Original: 2327

Richard L. Read, DSc(c) PT, ECS
3 Millhouse Lane
Cherry Hill, N.J.
08003-2714

April 26, 2003

PA State Board of Physical Therapy
PO Box 2649
Harrisburg, PA 17105

Re: Ammended Regulations, 40.51 a)

To whom it concerns:

I am writing as a Pennsylvania licensee. I have been licensed in Pennsylvania since 1967 and have been providing Electroneuromyographic services to residents of Pennsylvania since 1970, the last twenty-three (23) years in which those services have been the primary services I perform. I wish to inquire about language contained in the revisions to the PA Physical Therapy Practice Act as recently published in the PA Bulletin.

Specifically, I refer to Section 40.51(relating to the provision of electroneuromyography (EMG) and nerve conduction velocity (NCV) tests). In the current practice act, there are two (2) paragraphs under that section, a) referring to the "conduction of these studies only under the referral of a physician" and b) "a licensed physical therapist may not diagnose from the results of the tests, but may prepare a statement of his impression of the results of the test to be forwarded to the referring physician for his review and diagnosis". These two (2) provisions have served well both the patient(s) and practicing physical therapist(s). At the time of their writing into the practice act, a great deal of time and effort was spent in a collaborate manner with many interested parties in order to develop the appropriate language that would adequately describe and define the scope of practice of physical therapists in Pennsylvania who would provide these services. In the proposed revisions, paragraph b) will be deleted in its entirety and paragraph a) will be amended to say that a physical therapist may **administer** electroneuromyography (EMG) and nerve conduction velocity (NCV) tests only upon the referral of a physician". I am requesting your re-consideration of the word

administer. Is it the intent of the board in its revision language in utilizing the word **administer** to include **both** the performance of the test **and** the offering of an impression of the results as the present language allows or is it the intent of the Board to remove the component of the formulation of an impression of the test results from the scope of practice as it pertains to EMG and NCV tests? If the Board's intent is the former, then it is imperative to state fully these two (2) components in the new language so as to not create any confusion in the future. If the Board's intent is the latter, then how and to whom are the results of the testing procedures reported? Please consider defining further the term **administer** used in paragraph 40.51 a) of the proposed revision (language) to include both the performance of the tests and the offering of an impression of the test results. This may seem like a small point but I can assure you that its inclusion in the proposed language is essential. The exclusion in the revised 40.51 a) of the language and intent of 40.51.b) as it presently exists will lead to confusion by interested parties and could inhibit the complete performance of EMG and NCV tests by physical therapists in PA. Lastly, it has been historically within the scope of practice of physical therapists, through the practice act, to summarize and offer impressions of the results of many and varied tests and measurements in other areas of physical therapy practice. The removal of this language in 40.51 of the proposed revision could have a similar impact in other areas of physical therapy practice both now and in the future.

In summary, I would request the Board further define the word **administer** in 40.51 a) of the proposed revision language to specifically include both the performance of the test (EMG and NCV) procedures **and** the offering of an impression of the test results.

The courtesy of a written reply would be deeply appreciated in order that I may better understand the Board's intent.

Thank you for your consideration.

Respectfully,

Richard L. Read DSc(c), PT, ECS

Richard L. Read, DSc(c), PT, ECS

PA License 002138L

Original: 2327

April 26, 2003

Robert Kline
Administrative Assistant
State Board of Physical Therapy
P. O. Box 2649
Harrisburg, PA 17105-2649

Re: Reference No. 16A-659 (General Revision)

Dear Mr. Kline,

I am writing to provide my feedback and comments to the proposed amendments for chapter 40 of the State Physical Therapy Practice Act. I have been a Physical Therapist Assistant for 5 years and after reviewing the proposed changes, I have a few concerns, which are outlined below:

- Section 40.52(12) (relating to unprofessional conduct; physical therapists)

  My specific concern is related to a "discharge plan including results of intervention" being required by our state practice act as adequate documentation in order to be "professional". Physical therapy services are provided in a variety of settings and the documentation standards are site-specific and driven by the setting, organization, reimbursement guidelines, and regulatory agencies. There are many examples when a discharge summary would not be feasible due to the quick pace and turn around of discharges from the facility, as in acute care. Patients' medical records are torn down and sent to the medical records department within hours of their discharge. In order to be compliant with the proposed amendment, we would have to retrieve medical records solely to write discharge notes on our acute care patients who's average stay is 4.1 days. This would be unnecessary.

  There are too many variables in settings, and I recommend the removal of the "discharge plan including results of intervention" wording in the proposed amendment.

- Section 40.53(a) (relating to nondelegable activities: accountability)

  I disagree that only physical therapists, and not physical therapist assistants, should provide "mobilization".

  Many physical therapist assistants, including myself, have attended continuing education classes where manual mobilization skills are taught or have worked closely with their supervising therapists to develop these manual skills. It is the responsible of the supervising therapist to delegate only activities that they feel the therapist assistant is qualified and/or educated to perform. I also believe it is the responsibility of the therapist assistant to only perform those activities that they have been trained in and are comfortable performing.

  The wording, which excludes all "mobilization", would include simple patellar mobilizations, which I have trained many *patients* to perform on themselves.

I strongly feel that the addition of mobilization to section 40.53(a) should be reconsidered and excluded, as the practice act stating that "a physical therapist may delegate to a physical therapist assistant or supportive personnel that which he is educated to perform" *is all-inclusive.*

- Section 40.53(d) (relating to the requirement of re-evaluating and adjusting a patient's plan of care at intervals not to exceed 14 days)

  I disagree with requiring a "physical therapist to reevaluate and adjust a patient's plan of care at intervals not to exceed 14 days, when that plan of care is provided by the physical therapist assistant".

  Setting an arbitrary amount of 14 days places unnecessary restrictions on the therapist and will create unneeded paperwork. I agree that ongoing assessment of every patient is essential to provide effective and safe treatment. However, doesn't the direct on-the-premises requirement, co-signing notes and daily interaction with the physical therapist assistant imply that the therapist would be acutely aware of what is occurring with the patient?

  Also, when does the stipulation "when that plan of care is provided by the physical therapist assistant" apply? Does it apply only if the therapist assistant solely works with the patient and not apply if the therapist provides care a few days and the therapist assistant a few other days within the 14-day time frame?

  I agree with the addition of a general statement in the practice act addressing the professional responsibility of all care providers (therapists and therapist assistants) to assess all patients on an ongoing bases and make adjustments to the plan of care as appropriate. However, I do not agree with the specific wording that is included in the proposed amendment and urge reconsideration of its inclusion.

- Section 40.53(3) regarding "physical therapist not assign or delegate to physical therapist assistants or supportive personnel the performance of . . . . . discharge summaries . . . "

  I strongly disagree with the inclusion of discharge summaries not being able to be delegated. Quite frequently, I, as the physical therapist assistant, am the last person to work with the patient or who most frequently worked with the patient. Would it not make sense that I would be the most appropriate person to indicate their objective status at discharge? The "assessment and interpretation" portion of the summary is appropriate to be the sole responsibility of the therapist. But, the objective information is very appropriate to be delegated to the therapist assistant.

  I recommend the exclusion of "discharge summaries" in the wording of the proposed amendment.

- As a professional, I strive to continually expand my knowledge and to attend continuing education classes/seminars on a regular basis. I was hoping to see listed in the proposed amendments a section relating to the requirement of continuing education on a bi-annual basis to correspond with the licensure renewal cycle. The majority of states have such a requirement and I am disappointed that Pennsylvania

physical therapists and therapist assistants have no such expectations. I would encourage such an addition to our therapy practice act.

Thank you for your time. I hope you will consider my comments and make the appropriate changes.

Sincerely,

Clare Huygens

Clare Huygens, PTA

Robert Kline, Administrative Assistant
State Board of Physical Therapy
P. O. Box 2649
Harrisburg, PA 17105-2649

RE: Proposed Rulemaking, State Board of Physical Therapy

April 24, 2003

Dear Mr. Kline:

This letter is in response to the proposed rulemaking (49 PA. CODE CH. 40) by the Pennsylvania State Board of Physical Therapy. Please ensure my concerns are forwarded to the State Board.

As a healthcare practitioner, I have several concerns regarding the proposed changes. They are as follows:

> **SECTION 40.53 (b) (7):** Under section 40.53, it is noted that "subsection (b)(7) would be amended to clarify that mobilization is not a procedure that a physical therapist would be permitted to assign or delegate to a physical therapist assistant or supportive personnel. Mobilization would be 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. A physical therapist may still delegate to a physical therapist assistant gross passive movement throughout normal plane of joint motions."

While I agree that joint mobilizations should be non-delegable to support personnel, this rule should not be so broadly applied as to include physical therapist assistants. Physical therapist assistants are not support personnel. Many physical therapist assistants receive formal training for joint mobilizations as part of their educational requirements. Those physical therapist assistants who may not are offered the opportunity to develop these skills by attend continuing education courses that build upon their knowledge base of joint anatomy and biomechanics. It may be in the best interest of all to add a stipulation regarding assurance of competency, but to restrict the activity altogether does not benefit patients or permit physical therapist assistants to utilize their knowledge or skill set.

> **SECTION 40.53 (d):** Section 40.53 Subsection (d) would be amended to require a physical therapist to reevaluate and adjust a patient's plan of care at intervals not to exceed 14 days, rather than 30 days, when that plan of care is provided by the physical therapist assistant. The Board states that conditions of patients can change in less than 30 days and that only the physical therapist is authorized to evaluate and change the patient's plan of care.

If this ruling is passed, it is imperative that clarification be given regarding what constitutes the provision of care by the physical therapist assistant. I agree that the patient's status should be continuously reviewed by a physical therapist. I also agree that objective measures should be included in the documentation to justify care and demonstrate progress towards goals. To require a formal re-evaluation be completed within 14 days of care, however, is unduly restricting.

There are many instances where a patient may be progressing steadily and on course with the timeframes and plan of care established. To require a formal re-evaluation realistically will limit time spent providing patient treatment and, thereby, negatively impact patient's progression. In other instances, particularly in outpatient settings, patients may be receiving care one time a week per physician orders. To reevaluate formally would be unwarranted and excessive after only two treatment sessions.

> **SECTION 40.53 (e):** Subsection (e) would be added to assure that physical therapists not assign or delegate to physical therapist assistant or supportive personnel the performance of consultations, initial evaluations, reevaluations or discharge summaries and the interpretation of the resulting data collected since these procedures require the skill and expertise of a licensed physical therapist." The wording of this subsection is restrictive.

A physical therapist assistant, unlike support personnel, can effectively contribute subjective and objective information as part of data collection procedures (e.g. taking vital signs, pain levels, etc.). In the practice of this profession restricting the role of a qualified and competent physical therapist assistant will limit accessibility to care. I recommend that the Board amend the physical therapist assistant role to permit the collection of subjective and objective components of pre-established monitors. I agree that no one other than the physical therapist should be able to perform the assessment or planning portion of any evaluative procedure.

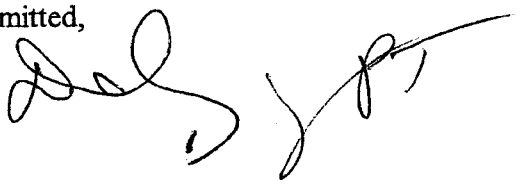
> **SECTION 40.53 (f):** Subsection (f) would prohibit a physical therapist from assigning or delegating to a physical therapist assistant or supportive personnel screenings to determine the need for the following: (1) primary, secondary or tertiary services; (2) further examination or intervention; (3) consultation by a physical therapist; and (4) referral to another health care practitioner ...

I agree that the physical therapist should not delegate the evaluation or screening process under any circumstance. Clarification is required to prevent these regulations from restricting the qualified physical therapist assistant's ability to provide recommendation for complimentary services during the ongoing provision of care when they are in accordance with established goals.

The Board states that the proposed rulings would have no fiscal impact on its licensees. This statement is not true. Ultimately, these requirements will force the practice to employ fewer physical therapist assistants and more physical therapists to meet the same patient volume. The fiscal impact will be devastating at a time when greater financial restrictions have been and continue to be realized. The State Board should not permit restricting the capabilities of qualified personnel, as its ramifications will do more to harm than benefit the profession.

Thank you in advance for your prompt attention to this matter.

Respectfully submitted,



IRRC #2327
Agency: State Board of Physical Therapy
Title: General Provisions

(Form Title i.e. Form A, Form B, Form C)		
NAME	ADDRESS	DATE of CORRESPONDENCE
Ann Kolongowski	Delaware County Memorial Hospital	**April 24, 2003**
Carol L. Heisner	Delaware County Memorial Hospital	**April 24, 2003**
Carla Dewald		**April 24, 2003**
Theresa A. Murphy		**April 24, 2003**
T Mortensen		**April 24, 2003**
Christine A. Hungate		**April 24, 2003**
Mary O. Sullivan		**April 24, 2003**
Steve Hudyman		**April 24, 2003**
Bernadette Kleinman		**April 25, 2003**
Veronica E. Hache		**April 25, 2003**
David Lavrento		**April 24, 2003**
Darren Creamer		**April 25, 2003**
Gina Benek		**April 25, 2003**
Kathleen Miller		**April 25, 2003**
Maureen Walsh		**April 25, 2003**
Peter F. Clain		**April 24, 2003**
Anne Volgre		**April 24, 2003**
Cynthia Yocum		**April 24, 2003**
Samantha Simpkins		**April 28, 2003**
Susanne Wetzler		**April 24, 2003**
Ann D. Benner		**April 24, 2003**
Fred Melchoir		**April 24, 2003**
Stephanie Briddes		**April 24, 2003**
Susan McIntyre		**April 24, 2003**
David Organ		**April 24, 2003**
Ronald M. Goven		**April 24, 2003**
Jennifer O'mack		**April 24, 2003**
John Dunylake		**April 24, 2003**
Marilyn Waring		**April 24, 2003**
Ann Cervano		**April 24, 2003**
Larry Stemann		**April 24, 2003**
Susan A. Sparks		**April 24, 2003**
Laura A. Jamison		**April 24, 2003**
Teresa M. Scholund		**April 24, 2003**
Kim Urpins		**April 24, 2003**
Michael McDermond		**April 24, 2003**

Sandra M. Ulurm		**April 24, 2003**
Laura Romanello		**April 24, 2003**
Catherine W. Blewitt		**April 24, 2003**
Demondeo Outein		**April 24, 2003**
Shaun M. Geerlof		**April 24, 2003**
Jean Hornberger		**April 24, 2003**

Original: 2327

April 10, 2003

Robert Kline
Administrative Assistant
State Board of Physical Therapy
P.O. Box 2649
Harrisburg, PA 17105-2649

RE: Reference No. 16A-659 (General Revisions)

Dear Mr. Kline:

I am writing to provide my feedback/comments to the proposed amendments for chapter 40 of the State Physical Therapy Practice Act. I have been a Physical Therapist for 11 years in both treating and administrative roles and after reviewing the proposed changes, I have a few specific concerns, which I have outlined below:

- Section 40.52(12) (relating to unprofessional conduct; physical therapists)
  - I have a specific concern related to a "discharge plan including results of intervention" being *required by* our state practice act as adequate documentation in order to be "professional." Physical therapy services are provided in a variety of settings and the documentation standards are site-specific and driven by the setting, organization, reimbursement guidelines and regulatory agencies. There are a number of examples when a discharge summary would not be feasible due to the quick pace of discharges from the facility, as in acute care. Therapy is not a 24-hour service and acute care patients' medical records are torn down and sent to the medical records department within hours of their discharge. In order to be in compliance with the proposed amendment, we would have to retrieve medical records solely to write discharge notes on our acute care patients who have an average length of stay of 4.1 days. This would be overly burdensome and unnecessary.
  - Given the fact that there are too many variables in settings, I recommend the removal of the "discharge plan including results of intervention" wording in the proposed amendment.

- Section 40.53(a) (relating to nondelegable activities; accountability)
  - I disagree that only physical therapists, and not physical therapist assistants, should provide "mobilization".
  - Many physical therapist assistants have attended continuing education classes where manual mobilization skills are taught or have worked closely with their supervising therapists to develop these manual skills. It is the responsibility of the supervising therapist to delegate only activities that they feel the therapist assistant is qualified/educated to perform. In addition, it is the responsibility of the therapist assistant to only perform those activities that they have been trained in and are comfortable performing.
  - The wording, which excludes all "mobilization," would include simple patellar mobilizations, which I have trained hundreds of *patients* to perform on themselves.
  - I feel that the addition of mobilization to section 40.53(a) should be reconsidered and excluded, as the practice act stating that "a physical therapist may delegate to a physical therapist assistant or supportive personnel that which he is educated to perform" *is all-inclusive.*

- Section 40.53(d) (relating to the requirement of re-evaluating and adjusting a patient's plan of care at intervals not to exceed 14 days)
  - I strongly disagree with requiring a "physical therapist to reevaluate and adjust a patient's plan of care at intervals not to exceed 14 days, when that plan of care is provided by the physical therapist assistant"
  - Setting an arbitrary amount of 14 days places unnecessary restrictions on the therapist and will create unnecessary paperwork. I agree that ongoing assessment of every patient is essential to provide effective and safe treatment. However, doesn't the direct on-the-premises requirement, co-signing notes and daily interaction with the physical therapist assistant imply that the therapist would be *acutely aware* of what is occurring with the patient?
  - In addition, when does the stipulation "when that plan of care is provided by the physical therapist assistant" apply? Does it apply only if the therapist assistant *solely* works with the patient and not apply if the therapist provides care a few days and the therapist assistant a few other days within the 14-day time frame?
  - I would agree with the addition of a general statement in the practice act addressing the professional responsibility of *all* care providers (therapists and therapist assistants) to assess all patients on an ongoing basis and make adjustments to the plan of care as appropriate. However, I do not agree with the specific wording that is included in the proposed amendment and urge reconsideration of its inclusion.

- Section 40.53(3) regarding "physical therapists not assign or delegate to physical therapist assistants or supportive personnel the performance of .....discharge summaries...."
  - I strongly disagree with the inclusion of discharge summaries not being able to be delegated. If the therapist assistant was the last person to work with the patient or the person who most frequently worked with the patient, then the therapist assistant would be the most appropriate person to indicate their objective status at discharge. The "assessment and interpretation" portion of the summary is appropriate to be the sole responsibility of the therapist. However, the objective information is certainly appropriate to be delegated to the therapist assistant.
  - In addition, with reimbursement for physical therapy services being so difficult to justify to third party payors, the emphasis of documentation needs to be on the provision of the most accurate information in order to paint a picture of the patient and their progression in therapy. To limit the documentation of discharge summaries to the therapist will likely result in less appropriate content being documented and will instead create the need for paper compliance.
  - As a result of the above, I recommend the exclusion of "discharge summaries" in the wording of the proposed amendment.

- One issue that I was expecting to see listed in the proposed amendments is related to requiring continuing education on a bi-annual basis to correspond with the licensure renewal cycle. The majority of states have such a requirement and I am disappointed that the Pennsylvania physical therapist has no expectation to attend continuing education in order to renew their license. I would welcome such an addition to our therapy practice act and urge that it be considered.

I appreciate your thoughtful consideration of my comments, in advance, and would be available to further discuss or explain my comments personally. I may be reached at 724-430-5304.

Sincerely,

Cheryl L. Kramer

Cheryl L. Kramer, PT

Original: 2327

May 5, 2003

Walter W. Ronan, M.S., P.T., E.C.S.
107 Beta Drive
Johnstown, PA 15904

PA State Board of Physical Therapy
PO Box 2649
Harrisburg, PA 17105

RE: AMMENDED REGULATIONS

To Whom it May Concern:

I am a Pennsylvania Physical Therapist licensed since 1980 (PT-003765-L) and have been providing Electroneuromyographic services to Pennsylvania residents since 1990. I want to inquire about language contained in the revisions of the Pennsylvania Physical Therapist Practice Act that was recently published in the Pennsylvania Bulletin.

I question the changes under Section 40.51 (relating to EMG and NCV tests). In paragraph (a.) the term "administer" should be more clearly defined so as not to cause confusion. This needs to include both the performance of the tests and the offering of a professional impression of the test results to be forwarded to the referring physician for his review and diagnosis.

These phrases need to be present, so we can continue to perform these tests and so nobody can deny or limit compensation for our professional services, and thus limit the scope of our practice.

Thank you for your consideration, and I would appreciate a written reply to understand the Board's intent with these changes.

Sincerely,

Walt Ronan

Walt Ronan, M.S., P.T., E.C.S.

Original: 2327

PARF

Pennsylvania Association of Rehabilitation Facilities
2400 Park Drive, Harrisburg, PA 17110 - Phone: 717/657-7608 - Fax: 717/657-8265

May 2, 2003

Robert Kline
Administrative Assistant
State Board of Physical Therapy
P. O. Box 2649
Harrisburg, PA 17105-2649

RE: Reference No. 16A-659 (General Revisions)

Dear Mr. Kline:

Attached are comments from the Pennsylvania Association of Rehabilitation Facilities on proposed regulations published by the State Board of Physical Therapy in the April 5, 2003 *Pennsylvania Bulletin*.

As a statewide association of medical, residential and vocational rehabilitation services, PARF represents providers offering therapy and supports to people with physical and mental disabilities. The Association includes a variety of comprehensive medical rehabilitation providers in the Commonwealth, including specialty hospitals, rehabilitation units of general hospitals, hospital outpatient programs, and outpatient rehabilitation facilities. More than 110 organizations are members of PARF.

The Association appreciates the opportunity to comment on the proposed regulations.

If more information or assistance is needed, please contact our offices.

Thank you.

Respectfully submitted,

Gene Bianco
President

State Board of Physical Therapy
Proposed Rulemaking
April 5, 2003

PARF members have expressed several concerns regarding the proposed changes, including:

SEC*TION 40.53 (b) (7)*

SEC*TION 40.53 (b) (7):* *Under section 40.53, it is noted "subsection (b)(7) would be amended to clarify that mobilization is not a procedure that a physical therapist would be permitted to assign or delegate to a physical therapist assistant or supportive personnel. Mobilization would be 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. A physical therapist may still delegate to a physical therapist assistant gross passive movement throughout normal plane of joint motions."*

Members said that this rule should not be so broadly applied as to include physical therapist assistants. The distinction between physical therapist assistants and support personnel has been clearly established in law and regulation. Members noted that many physical therapist assistants have been trained for joint mobilizations or are able to develop these skills through continuing education.

> **Recommendation: Add a clause indicating that physical therapy assistant demonstrating competency is not restricted from utilizing the knowledge or skill that has been acquired.**

SECTION 40.53 (d)

SECTION 40.53 (d): *Section 40.53 Subsection (d) would be amended to require a physical therapist to reevaluate and adjust a patient's plan of care at intervals not to exceed 14 days, rather than 30 days, when that plan of care is provided by the physical therapist assistant. The Board states that conditions of patients can change in less than 30 days and that only the physical therapist is authorized to evaluate and change the patient's plan of care.*

Objective measures should be included in the documentation to justify care and demonstrate progress towards goals. However, to require a formal re-evaluation be completed within 14 days of care is unduly restricting. The rule will limit time spent providing patient treatment and have a negative impact on the patient's progression. In some cases, a formal re-evaluation would be unwarranted and excessive.

> **Recommendation: Maintain current requirements.**

SECTION 40.53 (e)

SECTION 40.53 (e): *Subsection (e) would be added to assure that physical therapists not assign or delegate to physical therapist assistant or supportive personnel the performance of consultations, initial evaluations, reevaluations or discharge summaries and the interpretation of the resulting data collected since these procedures require the skill and expertise of a licensed physical therapist.*

A physical therapist assistant can effectively contribute subjective and objective information as part of data collection procedures (e.g. taking vital signs, pain levels, etc.). Restricting the role of a qualified and competent physical therapist assistant in contributing such information will limit accessibility to care.

> **Recommendation: Clarify the language to assure that the physical therapist assistant is permitted to collect and provide subjective and objective information related to monitors that have been established.**

SECTION 40.53 (f)

SECTION 40.53 (f): *Subsection (f) would prohibit a physical therapist from assigning or delegating 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; and (4) referral to another health care practitioner*

Members are concerned that the language of this section unduly restricts a qualified and competent physical therapist assistant and limits accessibility to care.

> **Recommendation: Clarify the proposed regulation to assure that qualified physical therapist assistants may provide recommendations for complementary services during the ongoing provision of care whenever those recommendations are in accordance with established goals.**

Fiscal Impact

Finally, members took note that the State Board indicated that the proposed rulings would have no fiscal impact on its licensees. Many commented that these requirements would compel a physical therapy practice that utilizes physical therapy assistants to employ fewer physical therapist assistants and seek more physical therapists to meet the same patient volume. The fiscal impact will be negative.

> **Recommendation: Association members urge the State Board members to assure that the rules do not restrict qualified personnel from utilizing their proven knowledge and skills.**

Original: 2327

ALLIED SERVICES
Rehabilitation Hospital & Outpatient Centers

475 Morgan Highway • P.O. Box 1103
Scranton, Pa. 18501-1103
(570) 348-1300 • TDD (570) 348-1240

Outpatient Centers

Scranton-Main Campus
475 Morgan Highway
P.O. Box 1103
Scranton, Pa. 18501
(570) 348-1332
Fax: (570) 341-4360

Scranton-Forum Plaza
227 Penn Avenue
Forum Plaza
Scranton, PA 18503
(570) 961-2242
Fax: (570) 961-0245

Carbondale
155 Brooklyn Street
Suite Two
Carbondale, Pa. 18407
(570) 282-3344
Fax: (570) 282-4622

Honesdale
RR 4 Box 171
Honesdale, Pa. 18431
(570) 251-9944
Fax: (570) 251-9559

Mid Valley
235 Main Avenue
Suite 107
Dickson City, Pa. 18519
(570) 489-5107
Fax: (570) 489-5199

Taylor
132 South Main Ave.
Taylor, Pa. 18517
(570) 562-3971
Fax: (570) 562-3976

Scotrun
Rt. 611 North
1 Elevation Drive
Scotrun, Pa. 18355
(570) 620-9826
Fax: (570) 620-9859

AJCAHO AND CARF
ACCREDITED HOSPITAL

May 5, 2003

Mr. Robert Kline
Administrative Assistant
State Board of Physical Therapy
P.O. Box 2649
Harrisburg, PA 17105-2649

FAX 717 787 7769

Dear Mr. Kline,

I am writing to comment upon the proposed modifications to the regulations associated with the Pennsylvania Physical Therapy Practice Act. I am pleased that the Board has taken the time to update many aspects of our regulations to reflect more current practices. I have several concerns regarding clarification or change, and will go through the proposed rulemaking document I reviewed item by item in sequence (vs. by priority).

1. **"Direct on-premises supervision" should be clarified to allow or disallow treatment in the same department or unit, but not necessarily in the same room. This is significant in rehab, hospital and long term care units in which the provision of care may involve bedside care, care on the nursing unit vs. in the P.T. clinic, care in another portion of the P.T. department (ex. a quiet treatment room, a pool, a separate gym) that is in fact part of the department's allowable treatment area. "Where the physical therapist assistant or the supportive personnel is providing patient-care services" could easily be interpreted to mean in the same room only. The supportive personnel issue should be handled differently – if they are doing "flow sheets" on a patient who is being billed for physical therapy, it should only be when a PT (or PTA) is in the same room. I <u>believe</u> the intent of the wording is to avoid a PT supervising 2 PTA's in, for example, two separate nursing homes, or to prevent PTA involvement in Home Health visits, or to avoid supervision of a PTA in a remote site (ex. outpatient department when the PT is**

on the inpatient unit) as opposed to requiring a PT always to be in the same room as a treating PTA.

2. I have two observations re: Section 40.51.

   a. The section needs to have a new "title" as subsection (a) re: EMG and NCV tests and (b) transdermal drug delivery are unrelated topics. (Also, the spelling of iontophoresis and phonophoresis – they are listed as iontophoresous, etc?).

   b. Drugs must be properly stored in a manner consistent with pharmaceutical practice". This does not address WHO is allowed to store them, but implies that the therapist could do so, when in fact recently we have not been allowed to do so.

3. Re: Section 40.53, subsections (b) (7)

   I believe the mobilization definition should be clarified further. "As a passive therapeutic movement at any point in the range of motion" does not target the joint accessory motion. A PTA or a PT would only be doing <u>therapeutic</u> passive motion, otherwise we would not do it. The issue is the <u>accessory</u> motion of the joint, and I believe we should clarify that, perhaps by stating "<u>Joint</u> mobilization is defined as a passive <u>accessory</u> movement at any point in the range of motion....."

   Also, re: subsection (c) - what is the true problem? Are therapists delegating patients to a PTA, then not monitoring that delegation? Doesn't the APTA have some guidelines re: that? I think that, for the types of services which allow such a delegation model, there should be some guidelines, so that it does not become routine, appropriate or allowable in all settings. If we do not control this, imagine the field day hospitals or other providers will have with hiring ratios. What does the 2 to 1 PT to PTA ratio mean? Does it clarify how many therapists are working on a given day, how many are on staff, how patient loads are shared, or how many Assistants an individual PT is supervising? In addition, barring cognitive impairment, the patient should certainly know who their therapist is. With physician care extenders (such as a PA or NP), the patient at least knows their doctor's name, and as therapists, we require physician co-signature on extender orders. A PTA is our care extender, not our replacement, either, and our care models and documentation should reflect that.

   Requiring the PT to perform an additional formal evaluation however, does, I believe, violate the "Fiscal Impact and Paperwork Requirements" statement. If we want to require that the PT have hands on contact with the patient more than once a month, then I believe we should say so. Creating another evaluation is not only time consuming for the therapist, but creates an additional load for Health Information departments. Treating contact by therapists should simply be documented via the normal note and the APTA guidelines. Modifications to the plan can

occur and be documented at any time. I do not think we should address abuse of delegation by creating another layer of paperwork, but instead by describing what we believe are ethical parameters in terms of frequency of PT contact.

RE: subsection (f) re: screenings.

I assume the operative word is "screening", as separate from the routine ability of the PTA to request a re-evaluation or consultation by the delegating PT.

Thank you for your consideration of this input.

Sincerely,

Susan D.W. Logan PT
Assistant Director
Inpatient Physical Therapy

Catherine Guzzi MS, PT
Director Outpatient Physical Therapy

Diana Pope MS, PT
Assistant Vice President
Outpatient Services

ALLIED SERVICES
Rehabilitation Hospital & Outpatient Centers

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Scranton, Pa. 18501-1103
(570) 348-1300 • TDD (570) 348-1240

Outpatient Centers

Scranton-Main Campus
475 Morgan Highway
P.O. Box 1103
Scranton, Pa. 18501
(570) 348-1332
Fax: (570) 341-4360

Scranton-Forum Plaza
227 Penn Avenue
Forum Plaza
Scranton, PA 18503
(570) 961-2242
Fax: (570) 961-0245

Carbondale
155 Brooklyn Street
Suite Two
Carbondale, Pa. 18407
(570) 282-3344
Fax: (570) 282-4622

Honesdale
RR 4 Box 171
Honesdale, Pa. 18431
(570) 251-9944
Fax: (570) 251-9559

Mid Valley
235 Main Avenue
Suite 107
Dickson City, Pa. 18519
(570) 489-5107
Fax: (570) 489-5199

Taylor
132 South Main Ave.
Taylor, Pa. 18517
(570) 562-3971
Fax: (570) 562-3976

Scotrun
Rt. 611 North
1 Elevation Drive
Scotrun, Pa. 18355
(570) 620-9826
Fax: (570) 620-9859

JCAHO AND CARF ACCREDITED HOSPITAL

FAX MACHINE COVER LETTER

TO: Mr. Robert Kline / Administrative Assistant

COMPANY: State Board of Physical Therapy

FAX #: 717-787-7769

RE: Proposed Regulation Changes

FROM: S. Logan PT, C. Gozzi PT, D. Pope PT

DEPT: Allied Services Rehab Hospital

FAX #: **(570) 341-4686** Outpatient Physical Therapy Department

TOTAL NUMBER OF PAGES INCLUDING COVER LETTER: 4

IF YOU DID NOT RECEIVE ALL PAGES OR IF YOU RECEIVED THIS FAX IN ERROR, PLEASE CONTACT US AT: (570) 341-4374. THANK YOU.

Message: THANK YOU !

PENNSYLVANIA
CHIROPRACTIC
ASSOCIATION

Original: 2327

May 2, 2003

VIA HAND DELIVERY
Mr. Robert Kline
Administrative Assistant
State Board of Physical Therapy
P.O. Box 2649
Harrisburg, PA 17105-2649

Re: Comments to Proposed Regulations Published April 4, 2003

Dear Mr. Kline:

I currently serve as President of the Pennsylvania Chiropractic Association and these comments are submitted on behalf of that Association.

There is one proposed provision in the draft regulations to which the chiropractic profession objects and the Board is strongly urged to either withdraw or rewrite the particular regulation at issue. Specifically, under Section 40.53, relating to nondelegable activities, a new definition of "mobilization" is set forth in the proposed regulation. That definition, as defined in the proposal, reads as follows:

> 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 passive movement throughout normal planes of joint motions.

The Association's objection to this definition derives from recent statutory amendments which our General Assembly enacted in order to clarify any confusion with regard to that which constituted manipulation and that which constituted mobilization. Indeed, by Act No. 2002-26 and 2002-27, companion bills were duly enacted which amended the Physical Therapy Practice Act by adding a definition for "mobilization/manual therapy" and by adding a definition in the Chiropractic Practice Act of 1986 for "manipulation/adjustment." The

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language ultimately agreed upon by the General Assembly and the respective professions was the end result of detailed discussion, analysis and consensus. In defining mobilization, physical therapists agreed to accept said definition and by defining manipulation, doctors of chiropractic similarly agreed to said definition. Thus, for this regulation to define mobilization in a manner different than that which was set forth by our General Assembly in Act 27 of 2002 would only create confusion and it would certainly violate that longstanding rule which stands for the proposition that a regulation cannot be inconsistent with the express language of a statute. Perhaps to state the issue differently, mobilization, for purposes of the Physical Therapy Practice Act is precisely that which has been defined under Act 27 of 2002.

In view of the above, it is expressly urged that the Board revise its draft regulations so as to either delete the definition of mobilization or, alternatively, that said definition be identical to that which appears in Act 27 of 2002. We certainly think this comment has merit; the definition of mobilization is now clear and well-defined by reason of the recent legislation; and any regulatory reference to mobilization must be wholly consistent with that which appears in the enabling statute. Thank you for letting us comment on these regulations.

Respectfully submitted,

Dr. David J. Madeira
PCA President

cc: Gene Veno, EVP
Walter Engle, D.C.
David Cutich, D.C.
Kate Rufolo, D.C.
Joel Klein, D.C.
Mario Spoto, D.C.
Paul Duffy, D.C.
Mark S. Singel
Jason Klippa
James J. Kutz, Esq.
Thomas L. Isenberg, Jr., Esq.

May 2, 2003

State Board of Physical Therapy
Robert Kline, Administrative Assistant
P. O. Box 2649
Harrisburg, PA 17105-2649

Re: Reference No. 16A-659 (General Revisions)

To Whom It May Concern:

The purpose of this letter is to provide input and feedback regarding proposed changes to the Pennsylvania Physical Therapy Rules and Regulations. I thank you for your time in reviewing and addressing these concerns.

Statements of Opposition of Proposed Rules and Regulation changes

Proposed Rulemaking

Section 40.1 (relating to definitions) would be amended by defining "direct on-premises supervision" to reflect the definition in section 9.1 of the act (63 P. S. § 1309.1). In particular, the amendment reflects that the term means "on the premises" where the physical therapist assistant or the supportive personnel is providing patient-care services.

The PA ASIG wants to see "direct on-premises supervision" eliminated in home health care and school based therapy services.

The ASIG also has concern with the last line in Section 40.1 "where the PTA or the supportive personnel is providing patient-care services." This is repeated throughout the document. We are concerned with this language and feel it should be changed to:

Supportive personnel, not including the PTA, should not be involved with patient care without direct supervision and should not be involved in interventions for which reimbursement is sought.

Section 40.32 (relating to functions of supportive personnel) would be amended to permit supportive personnel to record the care given to a patient through the use of flow charts and checklists which identify the care or services provided. The Board developed this provision based upon guidelines for physical therapy documentation published by the American Physical Therapy Association.

Statement of Opposition:

Documentation Authority for Physical Therapy Services HOD 06-00-20-05

"Intervention provided by the physical therapist or physical therapist assistant is documented, dated, and authenticated by the PT, or, when permissible by law, the PTA." "Other notation or flow charts are considered a component of the documented record but do not meet the requirements of documentation in, or of themselves."

Therefore, supportive personnel should not be able to document through the use of flow charts and checklists which identify the care or services provided.

The PA ASIG does not feel that it is appropriate for physical therapy technicians/aides to be able to document using flow charts or checklists.

Section 40.53(a) (relating to nondelegable activities; accountability) would be amended to state the general rule that a physical therapist may delegate to a physical therapist assistant or supportive personnel that which he is educated to perform. Subsection (b) (7) would be amended to clarify that mobilization is not a procedure that a physical therapist would be permitted to assign or delegate to a physical therapist assistant or supportive personnel. Mobilization would be 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. A physical therapist may still delegate to a physical therapist assistant gross passive movement throughout normal planes of joint motions. The Board does not intend to prohibit a physical therapist from delegating to a physical therapist assistant the performance of range of motion or the performance of exercises to restore the functional motion of the joint. Joint mobilization is used to restore accessory joint motion (that is, gliding of joint surfaces).

Subsection (e) would be added to assure that physical therapists 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 the resulting data collected since these procedures require the skill and expertise of a licensed physical therapist.

Statement

CAPTE requires that PTAs be educated in many data collection skills associated with assisting PTs in evaluation. Yet, as per this proposed regulation change, it seems that PTs would now be restricted from directing these responsibilities to the PTA. We seem to have a constant need to restrict the PT's ability to make decisions regarding directing care.

The practice act prohibits delegation to PTAs in areas in which they have not been educated. Yet, there have been and continue to be mobilization continuing education courses in which PTAs are invited; some specifically designed for PTAs to teach mobilization.

Support Document: Continuing Education for the Physical Therapist Assistant HOD 06-01-22-23

"Physical therapist assistants may participate in continuing education that includes and teaches subject matter and interventions that differ from the description of entry-level skills as described in the Normative Model of Physical Therapist Assistant Education."

This section should be clarified to allow for data collection related to evaluations. PTs have always been allowed to delegate ROM, MMT, etc to PTAs. These are components of evaluation and reevaluation – PTAs **DO NOT** interpret them.

Support Document: APTA Vision Sentence for Physical Therapy 2020

Statements of Support for additional inclusions in regulations

Change from PTAs being Registered to Licensed in Pennsylvania

Support document: APTA Vision Statement for Physical Therapy 2020 HOD 06-00-24-35

"Physical Therapists may be assisted by the physical therapist assistants who are educated and licensed to provide physical therapist-directed and –supervised components of interventions."

Support document: Physical Therapist and Physical Therapist Assistant Licensure/Regulation HOD 06-00-21-33

"Physical therapists are licensed and physical therapist assistants should be licensed or otherwise regulated in all U.S. jurisdictions.

Support document: AR 11-02 Support for Licensure and Regulation of PTA at Chapter Level

Licensure of the PTA is current APTA policy. The National Assembly supports licensure of the PTA in all Chapters. The best interest of the patient, the Association, and the National Assembly are served by actively working towards the goal of licensure.

35 states have licensure and only 3 states including PA have registration. (Refer to attached document)

The PA ASIG wants to see the PTA in PA as a licensed not registered in the proposed changes.

Temporary Licensure/Registration for PTAs

There is no mention of temporary licensure/registration. The rationale of availability of computer-based testing is not valid. Even with this process in place, there is a delay in the ability of graduates to function as PTAs which results in subsequent fiscal consequences.

The PA ASIG wants to see the addition of temporary licensure/registration for PTAs as part of these proposed changes.

Terminology Change from Delegate to Direct

The current terminology used is direct or direction not delegate.

Support Documents: **Direction** and Supervision of the Physical Therapist Assistant HOD 06-00-16-27

APTA Vision Statement for Physical Therapy 2020 HOD 06-00-24-35

"Physical Therapists may be assisted by the physical therapist assistants who are educated and licensed to provide physical therapist-**directed** and –supervised components of interventions."

Provision of Physical Therapy Interventions and Related Tasks HOD 06-00-17-28

"Physical Therapist Assistants are the only individuals who provide selected physical therapy interventions under the **direction** and …."

Thank you for Your Time and Consideration,

Sincerely,

JoAnne Whaley, PTA

Physical Therapist Assistant Regulation

Revised, June 6, 2000

Licensure (35)	Certification (6)	Registered (3)	No regulation (6)
Alabama	Arizona	Idaho	Hawaii
Alaska	Indiana	Pennsylvania	Minnesota
Arkansas	Kansas	Wyoming	Michigan
Connecticut	Kentucky		Virgin Island
Delaware	Nebraska		
Florida	New York		Washington
Georgia			
Illinois			District of Columbia
Iowa			
Louisiana			
Maine			
Maryland			
Massachusetts			
Mississippi			
Missouri			
Montana			
Nevada			
New Hampshire			
New Jersey			
New Mexico			
North Carolina			
North Dakota			
Ohio			
Oklahoma			
Oregon			
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas			
Virginia			
West Virginia			
Puerto Rico			
Vermont			
Wisconsin			

Note: (1) In California PTAs are "approved"
(1) In Utah, law defines who may use the title "physical therapist assistant" but does not set up a process for regulating these individuals.
(1) In Colorado, law defines "physical therapist assistant" in regard to who PTs can employ as PTAs.

IRRC # 2327
Agency: State Board of Physical Therapy
Title: General Provisions

(Form A)		
NAME	ADDRESS	DATE of CORRESPONDENCE
Lisa Williams, MPT		**May 2, 2003**
Janice Haas, PTA, BA		**May 2, 2003**
Tonya Wienczkouski		**May 2, 2003**
Dennis Zotzer, SPTA		**May 2, 2003**
David Quiggli, SPTA		**May 2, 2003**
Christina M. Segarro		**May 2, 2003**
Kristina Spinks		**May 2, 2003**
Eric Gobbard		**May 2, 2003**
Stephen A. Wilson		**May 2, 2003**
Jeff Mosterict		**May 2, 2003**
Wesley D. Bower		**May 2, 2003**
Amy D. May		**May 2, 2003**
Kenneth J. Smith		**May 2, 2003**
Bradly J. Curry		**May 2, 2003**
Stephanie D. Blanton		**May 2, 2003**
Pamela K. Pierce		**May 2, 2003**
Shaun Madary		**May 2, 2003**
Ashlee Esplen, ASIG Chair		**May 2, 2003**
Pamela Pierce, ASIG Co-Chair		**May 2, 2003**
Cindy Best, ASIG Treasure		**May 2, 2003**
Martha Long, ASIG Secretary		**May 2, 2003**
Bryan Dean		**May 2, 2003**
Marie E. Setley, PTA, Med		**May 2, 2003**
Margo N. Johnson		**May 2, 2003**

Original: 2327

27 Glendale Street
Hanover, PA 17331
April 30, 2003

Mr. Robert Kline, Administrative Assistant
Stat Board of Physical Therapy
Harrisburg, PA 17105-2649

Dear Mr. Kline,

We are taking this opportunity to relay our concern about the proposal before the State Board of Physical Therapy affecting the daily care provided by our daughter to her patients. She enjoys her work as a PTA and provides quality care to her patients. In view of her professional training, state licensure, and her commitment to continuing education, the proposed changes would affect the timely, personalized care of the patient as requested by the patient's physician. The goal is for the patient to achieve maximum rehab status using the team approach – Physician, PT, PTA.

The State Board of Physical Therapy has received a proposal for changes to be made in the Pennsylvania State regulations for Physical Therapist Assistants. These changes, if passed, would restrict the scope of care PTA's provide to their patients. PTA's provide quality care to patients enabling them to achieve their rehabilitation goals. It seems counterproductive to restrict or limit the professional services PTA's provide as outlined by the current State regulations. The State Board of Physical Therapy will be reviewing the proposal, Reference No. 16A-659 (general revisions), in the near future. Please express our wishes that the proposal <u>not</u> be passed.

Sincerely,

Mr. & Mrs. George Zimmerman

HANOVERWORKS OCCUPATIONAL HEALTH SERVICE
A MEMBER OF HANOVER HEALTHCARE PLUS NETWORK

Original: 2327

April 30, 2003

Mr. Robert Kline, Administrative Assistant
State Board of Physical Therapy
Harrisburg, PA 17105-2649

Dear Mr. Kline,

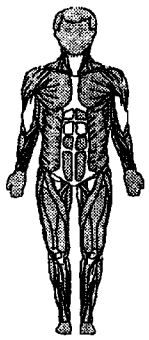
As a health-care provider in the state of Pennsylvania, I am concerned about the proposed regulatory changes governing the utilization of Physical Therapist Assistants (PTA's). I am a Physician Assistant (PA-C) who has been practicing in Pennsylvania for more than twenty-eight years. In my professional career, I have made many patient referrals to various rehabilitation centers that have included the services of many well-trained, very capable PTA's. I am convinced that the PTA is a vital member of the rehab team and offers needed, quality services to many Pennsylvania residents. The PTA is a college-educated, licensed, professional health-care worker. PTA's provide a multitude of rehab services with one goal in mind – returning our fellow Pennsylvanians to an active role either at home or in the workplace.

I have reviewed the proposed changes governing the use of PTA's, and I feel that these changes would limit the professional skills Pennsylvania PTA's currently provide to their patients. The proposed changes, Reference NO. 16A-659 (general revisions), will have a negative impact on patients across the Commonwealth by limiting and delaying rehab services to patients seeking care in both in-patient and out-patient care facilities.

There is no need for the proposed regulatory changes. It is my hope that PTA's will be able to continue to provide our patients with professional, timely, rehab services as previously granted by the Commonwealth of Pennsylvania.

Sincerely,

George L. Zimmerman PA-C



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Robert D. Baker, MS, PT, ECS, OCS
ECS Board Certified (EMG)

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McKees Rocks, Pa 15136
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1-888-240-5700
Fax: 412-787-1821

Original: 2327

April 30, 2003

PA State Board of Physical Therapy
PO Box 2649
Harrisburg, PA 17105

Re: Ammended Regulations, 40.51 a)

To whom it concerns:

I am writing as a Pennsylvania licensee. I have been licensed in Pennsylvania . since 1980 and have been providing Electroneuromyographic services to residents of Pennsylvania since 1981, the last two years in which those services have been the primary services I perform. I wish to provide input regarding language contained in the revisions to the PA Physical Therapy Practice Act as recently published in the PA Bulletin.

The following is copied from a letter written by Rick Read, DSc(c), PT, ECS:

Specifically, I refer to Section 40.51(relating to the provision of electroneuromyography (EMG) and nerve conduction velocity (NCV) tests). In the current practice act, there are two (2) paragraphs under that section, a) referring to the "conduction of these studies only under the referral of a physician" and b) "a licensed physical therapist may not diagnose from the results of the tests, but may prepare a statement of his impression of the results of the test to be forwarded to the referring physician for his review and diagnosis". These two (2) provisions have served well both the patient(s) and practicing physical therapist(s). At the time of their writing into the practice act, a great deal of time and effort was spent in a collaborate manner with many interested parties in order to develop the appropriate language that would adequately describe and define the scope of practice of physical therapists in Pennsylvania who would provide these services. In the proposed revisions, paragraph b) will be deleted in its entirety and paragraph a)

will be amended to say that a physical therapist may **administer** electroneuromyography (EMG) and nerve conduction velocity (NCV) tests only upon the referral of a physician". I am requesting your re-consideration of the word **administer**. Is it the intent of the board in its revision language in utilizing the word **administer** to include **both** the performance of the test **and** the offering of an impression of the results as the present language allows or is it the intent of the Board to remove the component of the formulation of an impression of the test results from the scope of practice as it pertains to EMG and NCV tests? If the Board's intent is the former, then it is imperative to state fully these two (2) components in the new language so as to not create any confusion in the future. If the Board's intent is the latter, then how and to whom are the results of the testing procedures reported? Please consider defining further the term **administer** used in paragraph 40.51 a) of the proposed revision (language) to include both the performance of the tests and the offering of an impression of the test results. This may seem like a small point but I can assure you that its inclusion in the proposed language is essential. The exclusion in the revised 40.51 a) of the language and intent of 40.51.b) as it presently exists will lead to confusion by interested parties and could inhibit the complete performance of EMG and NCV tests by physical therapists in PA. Lastly, it has been historically within the scope of practice of physical therapists, through the practice act, to summarize and offer impressions of the results of many and varied tests and measurements in other areas of physical therapy practice. The removal of this language in 40.51 of the proposed revision could have a similar impact in other areas of physical therapy practice both now and in the future.

In summary, I would request the Board further define the word **administer** in 40.51 a) of the proposed revision language to specifically include both the performance of the test (EMG and NCV) procedures **and** the offering of an impression of the test results.

I fully concur with this suggestion as put forward by Rick Read DSc(c), PT, ECS.

Thank you,

Robert D Baker

Robert D. Baker, PT, MS, ECS, OCS.
PT license # PT00789E
APTA # 18577

Original: 2327

407 Forest Lane
P.O. Box 681
Franklin, PA 16323

April 29, 2003

State Board of Physical Therapy
P.O. Box 2649
Harrisburg, PA 17105-2649

Re: Rules/Regulation Changes

Dear State Board Members:

I am a licensed physical therapist in the Commonwealth of Pennsylvania (PT 002366L), and I am writing to express my concerns regarding the proposed changes in the Rules and Regulations. Specifically, I am concerned with the proposed changes to Section 40.51(b), relating to the provision of electromyography (EMG) and nerve conduction study (NCS) services.

As a member of the State Board of Physical Therapy from 1989-1994, I was personally involved with drafting the language in 40.51 (b) that is now proposed for deletion in its entirety. This language is crucial and painstakingly crafted to address timeless concerns. It is the product of over three years of consultations and discussion with physical therapy professionals, legal counsels in BPOA, the Attorney General's office, members of the legislature, and physicians.

As a distillate of those extensive efforts, the language in 40.51(b) is intended to protect the public's interest by prohibiting physical therapists from overstepping their boundaries in "diagnosing", while allowing a measure of ability to convey important information pertinent to the reason for referral to the referring physician. This is an essential aspect of the service and, based on vagaries in interpretation, could seriously affect an area of physical therapy that has safely served hundreds of referring physicians and tens of thousands of patients each year.

Like many of my collcagues, I have performed EMG/NCS studies for over 25 years. To my knowledge, there have been no problems operating with current language. In fact, I have direct knowledge of instances in which the language provided guidance in preventing transgressions. Given its carefully balanced wording, its deletion would most certainly not seem to be in anyone's interest, public or professional. And, instant interpretations in the future may vary considerably without a clear and definite statement that is devoid of ambiguity. I can see no changes in circumstances now or in the foreseeable future that would either justify or permit the deletion of this section.

The substitution of the word "administer" is another concern because it is a verb with wide-ranging meanings, none of which seem directly applicable to defining the provision of services in physical therapy. As such, it is bound to cause ambiguities unless it is accompanied by carefully crafted wording and clearly defined terminology that minimizes the potential for competing or contradictory and unintended definitions. I suspect that without some thoughtful modification, the currently proposed changes could create a veritable Pandora's Box of controversies that will unnecessarily cause adverse effects on the profession and pose significant future dilemmas for the State Board.

Therefore, I would humbly and respectfully ask that the State Board pause for further consideration of the deletion of 40.51(b) and use of the word "administer". At the very least there needs to be a clear statement and an unambiguous definition that allows the equivalent level of structured communication and protections afforded by Section 40.51(b).

Your consideration of this matter will be much appreciated.

Respectfully,

David R. Lord, PT, ECS

DRL/mkf

This faxed document will be followed by an overnight delivered copy.

UPMC Northwest

A hospital of UPMC Health System

FAX COVER SHEET

To: PA STATE BOARD OF PHYSICAL THERAPY

Fax number: 717-787-7769

CC:

From: DAVID R. LORD PT.

Fax number: 814-432-5435

Telephone number: 814-437-4588

Date: 4/29/2003

Subject: RULES + REGULATION CHANGES

Number of pages: 3.
(including this one)

Comments:

Original: 2327

Please reconsider wording of Sec 40.5 as proposed by my associate R L Read! See letter sent & faxed to Board dated 4//26/03.It has taken many years of struggle to get to the point were EMG/NCV testing is no longer threatened on a daily basies by those in other professions how covet our right to perform these services. PLEASE DO NOT give them even the slightest opportunity to challenge us on this issue by changing the wording. Thanks , Tom Tolson PT ECS

Chambersburg Hospital
an affiliate of Summit Health

THE PEAK OF GOOD HEALTH

Original: 2327

April 23, 2003

Robert Kline
Administrative Assistant
State Board of Physical Therapy
P.O. Box 2649
Harrisburg, Pa 17105-2649

Reference No.: 16A-659 (General Revisions)

Dear Mr. Kline:

As a long time practicing Physical Therapist in Pa I am obligated to comment on a few of the proposals being put forth by the State Board of Physical Therapy. I also feel obligated from a management position of a successful health organization in Pa to represent what I feel are the best interests of those patients whom this department serves.

First let me state I have minimal opposition to the majority of revisions being proposed and can comfortably support the rationale and need for the changes.

I would ask that clarification be added to Section 40.32 to distinguish between the activity of "recording care given" and actual provision of billable care by a PT and/or PTA.

Under Section 40.51 it would be very helpful from a front-line practice perspective to provide more detail to expected "storage of pharmaceuticals" as outlined by the Pharmacy Practice Act. In others words, specify the minimum requirements that must be used if patient pharmaceuticals are kept on premise by therapy.

I do not agree with the limitation of mobilization only be authorized by a Physical Therapist but request that Physical Therapist Assistants be permitted to perform mobilization when directed by a licensed P.T. The emphasis to determine the competency of a PTA to perform these selective techniques falls on the primary, licensed PT and organization for whom they work. Certainly not every PT graduating from an approved curriculum is skilled in mobilization and must require additional postgraduate education to demonstrate clinical competency in mobilization. I believe the same philosophy and expectation can apply to a PTA and the burden to demonstrate clinical competency should rest with the employer and primary PT, not the Board.

Finally, I would urge the Board to reconsider the language used in 40.53, subsection (d), to read that the primary PT review the POC and actually see a patient not less than every 14 days. This direct patient intervention should be clearly documented to acknowledge the review and status of the patient by a PT. It may not necessarily require an adjustment of the POC based on a 14 day time if the patient is progressing satisfactorily or if no new medical need has arisen.

Thank you for considering this input. If someone would like to speak to me personally I am available at (717) 267-7708.

Respectfully Submitted,

Barrie E. Sheffler
Administrative Director of Physical Medicine