the physical therapy service; and
- (l) Insuring that when supportive personnel provide direct patient care that there is on-site supervision by a physical therapist or physical therapist's assistant.

Section 6. **Standards for Documentation.** The physical therapist is responsible for the physical therapy record of a patient. The physical therapy record shall consist of:

- (1) The initial evaluation, a written report signed and dated by the physical therapist performing the evaluation which shall include:
 - (a) The patient's name, age and sex;
 - (b) Referral source, if appropriate;
 - (c) Pertinent medical and social history;
 - (d) Symptoms and date of onset;
 - (e) Medical diagnosis, if available;
 - (f) Subjective information;
 - (g) Appropriate objective testing;
 - (h) Precautions and contraindications;
 - (i) Problems, interpretation, assessment; and
 - (j) Plan of care, including:
 1. Treatment to be rendered;
 2. Frequency and duration of treatment;
 3. Referral to other professionals, if indicated;
 4. Patient education and instruction; and
 5. Measurable goals.
- (2) Progress notes, which are written, signed and dated by the person rendering treatment, and countersigned and dated by the physical therapist when written by supportive personnel, physical therapist students, physical therapist's assistant students, or examination candidates. The progress notes shall include:
 - (a) A current record of treatment;
 - (b) Patient's response to treatment;
 - (c) Any factors affecting treatment; and
 - (d) Data obtained by all objective tests performed.

(c) For other services the physical therapist might recommend for the patient.

(8) Unless prohibited by law, as members of a business entity be allowed to pool or apportion fees received in accordance with any business agreement.

Section 4. Standards of Practice for the physical therapist's assistant. When engaged in the practice of physical therapy the physical therapist's assistant shall:

(1) Provide services only under the supervision and direction of a physical therapist;

(2) Refuse to carry out procedures that he believes are not in the best interest of the patient or that he is not competent to provide by training or skill level;

(3) Initiate treatment only after evaluation by the physical therapist;

(4) Upon direction from the physical therapist, gather data relating to the patient's disability, but not determine the significance of the data as it pertains to the development of the plan of care;

(5) Refer to the physical therapist inquiries that require an interpretation of patient information related to rehabilitation potential;

(6) Comply with the plan of supervision established by the physical therapist; and

(7) Communicate with the physical therapist any change or lack of change which occurs in the patient's condition which may indicate the need for reassessment.

Section 5. Standards for Supervision. When supervising the physical therapist's assistant and supportive personnel, the physical therapist shall:

(1) Prepare a written plan for the training and supervision of supportive personnel. The plan shall be reviewed annually and revised as necessary. The plan shall be readily available for review by all physical therapists and physical therapist's assistants who work with the supportive personnel and shall include:

(a) A list of clinical competencies of each supportive personnel;

(b) The method for monitoring and supervising care provided by supportive personnel; and

(c) The date and signature of the supervisor and supportive personnel governed by the plan.

(2) At all times, including all work locations, be limited to:

(a) Supervising no more than four (4) full-time physical therapist's assistants or supportive personnel; or

(b) The number of those persons providing part time patient care for a period equivalent to that provided by four (4) full time providers of patient care; except

(c) Temporary failure to abide by the maximum staffing ratio of physical therapists to physical therapist's assistants or supportive personnel required in this section for a period not to exceed seven (7) consecutive work days shall not constitute a violation of this standard.

(3) Be responsible for:

(a) Interpreting any referral;

(b) Conducting the initial physical therapy evaluation;

(c) Establishing reporting procedures to be followed by the physical therapist's assistant and supportive personnel;

(3) Reassessment, which is written, signed and dated by a physical therapist. If the physical therapist is treating the patient, these reports may be incorporated into the progress notes. If a physical therapist's assistant or supportive personnel are treating the patient, the report shall be a separate entry into the record. A reassessment shall include directly observed objective, subjective, and medical data necessary for the revision or reaffirmation of the plan of care and measurable goals.

(4) Discharge summary, which is the written, signed, and dated statement of the patient's physical therapy status upon discharge, including reference to previously established goals and program plan. A physical therapist's assistant may write the discharge summary which shall be countersigned by the responsible physical therapist. The discharge summary shall include:

(a) Date and reason for discharge;

(b) Objective data related to the initial evaluation and subsequent review;

(c) A complete and accurate summary of the patient's status at the time of discharge. Status includes functional ability, increase or limitation of range of motion, decrease or increase of pain, muscle power, general physical and mental condition including tolerance; and

(d) Discharge plan, which means any recommendations the physical therapist has regarding the need for continuing physical therapy.

(5) The correct designation following the signature of the person who has entered a statement(s) into the patient record shall be as follows:

(a) If written by a physical therapist or a physical therapist candidate granted a temporary permit by the board: "P.T.";

(b) If written by a physical therapist's assistant or a physical therapist's assistant examination candidate granted a temporary permit by the board: "P.T.A.";

(c) If written by supportive personnel: "P.T. Aide", or "Physical Therapy Aide"; and

(d) If written by students: "Physical Therapist Student" or "P.T. Student"; "Physical Therapist's Assistant Student" or "P.T.A. Student".

NEW STANDARDS OF PRACTICE IN EFFECT

The long awaited revisions to the Code of Ethical Standards and Standards of Practice are now in effect and are enclosed in this, the Board's first communique with its licensees and certificands in newsletter form.

The Standards, first adopted by reference in 1975 and revised by the Board four times in the subsequent eleven years, are now written as regulation, 201 KAR 22:053. These revised Standards are the product of three years of diligent work, first by a committee of Kentucky licensees, and then through painstaking reviews by members of the Board. The Board appreciates the input provided by licensees as a result of the Open Forums held in November and December, 1989. The majority of the changes in this final document vs. the draft mailed to each of you in November were made as a result of input from you.

STANDARDS HIGHLIGHTS

- * Requires written disclosure to patients of profit to be received by the referral source for service or equipment.
- * Provides for maximum staffing ratios of (1) PT : (4) PTA and/or Supportive Personnel.
- * Sets new timetables for reassessment of the patient by the physical therapist, depending upon the setting in which care is provided and, in some settings, the frequency of treatment.
- * Deletes the requirement that the PT make joint visits with the PTA, except in certain settings for patient reassessment.
- * Permits the PTA to write the discharge summary on patients when countersigned by the responsible PT.
- * Requires documentation of competencies of supportive personnel be available to each PT or PTA working with the supportive personnel.

The Board wishes to express gratitude to the members of the Standards Revision Committee, especially Deborah Tharp, former Board Member (1983 - 1990), who both chaired the committee and led the Board through its review process. Other committee members were physical therapists LaVonne Jaeger, Mark Wiegand, Bobbie Kaiser and physical therapist's assistant Marcia Symphon.

The highlights provided here are only a cursory glimpse into the Standards. Each PT and PTA is responsible for reading and implementing the Standards upon receipt of this newsletter. Related changes were made to other regulations. One change will require each PTA to provide the name and license number of her/his primary PT supervisor at each site the PTA provides physical therapy service. This information will first be collected on a mass basis during the 1991 license renewal.

Reprinting of KRS 327 and all PT regulations has been initiated and you each will be sent new booklets when they are available.

BOARD MEMBERS

Members of the Board of Physical Therapy include four physical therapists and a public member. Each is appointed for a three-year term by the Governor of the Commonwealth in compliance with KRS 327. In recent years, members have often sought and been granted reappointment, which has given the Board needed stability and seasoning when deliberating the important and often difficult issues it is required to address. Members, who represent a variety of work situations, are listed here for your interest.

KAREN CRONIN, PT, Chairman. Karen, a life-long resident of Louisville, received her BHS in Physical Therapy from the University of Kentucky ('75). She first worked at SS Mary & Elizabeth Hospital, and then at the former Saint Joseph Infirmary and its successor, Humana Hospital Audubon. Presently a full-time clinician at Humana Hospital Suburban, Karen has served as a Departmental Director and a Clinical Education Coordinator. Clinical interests include Orthopedics and general acute care. Outside work, Karen enjoys playing the guitar, and as an avid golfer, she relaxes playing courses throughout Kentucky and the Southeast. Karen has served the Central District, KY Chapter APTA as Secretary and chaired the chapter's 1980 Standards of Practice revision committee. Term Expires: 01/01/92.

ROBERT E. MCCRAY, PT, Secretary and Chairman Elect. Bob, too, received his BHS from UK ('73) and practiced in Somerset for three years before moving to SC in 1976. While in SC, he served as President of their APTA Chapter and received his MHS from the Medical University of South Carolina. In 1980, Bob accepted a position in Kentucky as Director of PT at the Medical Center at Bowling Green where he remained until August '90 when he, his wife and daughter moved to Lexington. Congratulations to Bob in his new position as the COO, American Physical Therapy Group. Bob's interests outside PT include flying, astronomy and photography. Term Expires: 08/02/91.

JAMES R. DELAPP, Public Member. At the time of his first appointment, it was clear that Jim had brought to the Board a welcome dimension and varied background. A retired employee of both the US Army Corp of Engineers and Jefferson County Circuit Courts (Court Administrator), Jim is also a most honored and active volunteer in many arenas. Most recently he was Assistant State Director of AARP, and thus well aware of health care issues faced by senior citizens. Listing his volunteer credits could take an entire Newsletter. In summary, he was a 1986 recipient of the Bell Award and the (national) Jefferson Award, was a 1987 Senior Citizen Intern with Congressman Romano Mazzoli in Washington, DC, and has volunteer credits in such areas as the Crisis & Information Center, Wesley House, and the Kentucky Center for the Arts. Jim's special interests include travel, having completed trips to all continents. 2nd Term Expires: 04/23/92.

WALTER KIM CLEARY, PT. First appointed to the Board in '86, Kim has served twice as Board Chairman. He received his BS in PT from East Carolina University ('77). Before moving to Kentucky, Kim was a clinician at the USPHS Hospital, New Orleans for 3 1/2 years and for one year at the Ft. Sanders Regional Medical Center, Knoxville. His '82 move to Lourdes Hospital, Paducah was a lucky one for Kentucky. He brought with him expertise in EMG/NCV, orthopedics and sports medicine, and a strong commitment to clinical education. Kim and his PT wife, Lisa, have been in private practice at the Corbin & E. Bernstadt PT Clinics since 1983. They live in Corbin with their two children. Kim, too, is active in APTA matters, having served as the Kentucky Eastern District chairman and as Tennessee's Continuing Education Chairman. Term Expires: 04/30/92.

GEORGIA C. KING, PT. The newest appointee to the board, Georgia now serves as the Board's representative to the Legislative Committee of the Kentucky Chapter, APTA. After her ('79) BHS graduation from UK, Georgia returned to her native Eastern Kentucky to practice, first at the Mary Chiles Hospital in Mount Sterling. Later, she, Jean Points and Susan Craft joined in private practice in Mount Sterling, presently at their PT & Rehabilitation Services clinic. She also provides services to the Powell County schools, and Home Health patients out of Irvine (Estill Co.). Her clinical interests include pediatrics and orthopedics. Georgia enjoys reading, observing her son competing in baseball and basketball, and the outdoors. The latter is certainly easily understood as she lives in Stanton, adjacent to Natural Bridge State Park and the Red River Gorge. Term Expires: 12/03/92.

BOARD OFFICE

After eleven years of operating the Board office from her home, no one was more pleased than Executive Secretary Nancy Brinly to move into the new offices in July, 1989. Board meetings were previously held in borrowed space at the University of Louisville and the Board of Accountancy. The office is now fully equipped and furnished. We are particularly pleased with two new wall plaques. One commemorates enactment of KRS 327 in 1958, listing the first Board members: Eloise Draper, Mel Carson and Donald Lange; and the second lists the name, license number and dates of appointment(s) of each Board member, past and present. Anyone wanting to see our office is welcome to come by. The office is open 8:00 a.m. to 4:30 p.m. (Eastern time), Monday through Friday. Office telephone and FAX number is 502-588-4687.

1990 BOARD MEETINGS OTHER IMPORTANT DATES

September 18, 1990...Filing Deadline, November Exam
September 21, 1990...Board Meeting, Louisville
November 2, 1990....PT & PTA Licensure Exam
November 16, 1990....Board Meeting, Louisville
January, 1991.....Mail License Renewal Notices

January 15, 1991.....Filing Deadline for February Exam
January 27-30, 1991...Federation of State Boards of
Physical Therapy Meeting, Orlando
February 28, 1991....PT & PTA Licensure Exam
March 31, 1991.....Renewal Deadline