



KENTUCKY BOARD OF PHYSICAL THERAPY NEWSLETTER

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March 2012

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PROPOSED REGULATION CHANGES

The following regulations were amended recently that address several important issues that affect the practice of physical therapy in Kentucky. The following details the language changes and their respective effects. These have been submitted to the Legislative Research Commission in Frankfort for consideration in this legislative cycle. If approved, they will go into effect later this year and be posted to the KBPT website <http://pt.ky.gov>.

ISSUE: Physical therapists have always been required to evaluate and complete a new plan of care upon receipt of a patient from another physical therapy service.

- Physical therapists will now have options when receiving a patient who is under an active plan of care from another physical therapy service. The PT may complete another evaluation as has been the case under the old regulation. Or, as an alternative, the PT may ensure that the active evaluation and plan of care received from the referring physical therapy service are current and appropriate, document this in the medical record, and comply with ensuing re-evaluation time frames, without completing a new evaluation.
 - 201 KAR 22:053(2)(3) Upon receipt of a patient under an active plan of care from another physical therapy service, the receiving physical therapist shall:
 - (a) Complete an initial evaluation in compliance with Sections 2(2) and 5(1)(a)-(e) in this administrative regulation, or
 - (b) Ensure the evaluation and plan of care from the other physical therapy service are current and appropriate;
 - (c) Retain the evaluation and plan of care from the other physical therapy service in the medical record;
 - (d) Document the patient transfer of care in the medical record;
 - (e) Comply with reassessment requirements based on the date of the most recent evaluation.

ISSUE: Continuing Education requirement modifications

- Courses taken and submitted for continuing education credit should not count more than once in the same renewal period. The following has been added:
 - 201 KAR 22:045(2)(1)(c) a participant shall not be awarded contact hours for a course that is repeated more than once in the same biennium
- Continuing Education credits provided by "other health professional licensing boards" will no longer automatically be accepted for Continuing Competency licensure requirements; rather these courses will need to be submitted for approval to the KPTA Continuing Competency Committee, which currently serves as the review agency for approval of Category 1 continued competency. The following is the amended language omitting "other health professional licensing boards":

(Cont.)

New Board Appointment



Governor Beshear appointed Karen Craig Ogle, PT, DPT, to serve on the Board, replacing former member, Ron Barbato, whose term expired in January. Karen is a native of Carrollton, Kentucky. She is a 1990 graduate of the Physical Therapy Program at the University of Louisville, and received her Doctorate in Physical Therapy in 2008 from the University of Kentucky.

Karen currently serves as Director of Rehabilitation Services at Central Baptist Hospital in Lexington, Kentucky, a position she has held for the past 19 years. Her responsibilities include managing acute care therapy services (PT/OT), as well as three hospital-based outpatient clinics. Karen also serves as adjunct faculty at the University of Kentucky.

She is an active member of the KPTA, and has been a member of the APTA since her student years in 1988. She also serves as a site-base council parent representative for Scott County Schools.

Karen and her husband, Paul, have three children, Ashton, Trey, and Layne. Her leisure time activities include spending time with her family, usually on a soccer field, basketball court or baseball field. She considers it an honor and privilege to be appointed to the Kentucky Board of Physical Therapy.



Board Term Expires for Ron Barbato, PT

Ron Barbato's term as member of the KY Board of Physical Therapy expired in January 2012, and we are sorry to see him go. Ron was first appointed to the Board in 2005 by Governor Fletcher and reappointed by Governor Beshear in 2009. He served as Board Chair in 2008, and served on the Complaint Committee for several years. He has now been appointed to the Kentucky Physical Therapy Association Board. Ron will be missed by all, and we wish to thank him for his many contributions to the Board!



PROPOSED REGULATION CHANGES *(Cont. from pg. 1)*

- *201 KAR 22:045(2)(2)(a) Completion of courses, seminars, workshops, symposia or home study courses consisting of at least three (3) contact hours that have been approved by the board, the board's designee, Federation of State Boards of Physical Therapy (FSBPT), the American Physical Therapy Association (APTA) or its components, or any other physical therapy licensing agency*
- Presentation of an approved continuing education course, workshop, seminar, or symposia will be credited the same number of contact hours as the participant of such course, with a maximum of 2 events of the same course per renewal cycle. The following language is amended to read:
 - *201 KAR 22:045(2)(2)(c) Presentation of a continuing education course, workshop, seminar or symposium that has been approved by the board or its designee. Contact hours shall be awarded equal to contact hours awarded to a participant with a maximum of two (2) events of the same course per biennium*
- Category 2 CE credit for clinical instructors has been bolstered with the addition of those who teach in an APTA credentialed residency or fellowship program.
 - *201 KAR 22:045(2)(3)(c) Clinical instructor for a CAPTE-approved educational program or an APTA credentialed residency or fellowship program. Continued competency shall be one (1) contact hour per sixteen (16) hours of student supervision*
- Category 2 CE credit for unapproved courses
 - *201 KAR 22:045(2)(3)(e) Completion of other unapproved applicable courses. One (1) contact hour for each hour of credit shall be awarded up to a maximum of three (3) hours per course*
- Category 2 CE credit for CPR and HIV/AIDS coursework has been added
 - *201 KAR 22:045(2)(3)(h) Completion of cardiopulmonary resuscitation initial certification or re-certification. A maximum of two (2) contact hours shall be awarded per biennium*
 - *201 KAR 22:045(2)(3)(i) Completion of a HIV/AIDS course. A maximum of two (2) contact hours shall be awarded per biennium*
- Military personnel on active duty will be exempt from CE requirements
 - *201 KAR 22:045(2)(5)(c) A licensee on active military duty shall be granted an exemption from continuing competency requirements as mandated by KRS Chapter 12*

ISSUE: Physical therapist and physical therapist assistant exam candidates will no longer be allowed to take the licensure examination repeatedly without limit. The new language limits the number of times that this can occur before being ineligible for examination registration in Kentucky.

- *201 KAR 22:020 §2(4) Effective July 1, 2012, after six (6) failed attempts at either the physical therapist or physical therapist assistant examination, or combination thereof, in any jurisdiction, an applicant shall not be eligible to register for any additional examinations.*

ISSUE: With the advent of fixed date testing for the National Physical Therapy Exam and limited opportunities to take the exam, the temporary permit for physical therapy licensure applicants will be reinstated. The following is added to 201 KAR 22:020:

- *Section 4. To be eligible for a temporary permit, the candidate shall:*
 - (1) Meet the qualifications of Section 2 or 3 of this administrative regulation; and*
 - (2) Complete a Supervisory Agreement with one (1) or more physical therapists.*
- *Section 5. Upon issuance of a temporary permit:*
 - (1) The physical therapist or physical therapist assistant applicant shall practice only under the supervision of a physical therapist who:*

PROPOSED REGULATION CHANGES *(Cont.)*

- (a) Has been engaged in the practice of physical therapy in Kentucky for more than one (1) year; and*
- (b) Has an unrestricted license.*
- (2) The supervising physical therapist:*
 - (a) Shall be on-site at all times during the practice of the applicant with a temporary permit;*
 - (b) Shall be responsible for the practice of physical therapy by the applicant with a temporary permit;*
 - (c) Shall review, approve, date and co-sign all physical therapy documentation by the applicant with a temporary permit within twenty-four (24) hours of when the service was provided;*
 - (d) May designate a temporary supervising physical therapist who meets the qualifications of Section 5(1)(a) and (b) of this administrative regulation. The temporary supervising physical therapist shall sign and date written documentation of the acceptance of the responsibility as identified in Section 5(2)(a) through (c) of this administrative regulation; and*
 - (e) Shall notify the Board immediately if the supervisory relationship is terminated.*
- (3) The applicant with a temporary permit shall:*
 - (a) Disclose the applicant's temporary credential status to all patients prior to initiating treatment;*
 - (b) Sign documentation with temporary permit number and designation as defined in 201 KAR 22:053, Section 5(5)(a) or (b); and*
 - (c) Notify the Board immediately if the supervisory relationship is terminated.*
- (4) The temporary permit shall expire the earlier of:*
 - (a) Six (6) months from the date of issuance; or*
 - (b) Notice of exam results by the Board.*

ISSUE: Physical therapist licensure applicants will be given the opportunity to sit for the physical therapist assistant certification by examination

- *201 KAR 22:020 §6 A physical therapist applicant who meets the qualifications for physical therapy licensure by examination may become a special candidate for physical therapist assistant certification by examination.*

ISSUE: Foreign-educated licensure applicant requirements are moved solely to 201 KAR 22:070 and is referenced in 201 KAR 22:020

- *201 KAR 22:020 §10 A foreign-educated physical therapist shall comply with the provisions of 201 KAR 22:070.*

ISSUE: Foreign-educated licensure applicants are required to meet the same requirements as non-foreign-educated applicants. The following language modifies existing language to reference requirements in 201 KAR 22:020 and requires the completion of the jurisprudence exam

- *201 KAR 22:070(1)*
 - (d) Completes the HIV/AIDS education requirement as specified in KRS 327.050*
 - (e) Completes the Jurisprudence Exam*
 - (f) Obtains a passing score on the National Physical Therapy Examination (NPTE). Administrative Regulation 201 KAR 22.020 Section 2 (3) and (4) are applicable to examination candidates*



KPTA Spring Conference

The KPTA Spring Conference is being held March 24 at Central Baptist in Lexington. Go to the KPTA website for registration details www.kpta.org. Fall Conference will be September 7-8 in Louisville (location TBD).

Professionals in the Digital Age

The recent surge of social media applications like Facebook and YouTube into mainstream American culture has disrupted communication patterns and the socially accepted rules accompanying them. As recently as a decade ago, it was relatively easy to distinguish between personal lives and public/professional lives. Today, with an estimated 850 million Facebook users, it is common to view people's personal lives, thoughts, and attitudes as they are voluntarily provided online to a very broad audience. Because of this near ubiquitous use of social media, the distinction between aspects of people's personal/private lives and their public personas are now blurred. Because of our unique responsibilities to the people we serve, this has given rise to a new set of issues regarding health professionals' use of social media.

Multiple audiences, merged identities, and permanent public transcripts are three traits of social media that now complicate professional communications. As the name implies, social media applications are designed to be social. As opposed to more traditional forms of interpersonal communication, social media communications typically occur within a large audience. These larger audiences also tend to be diverse; consisting of various friends/acquaintances such as family members, co-workers, high school friends, and maybe even patients. While some social media conversations may occur among and be relevant to a specific group (eg, high school friends), the other audiences by default can view and engage in those conversations - a new form of digital eavesdropping. Every individual lives within multiple and different contexts. Sometimes our contextual role is as a parent. Sometimes it is in our professional position. Other times we are in the context of best friend or golfing partner. Although we are always the same person, depending on the context, we will behave and communicate a little differently. Behaviors and language that are perfectly appropriate when playing poker with friends, may be ill-advised in a clinical setting. Because social media applications such as Facebook consist of acquaintances from many/all of the different roles we play, it may be difficult to separate "Nancy the sorority sister" from "Nancy the physical therapist". The identities from the different roles and contexts merge, blurring that line between private and public lives. Finally, communications that occur digitally and especially through social media, are very likely to be permanently-captured in some form. Fleeting thoughts expressed online may remain with an individual for a lifetime, even though s/he matures, changes perspectives, or meant them to be taken facetiously.

The importance of physical therapists exercising caution in social media communications cannot be overstated. Using good judgment in social media interactions is important for protecting the patient, the professional, and the profession. As a general guideline, patients should never be discussed through open social media communications such as Facebook. Even if

identifying information is not disclosed in the original posting, other social media connections who may not be aware of HIPAA guidelines, may unwittingly reveal additional information that identifies the patient. We have all heard the warnings about discussing patients in hallways or elevators. Consider social media as one giant elevator with thousands of people listening.

Protecting one's own professional career should be reason enough to use good judgment in social media postings. Stories abound of professionals who have lost jobs, been overlooked for promotions, or suffered damaged reputations due to ill-advised postings. While photos of drunken parties tend to be the first offense that most people think about when discussing social media mishaps, these are not likely to be the most damaging to a professional. Risqué photos may alarm some individuals, but posting racist or sexist remarks, exhibiting unprofessional attitudes, or denigrating patients or others are much more likely to damage professional reputations. Many people can overlook party photos if not overly offensive, but displaying attitudes and behaviors that call into question one's ability/willingness to provide empathetic care to all patients may be very damaging. Finally, when identified online as a physical therapist, many may interpret that you virtually represent the profession. To some, once identities are merged, it is impossible to separate the personal from the professional, therefore in essence, one is always a professional. All attitudes and opinions displayed online may then be considered a reflection of the profession.

With this in mind, a growing number of employers have developed specific policies regarding use of social media. Many of these policies have specific prohibitions against "friending" patients, posting any work-related photographs, or conveying information that may be construed as representing the organization, especially if in an unfavorable light. Corrective actions for violating these policies may be severe, up to and including termination of employment.

There are many positive aspects of social media applications that make them pleasurable activities. Being able to communicate widely with friends, family members, and colleagues whom you might not encounter in normal everyday activities is one such aspect. At the same time, however, professionals should use good judgment to prevent negative consequences for themselves, their patients, and their profession.

Jeff Cain, EdD, MS
Adjunct Associate Professor
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Janice Kuperstein, PT, PhD, MSEd
Associate Professor and Chair
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University of Kentucky

Statutes and Regulations

There are many terms that describe the laws that govern the practice of physical therapy in Kentucky. The terms “practice act”, “PT laws”, “statutes”, and “regulations” all identify the Kentucky Revised Statutes, Chapter 327, or the Physical Therapy practice act. Often, though, there is confusion about the difference between a statute and a regulation as found in the practice act.

Mark Brengelman, JD, represents the Attorney General's Office on the Kentucky Board of Physical Therapy and provides the following explanation:

The Kentucky General Assembly created the Kentucky Board of Physical Therapy (“Board”) and KRS Chapter 327 to regulate the practice of physical therapy and the use of protected words such as “physical therapy” and “physical therapist.” Statutes are passed by the General Assembly that meets 60 days each even year and 30 days each odd year in Frankfort. A statute becomes law in a bill that must pass both the House of Representatives and the Senate and then must be signed by the Governor. While the Governor may veto a bill passed by both the House and the Senate, each chamber may override a gubernatorial veto if there are enough votes.

Many statutes require the Board to create administrative regulations which are detailed, step-by-step codes or standards applicable to licensure. By majority vote, the Board can promulgate administrative regulations, which can be done at any time to start this law-making process. The Board may also file an emergency regulation effective immediately upon filing, although such emergency regulations must be signed by the Governor who must also verify the nature and existence of the emergency. KRS Chapter 13A contains the statutes of the General Assembly which govern the “notice and comment” rulemaking of administrative regulations. The Board’s administrative regulations are found in 201 KAR Chapter 22.

An analogy here is that the General Assembly passes a statute that provides the general framework, like a menu plans a full, multi-course meal. The Board then makes administrative regulations, which are the detailed, step-by-step rules and procedures that carry out the statute, like a cookbook recipe tells a chef how to make a chicken casserole, how to prepare a soup, and furnish a dessert.

Administrative regulations cannot expand or constrict the Board’s authority under statute. All administrative regulations are vetted through staff specialists with the Legislative Research Commission, and then voted on by a committee of the General Assembly which reviews all new, amended, and emergency administrative regulations. Administrative regulations give the Board the flexibility to act to update these laws as the needs of the profession change over time without having to wait for the General Assembly to meet again, but only within the framework of the Board’s enabling statutes passed by the House and Senate and signed by the Governor.

Renewal Requirements – JE & Continued Competency

Per 201 KAR 22:045, completion of the Jurisprudence Examination for all PTs and PTAs is part of the continued competency requirement for renewal. The JE for the current biennium is now on our website. An open-book examination, the JE counts for 2 contact hours and is free. You may download a copy of our Practice Act directly from our website.

Continued competency for this biennium must be earned from **April 1, 2011** through **March 31, 2013**. Be sure and review the revised regulation for continued competency for changes in requirements at <http://pt.ky.gov>.

Change of Address

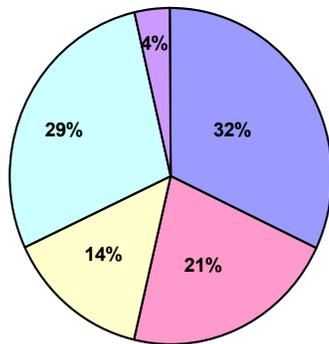
Have you moved? Are you working at a new location? Be sure and keep the board updated on any home or physical therapy worksite address changes. You may change your address online at <http://pt.ky.gov>, or by email, mail, or fax to our office.

For name changes, send the legal document which authorizes the change.

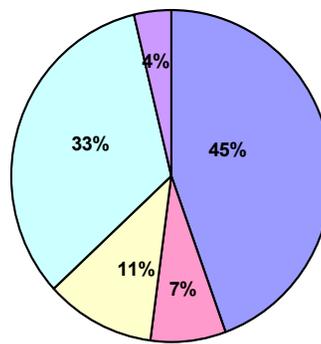


Complaint Dispositions

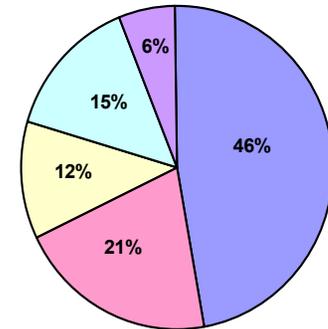
The pie charts below illustrate complaints filed with the KY Board of Physical Therapy in the last three years. You may find it interesting to note 40% of the complaints were dismissed due to insufficient evidence.



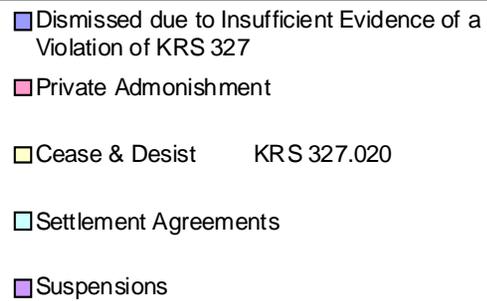
2011 Complaints Filed (28)



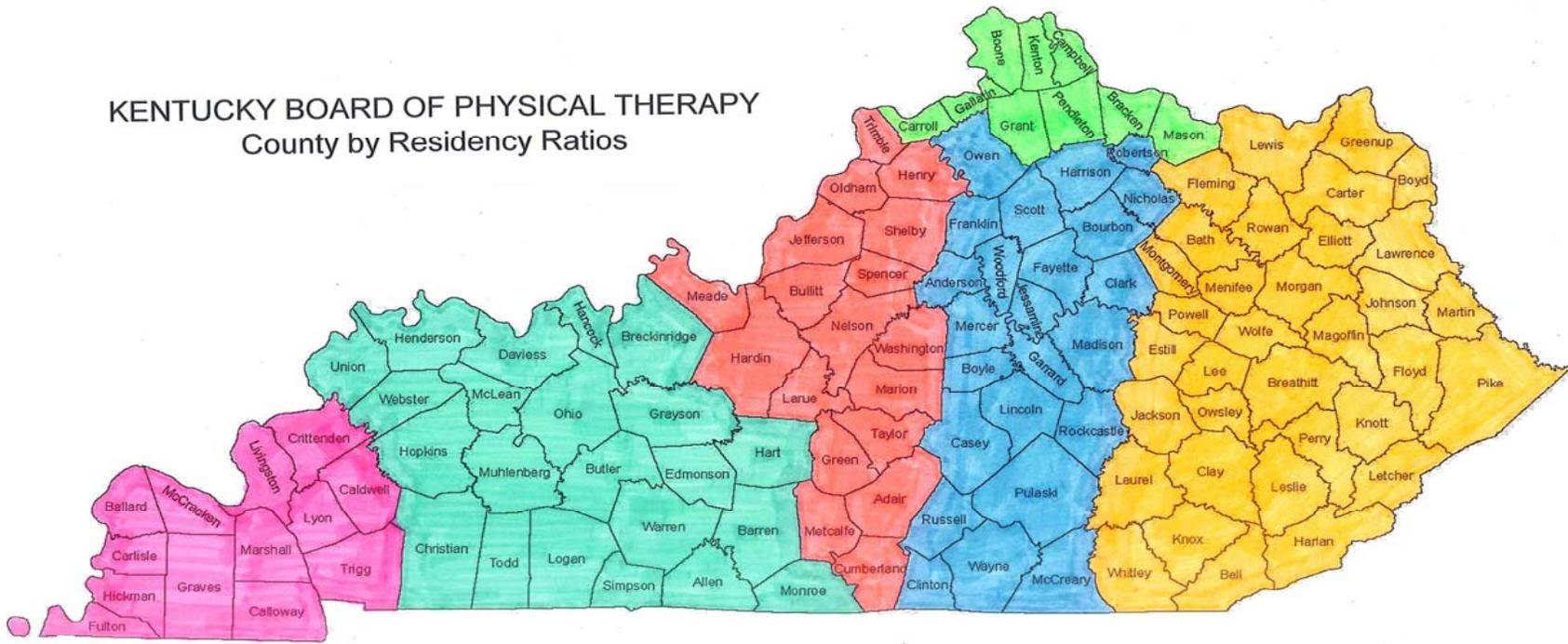
2010 Complaints Filed (27)



2009 Complaints Filed (34)



KENTUCKY BOARD OF PHYSICAL THERAPY County by Residency Ratios



KPTA Purchase District

Population: 250,864
 PTs: 117
 PTAs: 202
 Average Ratio: 1:786

KPTA Western District

Population: 698,207
 PTs: 267
 PTAs: 202
 Average Ratio: 1:1,249

KPTA Central District

Population: 1,253,784
 PTs: 846
 PTAs: 381
 Average Ratio: 1:1,022

KPTA Northern District

Population: 453,784
 PTs: 244
 PTAs: 55
 Average Ratio: 1:1,518

KPTA Eastern District (1)

Population: 909,438
 PTs: 619
 PTAs: 275
 Average Ratio: 1:1,017

KPTA Eastern District (2)

Population: 773,290
 PTs: 278
 PTAs: 252
 Average Ratio: 1:1,459

Largest County	McCracken	65,565	1:542	Warren	113,792	1:849	Jefferson	741,096	1:898	Kenton	159,720	1:1,465	Fayette	295,803	1:715	Pike	65,024	1:1,757
Lowest Ratio	McCracken	65,565	1:542	Hopkins	46,920	1:745	Oldham	60,316	1:635	Campbell	90,336	1:1,237	Pulaski	63,063	1:701	Knott	16,346	1:681
Highest Ratio	Fulton	6,813	1:6,813	Edmonson	12,161	1:6,081	Metcalfe	10,099	1:5,050	Carroll	10,811	1:5,406	Rockcastle	17,056	1:3,411	Martin	12,929	1:12,929

Disciplinary Actions August 2011 – February 2012



The following is a summary of disciplinary actions taken by the Board since the last Newsletter was published. It is intended as a summary for informational purposes only. All information is believed to be accurate. However, complete terms of each disciplinary action are contained in the Board's records. Monetary amounts paid to the Board may reflect the investigative costs and not necessarily the scope and severity of the violation(s).

Jon-Mark C. French, PTA

Date: 9/15/2011

Alleged Violation: KRS 327.070(2)(h)

Suspended: September 15- November 15, 2011

Final Action: Settlement Agreement - Admits to nineteen (19) counts of violating KRS 327.070(2)(h) by engaging in fraud or material deception in the delivery of professional services, including reimbursement. Suspended until November 15, 2011, three years probation, quarterly monitoring of practice, \$9,500.00 fine, \$1,000.00 administrative fees, continuing competency courses, no solo or independent practice, and personally appear before the Board.

Jeremy Sean Kruger, PT

Date: 9/15/2011

Alleged Violation: KRS 327.070(2)(k), 201 KAR 22:053 § 5 (a)-(c), 201 KAR 22:053 § 5 (1) and (2), 201 KAR 22:053 § 2 (2)(a), 201 KAR 22:053 § 5 (4)(a) and (b)

Final Action: Settlement Agreement - Admits to violating KRS 327.070(2)(k) by violating 201 KAR 22:053 § 5 (a)-(c) by failing to document a reassessment of each patient every thirty days following the initial evaluation or subsequent reassessment; 201 KAR 22:053 § 5 (1) and (2) by not being responsible for the physical therapy record of a patient by failing to document the initial evaluation of a patient and a subsequent progress note; 201 KAR 22:053 § 2 (2)(a) by failing to document the initial evaluation of the patient; 201 KAR 22:053 § 5 (4)(a) and (b) by failing to perform a discharge summary of a patient, and 201 KAR 22:053 § 5 (4) (a) by failing to countersign a discharge summary of the patient. Reprimand, three year probation, quarterly monitoring of practice, \$2,000.00 fine, \$500.00 administrative fees, continuing competency courses, and personally appear before the Board.

Charles S. Jacinto, PT

Date: 11/17/2011

Alleged Violation: KRS 327.070(2)(g) and 201 KAR 22:145

Final Action: Settlement Agreement – Admits to violating KRS 327.070(2)(g) and 201 KAR 22:145 by failing to complete the Continued Competency requirements for license renewal. Reprimand, \$500 administrative costs, \$120.00 fine, and subject to audits in subsequent years.

Mark F. Elkin, PT

Date: 11/17/2011

Alleged Violation: KRS 327.070(2)(g) and 201 KAR 22:145

Final Action: Settlement Agreement – Admits to violating KRS 327.070(2)(g) and 201 KAR 22:145 by failing to complete the Continued Competency requirements for license renewal. Reprimand, \$500 administrative costs, \$120.00 fine, and subject to audits in subsequent years.

Kimberly D. Florence, PTA

Date: 11/17/2011

Alleged Violation: KRS 327.070(2)(g) and 201 KAR 22:145

Final Action: Settlement Agreement – Admits to violating KRS 327.070(2)(g) and 201 KAR 22:145 by failing to complete the Continued Competency requirements for license renewal. Reprimand, \$300 administrative costs, \$480.00 fine, proof of CEU completion and subject to audits in subsequent years.

Ricky Kenneth Lockard, PT

Date: 11/17/2011

Alleged Violation: KRS 327.070(2)(g) and 201 KAR 22:145

Final Action: Settlement Agreement – Admits to violating KRS 327.070(2)(g) and 201 KAR 22:145 by failing to complete the Continued Competency requirements for license renewal. Reprimand, \$300 administrative costs, \$1,320.00 fine, proof of CEU completion and subject to audits in subsequent years.

Karen E. Snider, PT

Date: 11/17/2011

Alleged Violation: KRS 327.070(2)(k), 201 KAR 22:053 § 5 (a)-(c)

Final Action: Settlement Agreement - Admits to violating more than one count of violating KRS 327.070(2)(k) and of 201 KAR 22:053 § 2(3) (a)-(d) by failing to document a reassessment of each patient every thirty (30) days following the initial evaluation or subsequent reassessment. Reprimand, one year probation, quarterly monitoring of practice, \$125.00 fine, \$375.00 administrative costs, continuing education course, and personally appear before the Board.

Shannon Dale Snider, PT

Date: 11/17/2011

Alleged Violation: KRS 327.070(2)(k), 201 KAR 22:053 § 5 (a)-(c)

Final Action: Settlement Agreement - Admits to violating more than one count of violating KRS 327.070(2)(k) and of 201 KAR 22:053 § 2(3) (a)-(d) by failing to document a reassessment of each patient every thirty (30) days following the initial evaluation or subsequent reassessment. Reprimand, one year probation, quarterly monitoring of practice, \$125.00 fine, \$375.00 administrative costs, continuing education course, and personally appear before the Board.

Ronald W. Cole, PT

Date: 12/13/2011

Alleged Violation: KRS 327.070(2)(k), 201 KAR 22:053 § 1(2)(b), 201 KAR 22:053 § 5(3)(a)-(c), and KRS 327.070(2)(h)

Final Action: Settlement Agreement - Admits to violating KRS 327.070(2)(k), by violating 201 KAR 22:053 § 1(2)(b) by having continued physical therapy services beyond the point of reasonable benefit to the patient, without documenting the patient's consent in writing; 201 KAR 22:053 § 5(3)(a)-(c) by failing to perform and document a reassessment of each patient every thirty (30) days following the initial evaluation or subsequent reassessment; and KRS 327.070(2)(h) by engaging in material deception in the delivery of professional services, including reimbursement. Suspension for 30 days, four years of probation, quarterly monitoring of practice, no solo or independent practice, \$6,000.00 fine, and continuing competency course.

Barak Jonkers, PTA

Date: 1/19/2012

Alleged Violation: KRS 327.070(2)(k), 201 KAR 22:053 § 3(8), 201 KAR 22:053 Section 2(3)(a)-(d), 201 KAR 22:053 § 3(3), and 201 KAR 22:053 Section 2(2)(a)

Final Action: Settlement Agreement - Admits to violating KRS 327.070(2)(k) by violating, 201 KAR 22:053 § 3(8) by failing to discontinue physical therapy services if reassessments are not done and KRS 327.070(2)(k) by violating, 201 KAR 22:053 § 3(3) by initiating or providing physical therapy services when an initial evaluation was not documented as performed. Reprimand, two year probation, quarterly monitoring of practice, \$250.00 fine, \$500.00 administrative costs, continuing competency courses, and personally appear before the Board.

Arthur Nitz, PT

Date: 1/19/2012

Alleged Violation: KRS 327.070(2)(h), KRS 327.070(2)(k), 201 KAR 22:053 § 2(5), and 201 KAR 22:053 Section 5(2)

Final Action: Settlement Agreement - Denies violating the law, but admits the Board could prove more than one count of a violation of KRS 327.070(2)(h) by engaging in material deception in the delivery of professional services, including reimbursement. Admits the Board would prove more than one count of a violation of KRS 327.070(2)(k) by failing or refusing to obey an administrative regulation of the Board, 201 KAR 22:053 § 2(5) by failing to be responsible for the physical therapy record of each patient. Reprimand, three year probation, quarterly monitoring of practice, \$500.00 fine, \$5,000.00 administrative costs, continuing competency courses, and personally appear before the Board.

Cease & Desist Orders **August 2011-February 2012**

The following is a list of violations of KRS 327.020(3) *"It shall be unlawful for any person, or for any business entity, its employees, agents, or representatives to use in connection with his or its name or business activity the words "physical therapy," "physical therapist," "physiotherapy," "physiotherapist," "registered physical therapist," the letters "P.T.," "L.P.T." or any other words, letters, abbreviations or insignia indicating or implying directly or indirectly that physical therapy is provided or supplied or to bill for physical therapy unless such physical therapy is provided by or under the supervision of a physical therapist licensed and practicing in accordance with this chapter."*

Michael Turner, D.C. and Erica Montgomery Turner, D.C., Back and Body Chiropractic, Liberty, a Cease and Desist Affidavit was signed regarding the unlawful use of the words "Physical Therapy" in office representations to provide "physical therapy" without physical therapy services being provided by or under the direction of a licensed physical therapist.

Angel Donahue, Tone Zone, Shelbyville, a Cease and Desist Affidavit was signed regarding the unlawful use of the words "Physical Therapy" in a brochure by advertising "physical therapy" without physical therapy services being provided by or under the direction of a licensed physical therapist.