

<b>Regulatory Analysis Form</b>		<b>This space for use by IRRC</b>
(1) Agency  <b>Department of State, Bureau of Professional and Occupational Affairs, State Board of Physical Therapy</b>		IRRC Number: <b>2327</b>
(2) I.D. Number (Governor's Office Use)  <b>16A-659</b>		
(3) Short Title  <b>General Provisions</b>		
(4) PA Code Cite  <b>49 Pa. Code, Chapter 40</b>	(5) Agency Contacts & Telephone Numbers  Primary Contact: <b>Beth Sender Michlovitz, Counsel State Board of Physical Therapy (717)783-7200</b> Secondary Contact: <b>Joyce McKeever, Deputy Chief Counsel, Regulatory Review (717)783-7200</b>	
(6) Type of Rulemaking (check one)  <input type="checkbox"/> Proposed Rulemaking <input checked="" type="checkbox"/> Final Order Adopting Regulation <input type="checkbox"/> Final, Proposed Omitted	(7) Is a 120-Day Emergency Certification Attached?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: By the Attorney General <input type="checkbox"/> Yes: By the Governor	
(8) Briefly explain the regulation in clear and nontechnical language.  <b>These regulations amend Chapter 40 by clarifying educational provisions pertaining to physical therapists and physical therapist assistants, amending provisions pertaining to licensure by endorsement and foreign trained endorsement provisions, amending provisions pertaining to scope of practice, non-delegable activities and functions of supportive personnel, amending provisions pertaining to discipline and making general editorial changes.</b>		
(9) State the statutory authority for the regulation and any relevant state or federal court decisions.  <b>Section 812.1 of the Administrative Code of 1929 (71 P.S. §279.3(a)) and section 3 of the Physical Therapy Practice Act (63 P.S. §1303).</b>		

### Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

No.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

**These amendments were proposed because the regulations had not been amended since the mid-1980s. Many of the Board's current provisions are unnecessary or require clarification. Also, the educational requirements for physical therapists need to be updated and refined. The Board also recognizes the need to refine and clarify non-delegable activities which may not be assigned to a physical therapist assistant or supportive personnel.**

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

**Nonregulation would be a risk to public health and safety in that the public would receive care from physical therapists and physical therapist assistants who have education and training. Also, this regulation will assure that practitioners provide care appropriate to their level of education and skill.**

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

**Members of the public who receive physical therapy care will benefit from the regulations by assuring that licensees are adequately educated and provide care appropriate to their level of skill and expertise. Foreign educated applicants for licensure will benefit from these regulations by being provided with a more clear understanding of the educational requirements they must meet. Licensees will benefit from the regulation by having regulatory provisions that more clearly reflect modern practice.**

### Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

**No groups have been identified as being adversely affected by the regulation.**

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

**Physical therapists and physical therapist assistants will be required to comply with the regulation. There are 9,562 licensed physical therapists in the Commonwealth and 3,176 licensed physical therapist assistants.**

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

**In December 1999, the Board sent draft revisions to professional associations, educational institutions and interested individuals who the Board identified as being interested in regulatory measures and asked for public input. The Board received approximately 300 responses. The Board considered these responses in the final drafting of these regulations. The following is a list of all individuals, organizations, educational institutions and professional associations that were contacted: Pennsylvania Physical Therapy Association, Hospital and Health System Association of Pennsylvania, Pennsylvania Association of Rehabilitation Facilities, Pennsylvania Athletic Trainers Society, Beaver College, Chatham College, College Misericordia, Duquesne University, Gannon University, Medical College of Pennsylvania and Hahnemann University, Philadelphia College of Pharmacy and Science, Slippery Rock University, Temple University, Thomas Jefferson University, University of Pittsburgh, University of Scranton, Alvernia College, Central Pennsylvania Business School, Community College of Allegheny County Boyce Campus, Harcum College, Lehigh Carbon Community College, Medical College of Pennsylvania & Hahnemann University, Mercyhurst College, Mount Aloysius College, Penn State University, Penn State University Mont Alto Campus, East Stroudsburg University, Lock Haven University, Pennsylvania State University, California University of Pennsylvania, University of Pittsburgh, Slippery Rock University, West Chester University, Temple University, Messiah College, Waynesburg College, and Mercyhurst College.**

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

**There will be no costs or savings to the regulated community.**

### **Regulatory Analysis Form**

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

**The regulation will not result in costs or savings to local government.**

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

**The regulation will not result in costs or savings to state government.**

### Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
<b>SAVINGS:</b>	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Savings						
<b>COSTS:</b>	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Costs						
<b>REVENUE</b>	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Revenue						

(20a) Explain how the cost estimates listed above were derived.

N/A

### Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
<b>State Board of Physical Therapy</b>	\$239,918.62	\$268,110.98	\$259,949.13	\$262,000

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

N/A

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

**Nonregulatory alternatives were not considered because the only way to update and clarify the pertinent regulatory provisions is through regulations.**

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

N/A

### Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

N/A

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

**In drafting these regulations, the Board used national models for physical therapy assistant education and guidelines issued by the Federation of State Boards of Physical Therapy. Therefore, these regulations are in accordance with the practice of other state boards of physical therapy, including those in all the states contiguous to Pennsylvania, and will not put Pennsylvania at a competitive disadvantage with other states.**

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

**The Board has already entertained comments from the public on draft regulations. No further public hearings or informational meetings are scheduled. The Board is continually discussing these revisions at regularly scheduled Board meetings held bi-monthly at 2601 North 3<sup>rd</sup> Street in Harrisburg, PA. The Board holds bi-monthly public meetings at which information relative to all rulemaking is discussed. Meetings are held in the Board's offices at 2601 North 3rd Street, Harrisburg, Pennsylvania. A schedule of Board meeting dates is available on the Department of State's website at [www.dos.state.pa.us](http://www.dos.state.pa.us).**

### Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

**Because the Board has determined no special needs of any subset or group, no special provisions have been developed to meet particular needs of affected groups or persons.**

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

**The regulation will be effective upon publication of Final Rulemaking in the Pennsylvania Bulletin. Compliance will be required as of that date.**

(31) Provide the schedule for continual review of the regulation.

**The Board continuously reviews its regulations, periodically communicates with licensees through newsletters and obtains information and feedback from its licensees on a frequent basis.**



FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

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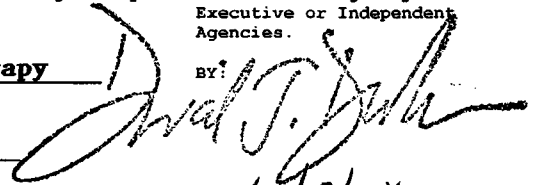
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BY: \_\_\_\_\_  
(DEPUTY ATTORNEY GENERAL)

State Board of Physical Therapy  
(AGENCY)

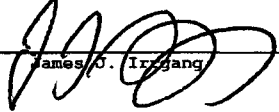
BY: 

DOCUMENT/FISCAL NOTE NO. 16A-659

6/3/04  
DATE OF APPROVAL

\_\_\_\_\_  
DATE OF APPROVAL

DATE OF ADOPTION: \_\_\_\_\_

BY:   
James J. Irzgang

(Deputy General Counsel  
~~Chief Counsel~~  
~~Independent Agency~~  
Strike inapplicable title)

TITLE: Chairperson  
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

- Check if applicable. Copy not approved. Objections attached.
- Check if applicable. No Attorney General approval or objection within 30 day after submission.

FINAL RULEMAKING  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF PHYSICAL THERAPY  
49 PA. CODE, CHAPTER 40  
GENERAL PROVISIONS

The State Board of Physical Therapy (Board) amends Chapter 40 to read as set forth in Annex A.

A. Effective Date

The amendments will be effective upon publication in the Pennsylvania Bulletin.

B. Statutory Authority

These amendments are adopted by the Board under the authority of Section 3(a) of the Physical Therapy Practice Act (act) (63 P.S. § 1303(a)) and Section 812.1 of the Administrative Code of 1929 (71 P.S. §279.3a).

C. Background and Purpose

These amendments were proposed because the regulations had not been amended since the mid-1980s. As a result, many of the Board's current provisions are either unnecessary or require clarification. Also, the educational requirements for physical therapists need to be updated to conform to national standards. The Board also recognizes the need to refine and clarify activities the performance of which may not be delegated to a physical therapist assistant or to supportive personnel.

D. Summary of Comments and Responses on Proposed Rulemaking

Notice of the proposed rulemaking was published at 33 Pa.B. 1715 (April 5, 2003). The Board received public comments from 128 individuals, the Pennsylvania Physical Therapy Association (PPTA), the Pennsylvania Affiliate Special Interest Group (ASIG) Officers, the Pennsylvania Chiropractic Association, Chambersburg Hospital, Allied Services, and the Pennsylvania Association of Rehabilitation Facilities (PARF). The Independent Regulatory Review Commission (IRRC) and the House Professional Licensure Committee submitted comments under the Regulatory Review Act (HPLC). The Senate Consumer Protection and Professional Licensure Committee did not comment. Responses to these comments are organized by subject as follows.

§ 40.11. License by examination; requirements for examination.

IRRC identified an inconsistency in subsection (1) in that the first sentence required applicants for licensure by examination to complete "an accredited physical therapy course approved by the American Physical Therapy Association..." and the second sentence required an applicant to graduate from a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited program. IRRC suggested that the Board revise the first sentence to reflect the CAPTE accreditation requirement. The Board agreed with this suggestion and deleted the first sentence of subsection (1).

Also, because all physical therapy programs are currently accredited by CAPTE, the Board deleted the 6- month effective date and will require compliance immediately. IRRC also suggested that subsection (2) be deleted since the requirement of completion of an accredited program is already required under subsection (1). The Board also deleted a reference to 120 semester hours because, as the HPLC pointed out in its comments, all CAPTE accredited programs are at least 120 semester hour programs.

§40.17. Foreign-educated physical therapists applying to take the licensure examination and pursue a clinical experience.

The Board has reworked this section in final rulemaking. In particular, the Board looked to a later revision of the Coursework Evaluation Tool for Foreign Educated Physical Therapists (Tool) published by the Federation of State Boards of Physical Therapy (FSBPT) in January 2003. The Tool reflects the content included in the first professional degree required of a CAPTE accredited program and required of a physical therapist who desires to pursue licensure to practice in the United States. The FSBPT recommends that a foreign-educated applicant have a minimum of 120 semester credit hours with a minimum of 42 semester credit hours in general education courses and a minimum of 69 semester credit hours in professional education courses. The FSBPT also suggests that specific coursework or content be required to satisfy the minimum credit hour requirement in areas of general and professional education. The Board's revisions reflect the FSBPT recommendations as set forth in the Tool.

In final-rulemaking, the Board also deleted specific references to the passing score requirements of the College Level Examination Program (CLEP) general examination subjects and CLEP subject examination subjects because CLEP sets the passing scores and can change them at any time.

§40.32. Functions of supportive personnel.

A commentator suggested that subsection (6) be revised to make it clear that supportive personnel are performing a clerical function of recording information rather than inferring that supportive personnel are engaged in the treatment of patients. The Board agreed with this comment and amended the language accordingly.

§§40.51 and 40.51a. Administration of electroneuromyography (EMG) and nerve conduction velocity (NCV) tests and transdermal administration of drugs.

In proposed rulemaking, the Board had combined the administration of EMG and NCV tests and transdermal administration of drugs into one section. Upon further review, the Board has determined that these procedures should be separated into two sections.

With respect to EMG and NVC tests, some commentators questioned the use of the word “administer” in proposed section (a). In reviewing this section, the Board decided to retain current subsection (a).

With respect to transdermal administration of drugs, the HPLC questioned why the storage requirement is included in the regulation if the drugs are to be disposed of or returned to the patient. IRRC also addressed this concern and commented that it is their understanding that the disposal provision is intended to allow the physical therapist (PT) to store the medication between treatment sessions and also require the PT to return the medication or dispose of it after the patient is discharged from treatment. IRRC suggested that the handling of medication should be clarified in the final-form regulation. The Board took this advice and explained that between treatment sessions, drugs must be properly stored in a manner consistent with pharmaceutical practice and that after the patient is discharged, the remaining drugs must be disposed of by the physical therapist or returned to the patient.

§40.52 . Unprofessional conduct; physical therapists.

The Board received comments on proposed § 40.52(12) requiring that patient records include a discharge plan including results of intervention and sufficient information to identify the patient. The commentators expressed a concern that physical therapy services are provided in a variety of settings and documentation standards are site-specific and driven by the setting. Discharge summaries may not be feasible in some settings due to the quick pace of discharges from the facility, such as in acute care settings. In those settings, in order to be in compliance, the physical therapist would have to retrieve medical records solely to write discharge notes. This would be unduly burdensome and unnecessary. The Board agrees with this concern and has agreed to delete the requirement that patient records include a discharge plan including results of intervention.

§40.53. Nondelegable activities; accountability.

IRRC, the Pennsylvania Chiropractic Association, and others commented that the definition of “mobilization” in subsection (b)(7) is inconsistent with the statutory definition found in Act 27 of 2002 (63 P.S. §1302). The Board agrees with this comment and has amended the definition to be consistent with Act 27.

Many commentators also objected to the Board’s proposal to prohibit delegating mobilization to physical therapist assistants (PTAs). They stated that many PTAs receive formal training in mobilization as part of their educational requirements and that those who do not receive such training are offered the opportunity to develop these skills by attending continuing education courses. Others commented that, although it would be appropriate to permit experienced and skilled PTAs to perform mobilization, entry level PTAs should not be permitted to perform mobilization. The Board, in considering these comments, recognizes that the performance of mobilization requires significant skill, training and education. The Board believes it is in the interest of public safety to limit the performance of mobilization to PTs. As explained in proposed rulemaking, a PT may still

delegate to a PTA gross passive movement throughout normal planes of joint motions. The Board notes that its regulation will not prohibit a PT from delegating to a PTA the performance of range of motion or the performance of exercises to restore the functional motion of the joint.

IRRC and the HPLC pointed out that the services included in proposed subsection (e) are duplicative of some of the services in subsection (b) and suggested that the Board consider deleting subsection (e) and including a comprehensive list of services in subsection (b). The Board has agreed with these suggestions and has deleted subsection (e) and added "the performance of consultations" to subsection (b).

Many commentators objected to the requirement in subsection (d) that where PTAs are providing patient-care services, PTs reevaluate and adjust the patient plan of care at intervals not to exceed 14 days. These commentators wrote that the 14- day period was overly restrictive. They stated that there are many instances where a patient may be progressing steadily and on course with the timeframes and plan of care established and to require a formal re-evaluation realistically will limit time spent providing patient treatment and negatively impact a patient's progression. Commentators noted in other instances, particularly in outpatient settings, patients may be receiving care one time a week under physician orders and to reevaluate formally would be unwarranted and excessive after only two treatment sessions. The Board agrees with this sentiment. Accordingly, the Board has amended this provision to require a PT to document re-evaluations and adjustments to a patient plan of care and goals at least every 30 calendar days or when there is a significant change in patient status warranting an earlier patient evaluation.

The PARF commented that subsection (f) would unduly restrict a qualified and competent PTA and would limit accessibility to care. However, the Board has determined that the procedures outlined in subsection (f) pertaining to screening require the skill and knowledge of a PT to evaluate the need for further intervention by a PT. For this reason, the Board believes that a PT cannot delegate the evaluation of a patient to a PTA or supportive personnel.

#### Miscellaneous issues

IRRC referred to the HPLC question as to why the word "district" was being deleted in §40.16(a)(1) when the same section previously refers to the "District of Columbia." The Board deleted this in error and has rectified it in final rulemaking.

IRRC questioned whether the reference in § 40.16(a)(2) to section 6(d)(2) of the act is necessary since section (d) has been deleted. The Board does not believe the reference is necessary and has deleted it.

IRRC questioned the necessity of the word "in" in § 40.22(b) which appears after "or" and before "6 months." The Board has agreed to delete it.

The PASIG Officers expressed its objection to the use of the definition of “direct on-premises supervision” in § 40.1 and to the reference to that term at all. It asked to have the requirement of “direct on-premises supervision” deleted from home health care and school based therapy services. In addition, Allied Services asked the Board to redefine the term to clarify whether it means that a PT must be in the same room as the PTA. The Board notes that section 9.1(c) of the act requires a PTA to work under the “direct on-premises supervision” of a licensed PT. Section 9.1(c) also defines the term “direct on-premises supervision.” Section 40.1 reflects the statutory definition of the term.

IRRC noted that § 40.16(b)(1) requires an applicant for licensure by endorsement to submit “evidence” of authorization to practice without limitation in the country where the professional education occurred. Also, IRRC noted that § 40.17(1) through (4) requires a foreign educated PT applying to take the licensure examination to submit “evidence” or “written proof” of meeting certain conditions. IRRC asked that the Board specify what constitutes acceptable “evidence” in these provisions. The Board has clarified this by requiring that the applicant submit written documentation to meet these requirements.

The Board recognizes a need to have PTs, PTAs and supportive personnel who provide care to patients identify themselves to the patient. Accordingly, the Board has added §§ 40.31a, 40.55 and 40.161(d) to provide for identification of supportive personnel, PTs and PTAs to the patient.

IRRC notes in its comments that the Board considered precluding delegation of wound care to PTAs, but decided this is a properly delegable service. The HPLC requested an explanation of the education and training of PTAs regarding wound care. In particular, IRRC and the HPLC requested information on the type of wound care activities PTAs are qualified to perform, whether there are aspects of wound care that only PTs are authorized to perform, and if there are elements of wound care that a PT cannot delegate to a PTA.

In determining that wound care is a properly delegable function, the Board looked to the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants (Evaluative Criteria) published by the Commission of Accreditation in Physical Therapy Education (CAPTE). The role of the CAPTE is to assure that accreditation criteria for judging education programs incorporate the education and training necessary for graduates to be effective as contemporary practitioners. The Evaluative Criteria, for purposes of accreditation, requires that the PTA comprehensive curriculum include many elements of wound care procedures. These elements include infection control procedures such as isolation techniques and sterile techniques. The curriculum must also include physical agents and mechanical agents including hydrotherapy (that is, whirlpools which are often used to cleanse and debride a wound) and superficial and deep thermal agents. Wound management including the application and removal of dressing or agents and the identification of precautions for dressing removal is also required. The PTA program curriculum must include data collection skills essential for carrying out the plan of care. In terms of integumentary integrity (that is, skin), the data collection skills include the following: recognizing absent or altered sensation; recognizing normal and abnormal integumentary

changes; recognizing activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognizing viable versus nonviable tissue. In consideration of the requirements for curricula for accreditation of PTA education and training programs, the Board believes that a physical therapist assistant is adequately trained and educated to perform wound care services delegated by a physical therapist and performed under the direct on-premise supervision of the physical therapist.

E. Compliance with Executive Order 1996-1, Regulatory Review and Promulgation

The Board reviewed this rulemaking and considered its purpose and likely impact on the public and the regulated population under the directives of Executive Order 1996-1.

F. Fiscal Impact and Paperwork Requirements

There should be no adverse fiscal impact or additional paperwork requirements incurred by the Board, political divisions or the private sector.

G. Sunset Date

The Board continuously monitors its regulations. Therefore, no sunset date has been assigned.

H. Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. §§ 745.5(a)), on April 5, 2003, the Board submitted a copy of the notice of proposed rulemaking, published at 33Pa.B.1715, to IRRC, and the Chairpersons of the House Professional Licensure Committee (HPLC) and the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) for review and comment.

Under section 5(c) of the Regulatory Review Act, IRRC, the HPLC and the SCP/PLC were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing this final-form rulemaking, the Board has considered all comments from IRRC, the HPLC, the SCP/PLC and the public.

Under Section 5.1(j.2) of the Regulatory Review Act (71 P.S. §745.5a(j.2)), on \_\_\_\_\_, the final-form rulemaking was approved by the HPLC. On \_\_\_\_\_, the final-form rulemaking was deemed approved by the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act, IRRC met on \_\_\_\_\_, and approved the final-form rulemaking.

I. Contact Person

Interested persons may obtain information regarding the amendments by writing to Robert Kline, Board Administrator, State Board of Physical Therapy, P.O. Box 2649, 2601 North 3<sup>rd</sup> Street, Harrisburg, PA 17105-2649.

J. Findings.

The Board finds that:

(1) Public notice of proposed rulemaking was given under Sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202) and the regulations promulgated thereunder at 1 Pa. Code §§ 7.1 and 7.2.

(2) A public comment period was provided as required by law and all comments were considered.

(3) The amendments to the final-form rulemaking do not enlarge the purpose of proposed rulemaking published at 33 Pa.B. 1715 (April 5, 2003).

(4) The final-form rulemaking is necessary and appropriate for administration and enforcement of the authorizing act identified in Part B of this Preamble.

K. Order.

The Board, acting under its authorizing statute, orders that:

(1) The regulations of the Board, 49 Pa. Code, Chapter 40, are amended to read as set forth in Annex A.

(2) The Board shall submit this Order and Annex A to the Office of General Counsel and to the Office of Attorney General as required by law.

(3) The Board shall certify this Order and Annex A and deposit them with the Legislative Reference Bureau as required by law.

(4) This Order shall take effect upon publication in the Pennsylvania Bulletin.

JAMES J. IRRGANG, CHAIRPERSON



ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS  
PART I. DEPARTMENT OF STATE  
Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
CHAPTER 40. STATE BOARD OF PHYSICAL THERAPY  
Subchapter A. PHYSICAL THERAPISTS

GENERAL PROVISIONS

**§40.1. Definitions.**

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

*Act* - The Physical Therapy Practice Act (63 P.S. §§ 1301-[1312] 1313).

\* \* \*

*Direct on-premise supervision* - The physical presence of a physical therapist [in the facility or location] on the premises where the physical therapist assistant or the supportive personnel is providing patient-care services, so that the physical therapist is immediately available to provide supervision, direction and control.

\* \* \*

**§40.4. Admission to practice of physical therapy.**

Admission to the practice of physical therapy in this Commonwealth will be granted by the Board as follows:

\* \* \*

(2) By the issuance of a license by endorsement to an applicant who is educated in another state or territory of the United States and who meets the licensing requirements [set forth] in section 6 of the act (63 P.S. §1306) and who holds a valid license by [written] examination in another state or territory of the United States, providing the requirements were, at the time of receiving the license, substantially equal to the requirements as set forth in the act.

\* \* \*

(4) By the issuance of a license to [a foreign trained] an applicant educated in a jurisdiction other than a state or territory of the United States who meets the licensing requirements as set forth in sections 5 and 6(f) of the act (63 P.S. §§1305 and 1306(f)).

(5) By the issuance of a license by endorsement to an applicant who is educated in a foreign country and who is authorized to practice as a physical therapist without limitations in the country where the professional education occurred and who holds a valid license by examination in another state or territory of the United States providing the requirements were, at the time of receiving the license, substantially equivalent to the requirements as set forth in the act.

\* \* \*

## LICENSURE

**§40.11. License by examination; requirements for examination.**

~~Applicants for license by examination shall meet the following requirements:~~

~~(1) Professional requirements consisting of an accredited physical therapy course approved by the American Physical Therapy Association of not less than 12 months in a school of physical therapy established in an accredited medical school, hospital, college or university which course has provided adequate instruction in basic sciences, clinical science and physical therapy theory and procedures [and the requirements of which course shall be approved by the Board.] By \_\_\_\_\_, an AN applicant FOR LICENSE BY EXAMINATION shall have graduated from a physical therapy program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) which has provided adequate instruction in basic sciences, clinical science and physical therapy theory and procedures.~~

~~(2) Following graduation from the professional study of physical therapy, a physical therapist shall hold a minimum of a baccalaureate degree consisting of at least 120 semester hours from a regionally accredited institution of higher education.~~

\* \* \*

**§40.14. [Failure] Examination; failure; reexamination.**

\* \* \*

**§40.15. Examinations.**

\* \* \*

[(c) Examinations are conducted by numbers, exclusive of names, and the candidate may in no part of his paper give indication as to his name or school of graduation.

(d) As a means of identifying applicants, two unmounted finished photographs, not proofs, of each applicant shall be furnished, one of which shall be certified by the appropriate officer of the physical therapy school attended and the other of which shall be marked with the number assigned to the candidate and shall be returned to him with a card of admission to the examinations. Each candidate shall bring the admission card and returned photograph to the Board; otherwise, the candidate may not be admitted to the examination.]

**§40.16. Licensure by endorsement.**

(a) An applicant for licensure by endorsement who is educated in another state or territory of the United States is required to submit the professional credentials in §40.11 (relating to license by examination; requirements for examination), and comply with the following:

(1) Submit a written application on forms provided by the Board, together with evidence satisfactory to the Board that [he] the applicant is licensed or otherwise registered as a physical

therapist in another state or territory of the United States, or in the District of Columbia, if the requirements for licensure or registration in the state~~[,] or~~ territory ~~{or district}~~ were, at the date of [his] licensure or registration, substantially equal to the requirements for licensure or registration in this Commonwealth under the act.

(2) [In the event that an applicant for licensure by endorsement has taken and failed the Commonwealth's approved examination one or more times but has subsequently taken and passed an examination given in another state or territory of the United States or in the District of Columbia, proof shall be given to the Board by the applicant that the other examination taken and passed by the applicant was in fact equivalent to the examination this Commonwealth has approved, before the Board will exercise its discretion in considering endorsing the applicant for licensure.

(3)] A fee prescribed in §40.5 (relating to fees) shall accompany each application for licensure by endorsement. ~~Reference should be made to section 6(d)(2) of the act (63 P.S. §1306(d)(2)).~~

(b) An applicant for licensure by endorsement who received education in a country outside of the United States is required to meet the educational requirements as set forth in §40.17(5) and (6) (relating to foreign-educated physical therapists applying to take the licensure examination and pursue a clinical experience) and comply with the following:

(1) The applicant shall submit DOCUMENTARY evidence that the applicant is authorized to practice as a physical therapist without limitation in the country where the professional education occurred.

(2) The applicant shall hold a valid license by examination in another state or territory of the United States providing the requirements were, at the time of receiving the license, substantially equivalent to the requirements as set forth in the act.

**§40.17. Foreign-[trained] educated physical therapists applying to take the licensure examination and pursue a clinical experience.**

To be eligible to take the examination for licensure, foreign-[trained] educated applicants for licensure shall [apply at least 30 days prior to the next scheduled date of the examination and prior to the application date,] comply with the following conditions:

(1) [*Evidence.*] The applicant shall submit evidence, satisfactory to the Board, indicating that [he] the applicant has met the requirements stated in §40.12(a)(1)-(3) (relating to application for licensure).

(2) The applicant shall provide written ~~proof~~ DOCUMENTATION that the school of physical therapy is recognized by the authorizing agency or entity of the jurisdiction in which the school is situated.

(3) The applicant shall provide written ~~proof~~ DOCUMENTATION of authorization to practice as a physical therapist without limitations in the country where the professional education took place.

(4) The applicant shall provide ~~proof~~ DOCUMENTATION of legal authorization to seek employment in the United States or its territories.

~~[(2) Educational requirements.] (5) The applicant shall meet ~~general~~ educational requirements by securing a credentials evaluation and by correcting educational deficiencies, if any, as follows:~~

~~(i) *Credentials evaluation.* The applicant shall secure a credentials evaluation from a recognized and accredited credential evaluation agency approved by the Board. Upon request, the Board will forward to the foreign ~~[trained]~~ educated applicant a list of currently approved credential evaluation agencies. The credentials evaluation shall indicate that the applicant has completed at least ~~[60]~~ 50 credit hours in the following education subjects:~~

\* \* \*

- ~~(A) A minimum of 10 credit hours in humanities, including 6 credit hours in English.~~
- ~~(B) A minimum of 6 credit hours in social sciences, including 3 credit hours in psychology.~~
- ~~(C) A minimum of 12 credit hours in natural sciences, including 4 credit hours in chemistry and 4 credit hours in physics.~~
- ~~(D) A minimum of 12 credit hours in biological sciences, including 3 credit hours in biology.~~
- ~~(E) A minimum of [20] 10 credit hours in electives.~~

FROM A RECOGNIZED AND ACCREDITED EVALUATION AGENCY APPROVED BY THE BOARD. THE CREDENTIALS EVALUATION MUST DEMONSTRATE THAT THE APPLICANT HAS MET THE REQUIREMENT OF NOT LESS THAN 120 SEMESTER CREDIT HOURS OF WHICH AT LEAST 42 CREDIT HOURS MUST BE IN GENERAL EDUCATION SUBJECTS AND 69 CREDIT HOURS MUST BE IN PROFESSIONAL EDUCATION SUBJECTS. IF AN APPLICANT HAS DEFICIENCIES IN GENERAL EDUCATION OR PROFESSIONAL EDUCATION, THE APPLICANT CAN CORRECT THE DEFICIENCIES AS FOLLOWS:



(i) GENERAL EDUCATION. A MINIMUM OF ONE SEMESTER COURSE MUST BE SUCCESSFULLY COMPLETED IN EACH OF THE FOLLOWING AREAS OF GENERAL EDUCATION UNLESS OTHERWISE NOTED:

(A) HUMANITIES.

(B) PHYSICAL SCIENCE (TWO COURSES EACH IN CHEMISTRY AND PHYSICS INCLUDING LABORATORY SESSIONS).

(C) BIOLOGICAL SCIENCE.

(D) SOCIAL SCIENCE.

(E) BEHAVIORAL SCIENCE.

(F) MATHEMATICS.

(ii) PROFESSIONAL EDUCATION. THE APPLICANT SHALL COMPLETE 69 CREDIT HOURS OF PROFESSIONAL EDUCATION THE CONTENT OF WHICH INCLUDES:

(A) BASIC HEALTH SCIENCE INCLUDING:

(I) HUMAN ANATOMY (SPECIFIC TO PHYSICAL THERAPY).

(II) HUMAN PHYSIOLOGY (SPECIFIC TO PHYSICAL THERAPY).

(III) NEUROSCIENCE.

(IV) KINESIOLOGY OR FUNCTIONAL ANATOMY.

(V) PATHOLOGY.

(B) MEDICAL AND CLINICAL SCIENCE COURSEWORK INCLUDING ALL OF THE FOLLOWING:

(I) CLINICAL MEDICINE PERTINENT TO PHYSICAL THERAPY INCLUDING:

- (a) NEUROLOGY.
- (b) ORTHOPEDICS.
- (c) PEDIATRICS.
- (d) GERIATRICS.
- (e) CARDIOPULMONARY.
- (f) PHARMACOLOGY.

(II) PHYSICAL THERAPIST COURSEWORK MUST INCLUDE:

- (a) EXAMINATION, EVALUATION AND INTERVENTION PERTAINING TO THE INTEGUMENTARY SYSTEM.
- (b) EXAMINATION, EVALUATION AND INTERVENTION PERTAINING TO THE MUSCULOSKELETAL SYSTEM.
- (c) EXAMINATION, EVALUATION AND INTERVENTION PERTAINING TO THE NEUROMUSCULAR SYSTEM.
- (d) EXAMINATION, EVALUATION AND INTERVENTION PERTAINING TO THE CARDIOPULMONARY SYSTEM.

(iii) CLINICAL EDUCATION. CLINICAL EDUCATION MUST INCLUDE PHYSICAL THERAPIST-SUPERVISED APPLICATION OF PHYSICAL THERAPY THEORY, EXAMINATION, EVALUATION, AND INTERVENTION. THE APPLICANT MUST HAVE A MINIMUM OF TWO FULL-TIME CLINICAL INTERNSHIPS OF NO LESS THAN 800 HOURS TOTAL, WHICH ARE SUPERVISED BY A PHYSICAL THERAPIST. THE MAXIMUM NUMBER OF FULL-TIME CLINICAL EDUCATION CREDITS IS 23.

(iv) RELATED PROFESSIONAL COURSEWORK. CONTENT IS REQUIRED IN THE FOLLOWING NINE AREAS:

- (A) PROFESSIONAL BEHAVIORS.
- (B) ADMINISTRATION.
- (C) COMMUNITY HEALTH.
- (D) RESEARCH AND CLINICAL DECISION MAKING.
- (E) EDUCATIONAL TECHNIQUES.
- (F) MEDICAL TERMINOLOGY.
- (G) COMMUNICATION (RELATED TO CLIENT/PATIENT CARE).
- (H) LEGAL AND ETHICAL ASPECTS OF PHYSICAL THERAPY PRACTICE.
- (I) PSYCHOSOCIAL ASPECTS IN PHYSICAL THERAPY PRACTICE.

(ii) (6) ~~Educational~~ GENERAL EDUCATIONAL deficiencies. The applicant may correct general educational deficiencies in the areas specified in [paragraph (2)] ~~subparagraph (i)~~ PARAGRAPH (5)(i) by either:

\* \* \*

(I) The CLEP General Examination may be used to satisfy the requirements [set forth] in [paragraph (2)] ~~subparagraph (i)~~ PARAGRAPH (5)(i) for credit hours if passing scores are received in the following subjects:

General Examination	Passing Score	College Level Credit
English Composition with Essay	550	6
Mathematics	440	3
Humanities	440	6
Natural Sciences		
Biological Sciences (subscore)	50	3
Physical Sciences (subscore)	50	3
Social Sciences	440	6

(II) The CLEP Subject Examination may be used to satisfy the requirements [set forth] in [paragraph (2)] ~~subparagraph (i)~~ PARAGRAPH (5) for credit hours if passing scores are received in the following subjects:

Subject Examination	Passing Score	College Level Credit
---------------------	---------------	----------------------

Analysis & Interpretation of

Literature	50	3
College Algebra	46	3
English Literature	47	3
Foreign Language		
French – Levels I and II	50	6
German – Levels I and II	50	6
Spanish – Levels I and II	50	6
Freshman English	48	3
English Composition	48	4
General Biology	47	3
General Chemistry	48	3
General Psychology	48	2
Human Growth & Development	46	2
Introduction to Management	48	2
Introduction to Sociology	48	2
Statistics	50	2
Trigonometry	51	2
Western Civilization	51	3

\* \* \*

~~(6) Professional education. The applicant shall complete 60 credit hours of professional education as follows:~~

~~(i) A minimum of 3 credit hours is required in each of the following  
basic health science topics:~~

~~(A) Human anatomy (specific to physical therapy):~~

~~(B) Human physiology (specific to physical therapy):~~

~~(C) Neurological science.~~

~~(D) Kinesiology or functional anatomy.~~

~~(E) Abnormal or developmental psychology.~~

~~(F) Pathology.~~

~~(ii) A minimum of 15 credit hours of clinical sciences which shall include all of the following:~~

~~(A) Clinical medicine pertinent to physical therapy to include the following:~~

~~(I) Neurology.~~

~~(II) Orthopedics.~~

~~(III) Pediatrics.~~

~~(IV) Geriatrics.~~

~~(B) Physical therapy course work to include the following:~~

~~(I) Physical agents.~~

~~(II) Musculoskeletal assessments and treatment.~~

~~(III) Neuromuscular assessment and treatment.~~

~~(IV) Cardiopulmonary assessment and treatment.~~

~~(iii) A minimum of two clinical affiliations of at least 18 credit hours which are supervised by a physical therapist.~~

~~(iv) A minimum of 9 credit hours from the following topics of ———  
——— professional course work:~~

~~(A) Professional ethics.~~

~~(B) Administration.~~

~~(C) Community health.~~

~~(D) Research.~~

~~(E) Educational techniques.~~

(F) Medical terminology.

[(3)] (7) \* \* \*

\* \* \*

**§40.18. [Approved physical therapy schools] (Reserved).**

[(a)] (a) The approved physical therapy schools in the Commonwealth are as follows:

(1) University of Pennsylvania, School of Allied Medical Professions, 3901 Pine Street, Philadelphia, Pennsylvania 19104.

(2) Temple University, Department of Physical Therapy, College of Allied Health Profession, Philadelphia, Pennsylvania 19140.

(3) University of Pittsburgh, Department of Physical Therapy, School of Health Related Professions, Pittsburgh, Pennsylvania 15213.

(b) The Board will also accept for admission to the examination graduates of physical therapy schools approved by the American Physical Therapy Association, providing the credentials of the applicant meet the requirements of §40.11 (relating to license by examination; requirements for examination). The Board will also consult with recognized national accrediting agencies and professional agencies to consider graduates of other fully accredited schools.]



## TEMPORARY LICENSES

**§40.21. [Temporary licenses; physical therapists licensed by other states or territories of the United States] (Reserved).**

[(a) Under Section 6(g) of the act (63 P.S. §1306 (g)), the Board will issue temporary licenses to the following applicants, provided the applicant is licensed by another state or territory or the District of Columbia where the licensing requirements at the time of the applicant's licensing were substantially equal to the requirements of the Act. With respect to this provision, the rules covering endorsement may be applied by the Board:

(1) A person who will be working in this Commonwealth because of medical emergency.

(2) A person who will be working in this Commonwealth on a special physical therapy project, including a foreign exchange visitor.

(b) An applicant shall submit, on forms provided by the Board, the exact nature of the emergency or special project that requires location within this Commonwealth, including the anticipated length of time that the temporary license is requested and the place of residence while in the Commonwealth, and shall submit a fee as prescribed in §40.5 (relating to fees).]

**§40.22. Temporary license[; graduating students].**

(a) An applicant for temporary license under Section 6[(h)](g) of the act (63 P.S. §1306[(h)](g)) shall [make application] apply to the Board on forms provided by the Board and meet the following requirements:

\* \* \*

(3) Having received the temporary license from the Board, work only under the direct on premises supervision of a licensed physical therapist with at least 2 years of experience.

(b) A temporary license issued under 6[(h)] (g) of the act [( 63 P.S. §1306(g))] shall be surrendered to the Board immediately upon the failure of the first examination[. The granting of an extension of the temporary license is discretionary with the Board] or in 6 months after the date of issuance, whichever occurs first.

**§40.23. [Temporary licenses issued at Board's discretion] (Reserved).**

[The Board, at its discretion, may issue temporary licenses to the following applicants:

(1) A person who has applied to be licensed in this Commonwealth by endorsement but whose Commonwealth work experience begins prior to the time of the approval of the endorsement application.

(2) A person who is foreign trained, and who has properly registered with the Board under §40.17 (relating to foreign trained physical therapists applying to take the licensure examination and pursue a clinical experience).]

**§40.24. [Expiration of temporary licenses] (Reserved).**

[Upon an expiration of a temporary license or upon the departure of an individual holding a temporary permit from this Commonwealth with the intention of returning permanently to the domiciliary state or country of such individual, the license shall be returned immediately to the Board. Except for the temporary license under §40.22 (relating to temporary licenses; graduating students), a request for a renewal of a temporary license shall be made to the Board, in writing, at least 30 days prior to the original date of expiration for the temporary license and shall contain an update of the information provided by the applicant when the first temporary license was sought. An approval of a renewal is discretionary with the Board.]

**[PHYSICAL THERAPIST ASSISTANTS AND] SUPPORTIVE PERSONNEL**

**§40.31a. IDENTIFICATION OF SUPPORTIVE PERSONNEL.**

SUPPORTIVE PERSONNEL MUST IDENTIFY THEMSELVES TO PATIENTS AS  
SUPPORTIVE PERSONNEL.

**§40.32. Functions of supportive personnel.**

\* \* \*

(b) The physical therapist may not permit supportive personnel to provide physical therapy services.

The physical therapist may permit supportive personnel to perform the following:

\* \* \*

~~(6) Record the care given to a patient~~ INFORMATION through the use of flow sheets and  
checklists which identify the care/services provided ACTIVITIES PERFORMED BY THE  
PATIENT.

\* \* \*

**SCOPE OF PRACTICE**

**§40.51. {Administration of electromyography (EMG) and nerve conduction velocity  
(NCV) tests.} Scope of Practice; physical therapists.**

(a) ~~{EMG and NVC - studies and evaluations - shall be conducted only upon the referral of a physician, under Section 9 of the Act (63 P.S. §1309).}—A physical therapist may administer electroneuromyography (EMG) and nerve conduction velocity (NCV) tests only upon the referral of a physician under Section 9 of the act (63 P.S. §1309).~~

(b) ~~{A licensed physical therapist may not diagnose from the results of the tests, but may prepare a document of his impression of the results of the test to be forwarded to the referring physician for his review and diagnosis.}—A physical therapist may perform transdermal administration of drugs through the use of modalities such as ultrasound and electrical stimulation. If a prescriptive medication is used, the medication shall be prescribed by the referring physician and dispensed in the name of the patient by the referring physician or pharmacist. The remaining medications shall be disposed of by the physical therapist or returned to the patient. Drugs shall be properly stored in a manner consistent with pharmaceutical practice.~~

#### §40.51a. TRANSDERMAL ADMINISTRATION OF DRUGS.

A PHYSICAL THERAPIST MAY PERFORM TRANSDERMAL ADMINISTRATION OF DRUGS THROUGH THE USE OF MODALITIES SUCH AS ULTRASOUND AND ELECTRICAL STIMULATION. IF A PRESCRIPTIVE MEDICATION IS USED, SUCH MEDICATION MUST BE PRESCRIBED BY THE REFERRING PHYSICIAN AND DISPENSED IN THE NAME OF THE PATIENT BY THE REFERRING PHYSICIAN OR PHARMACIST.

BETWEEN TREATMENT SESSIONS, DRUGS SHALL BE PROPERLY STORED IN A MANNER CONSISTENT WITH PHARMACEUTICAL PRACTICE. AFTER THE PATIENT IS DISCHARGED, THE REMAINING DRUGS MUST BE DISPOSED OF BY THE PHYSICAL THERAPIST OR RETURNED TO THE PATIENT.

**§40.52. Unprofessional conduct; physical therapists.**

A physical therapist who engages in unprofessional conduct is subject to disciplinary action under section 11(a)(6) of the act (63 P.S. §1311(a)(6)). Unprofessional conduct includes the following:

\* \* \*

(12) Failure to maintain adequate patient records. Adequate patient records include at a minimum SUFFICIENT INFORMATION TO IDENTIFY THE PATIENT, a summary of the findings of the examination, an evaluation, a diagnosis, the plan of care including desired outcomes, AND the treatment record. ~~a discharge plan including results of intervention and sufficient information to identify the patient.~~

**§40.53. Nondelegable activities; accountability.**

(a) A physical therapist may delegate to a physical therapist assistant or supportive personnel that which he is educated to perform subject to the limitations in this section.

(b) A physical therapist may not assign or delegate to physical therapist assistants or supportive personnel functions which require the formal education or training and the skill and knowledge of a licensed physical therapist, including the following functions:

\* \* \*

(7) MOBILIZATION. Mobilization is defined as a passive therapeutic movement at any point in the range of motion at variable amplitudes and speeds. The purpose of joint mobilization is to restore accessory joint movements. Mobilization does not include gross passive movement throughout normal planes of joint motions. GROUP OF TECHNIQUES COMPRISING A CONTINUUM OF SKILLED PASSIVE MOVEMENTS TO THE JOINTS OR RELATED SOFT TISSUES, OR BOTH, THROUGHOUT THE NORMAL PHYSIOLOGICAL RANGE OF MOTION THAT ARE APPLIED AT VARYING SPEEDS AND AMPLITUDES, WITHOUT LIMITATION.

(8) THE PERFORMANCE OF CONSULTATIONS.

[(b)](c) \* \* \*

~~[(c)Where]~~ (d) When patient-care services are provided by the physical therapist assistant, the physical therapist shall ~~{document re-evaluations}~~ reevaluate and ~~{adjustments to a}~~ adjust the patient plan of care and goals at ~~intervals not to exceed [30] 14 days~~ LEAST EVERY 30 CALENDER DAYS OR WHEN THERE IS A SIGNIFICANT CHANGE IN PATIENT STATUS WARRANTING AN EARLIER PATIENT EVALUATION.

~~(e) A physical therapist may not assign or delegate to physical therapist assistants or supportive personnel the performance of consultations, initial evaluations, reevaluations or discharge summaries and the interpretation of resulting data collected.~~

~~(f) A physical therapist may not assign or delegate to a physical therapist assistant or supportive personnel screenings to determine the need for the following:~~

- ~~(1) Primary, secondary or tertiary services.~~
- ~~(2) Further examination or intervention.~~
- ~~(3) Consultation by a physical therapist.~~
- ~~(4) Referral to another health care practitioner.~~

~~(g)(F) For purposes of this section, screening is defined as determining the need for further examination or intervention, or both, by a physical therapist or for referral to another health professional.~~



\* \* \*

§40.55. IDENTIFICATION OF PHYSICAL THERAPISTS.

PHYSICAL THERAPISTS MUST IDENTIFY THEMSELVES TO PATIENTS AS  
PHYSICAL THERAPISTS.

\* \* \*

**Subchapter C. PHYSICAL THERAPIST ASSISTANTS**

**REGISTRATION**

**§40.161. Registration of physical therapist assistants; practice; exceptions.**

\* \* \*

(c) This subchapter does not prohibit physical therapist assistant students from assisting a physical therapist licensed to practice without restriction in this Commonwealth under the direct on-premises supervision of the physical therapist as is incidental to their course of study in a program which has been approved for the education and training for physical therapist assistants by the [Nationally recognized accrediting agency for physical therapist assistant education programs] Commission on Accreditation in Physical Therapy Education (CAPTE).

(d) PHYSICAL THERAPIST ASSISTANTS MUST IDENTIFY THEMSELVES TO PATIENTS AS PHYSICAL THERAPIST ASSISTANTS.

\* \* \*

**§40.163. Requirements for registration.**

(a) Under Section 9.1(a) of the act (63 P.S. §1309.1(a)), an applicant for registration by examination shall submit evidence of the following:

(1) Graduation from a physical therapist assistant program [adopted by the Board,] which ~~program~~ has been approved for the education and training for physical therapist assistants by [a Nationally recognized accrediting agency recognized by the Board] the Commission on Accreditation in Physical Therapy Education (CAPTE).

\* \* \*

**§40.164. Physical therapist assistant registration examination.**

\* \* \*

(b) [*Passing score*. The passing score shall be 75 scaled to the recommended score of third-party testing services.

c)] *Failure and reexamination*. In the case of failure of examination, the following apply:

\* \* \*

[(d) *Examination taken outside of this Commonwealth.* Applicants who take a physical therapist assistant registration examination outside of this Commonwealth are not exempted from achieving the passing score established by the Board or meeting the other registration requirements in this subchapter.]



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF PHYSICAL THERAPY  
Post Office Box 2649  
Harrisburg, Pennsylvania 17105-2649  
(717) 783-7134**

June 17, 2004

The Honorable John R. McGinley, Jr., Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
14<sup>th</sup> Floor, Harrisstown 2, 333 Market Street  
Harrisburg, Pennsylvania 17101

Re: Final Regulation  
State Board of Physical Therapy  
16A-659: General Provisions

Dear Chairman McGinley:

Enclosed is a copy of a final rulemaking package of the State Board of Physical Therapy pertaining to general provisions.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read "James J. Irrgang".

James J. Irrgang, Chairperson  
State Board of Physical Therapy

JJI/BSM:law

Enclosure

c: Basil L. Merenda, Commissioner  
Bureau of Professional and Occupational Affairs  
Linda C. Barrett, Chief Counsel  
Department of State  
Joyce McKeever, Deputy Chief Counsel  
Department of State  
Cynthia Montgomery, Regulatory Counsel  
Department of State  
Herbert Abramson, Senior Counsel in Charge  
Department of State  
Beth Sender Michlovitz, Counsel  
State Board of Physical Therapy  
State Board of Physical Therapy

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**



I.D. NUMBER: 16A-659  
SUBJECT: General Provisions  
AGENCY: DEPARTMENT OF STATE

2004 JUN 17 11:11 AM  
REGULATORY REVIEW DIVISION

**TYPE OF REGULATION**

- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
  - a. With Revisions
  - b. Without Revisions

**FILING OF REGULATION**

DATE	SIGNATURE	DESIGNATION
6/17/04	<i>Sandra J. Harper</i>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
6/17/04	<i>Daniel Herman</i>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
6/17/04	<i>St. Selver</i>	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL (for Final Omitted only)
		LEGISLATIVE REFERENCE BUREAU (for Proposed only)