

# FLEX CEUs



## Ethics, Legislation & Professional Responsibility Texas Board of Physical Therapy



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## Texas Board of Physical Therapy

### OUTLINE

Course Outline.....	1
Introduction.....	2
Theoretical Basis for Ethical Decision Making.....	2
Licensure and Regulation.....	6
Legal Standards of Behavior.....	8
Texas Regulations.....	10
APTA Code of Ethics.....	33
Principal #1.....	34
Principal #2.....	34
Principal #3.....	34
Principal #4.....	35
Principal #5.....	35
Principal #6.....	36
Principal #7.....	36
Principal #8.....	37
APTA Guide for Professional Conduct.....	37
Respect.....	39
Altruism.....	39
Patient Autonomy.....	39
Professional Judgment.....	40
Supervision.....	40
Integrity in Relationships.....	41
Exploitation.....	41
Colleague Impairment.....	42
Professional Competence.....	43
Professional Growth.....	43
Charges and Coding.....	43
Pro Bon Services.....	43
Application of Content/Case Studies.....	44
References.....	46

## Introduction

This course fulfills the 2 hour continuing competency requirements for ethics, laws and regulations for physical therapists practicing in the state of Texas. The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). Regulations pursuant to the state of Texas will also be reviewed.

## Instructor Biography

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## Importance of Ethics

Ethics is defined as "that branch of philosophy dealing with values relating to human conduct, with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such action" (Ethics 2014)

Ethics define what governs our value system and steers our moral compass in any given society or culture. Since the dawn of civilization, societies have had to come to an agreement on what standards they would hold their citizens accountable to; whether that is sanctioned by an aristocracy, religious instruction, or system of government.

We can find the beginnings of ethics in the study of the earliest nomadic people and cooperative groups who sought to not only live for today's survival, but also held a vision to building a future, using standards that were agreed upon. The concept of marking time, calendars, and agriculture depended on the cooperation of people working in harmony with one another and following the same guidelines. The Code of the Hammurabi was the earliest Sumerian code of ethics and laws to be written down for the sake of establishing a standard of morals and consequences. This is where the popular "eye for an eye" concept came from. (Garcia 1991) In medicine, there is another defining code of ethics, coined by Hippocrates as the Hippocratic Oath. This is where ethics in medicine begins and is the cornerstone to a physical therapy practice. Though times have changed, the importance of "do no harm" is emphasized.

The Oath

By Hippocrates

Written 400 B.C.E

Translated by Francis Adams

"I SWEAR by Apollo the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation- to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my

patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath un-violated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!"(Hippocrates 400 B.C.E.)

## Ethical Dilemmas

Ethical dilemmas are issues and situations that come up, that cause friction against the primary code of ethics Physical Therapists are held to following. There doesn't need to be a nefarious plot to find an ethical dilemma. It can be as innocent as a conflict between state and county guidelines or bringing older standards and therapeutic equipment up to current standards. Physical Therapy works specifically in the care and well being of human beings. As such, maintaining and keeping healthy and professional boundaries and clear communication are integral to the health care field. "Do No Harm" is not a term to throw around lightly, but holds us firm in our convictions to provide the best possible care, while weighing out carefully all the possible side effects or consequences of our actions, however far reaching. Let's take a look at a scenario which brings up an ethical dilemma and ask the ethical question of, "What is the right thing to do?"

Scenario: It is the end of a long day of treating clients and you have just completed your note on your last patient, Mrs. Jones. Mrs. Jones has difficulty walking and is at high risk for falls. She has limited use of her arm as well as some short-term memory loss. She relies on friends and family to provide transportation. Her daughter has been running errands and will be picking up Mrs. Jones up but you notice that the daughter has not come yet. You have front row concert seats and are meeting a friend in 15 minutes. No one else is in the office and as it stands, you need to lock up. You search for the daughter's phone number but can't find it, and Mrs. Jones is unable to recall the number herself. What do you do? Do you: A) Sit with Mrs. Jones in the office and wait till the daughter arrives or B) Have Mrs. Jones wait outside the office in the parking lot?

"What is the right thing to do?" While it is human nature for us to want to satisfy our own desires, it is our ethical responsibility to put the needs of the clients first. As much as you may have wanted to attend the concert and as much as the seats may have cost, there is no comparison in price that matches another person's life, well-being and safety.

## Ethical Approaches

There are different schools of thought which utilize ethics to make decisions. We will explore five of these.

- Utilitarianism: “Actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness” –John Stuart Mill  
Utilitarianism is the ethical approach that promotes the maximum of pleasure and happiness with the minimum of pain and suffering. This sounds pretty reasonable and most people would tend to agree that given a choice between pleasure and pain, most people are going to go with pleasure. Utilitarianism takes this approach a step further in not only seeking benefits of pleasure for oneself, but making decisions that will give the most people benefits, while inflicting suffering as little as absolutely possible. (Driver, J. 2009).
- Personalized: This relatively recent take on ethical responsibility has been brought to light due to medical advances and the ability to personalize a client’s profile in order to concentrate their treatment or tailor their prescription. Modern science has even mapped the human genome through Whole Genome Sequencing. The original intention is to reduce the amount of mortality and morbidity due to faulty diagnosis or prescription from an adverse drug response. But how much information is too much information? Where does the “right to know” boundary lie (Tabor, H. 2008)? What if we knew an unborn fetus has a grave disorder? What if a new drug was known to treat this disorder but in doing so put the pregnant mother at risk?
- Deontologic : According to the Encyclopedia Britannica , the philosophy of Deontology is derived from the Greek deon, “duty,” and logos,“science”, focusing on logic and ethics  
Deontologic thought comes from the place that there is definitely a “right” and a “wrong” and that humans should strive to always do the right thing, regardless of the cost. ("Deontological ethics" 2014).
- Ethical Intuitionism: Ethical Intuitionism relies heavily on our intuitive sense or ‘common sense’ to guide our moral compass. It supposes that there are certain inherent truths that we can discern without having facts or a formal education on the subject. We don’t need a religious teaching or edict from the Queen to tell us that taking care of our young is a good thing or that kicking animals is a bad thing. Sadly, this doesn’t mean that everyone is on the same page with these inherent truths, which is where the law of Karma comes in (and other legal matters). ("Ethical Intuitionism". 2014).
- Natural Law Theory: Natural Law is one of those rare ethics philosophies that both theists and atheists can actually agree on. This law speaks to our common sense approach to basic survival, basic goodness, and basic decency as human beings. It states, “The atheist uses reason to discover the laws governing natural events and applies them to thinking about human action. Actions in accord with such natural law are morally correct. Those that go against such natural laws are morally wrong. For the theists there is a deity that created all of nature and created the laws as well and so obedience to those laws and the supplement to those laws provided by the deity is the morally correct thing to do.” (Harris, C.E. 2002) .

## Ethics Versus Morals

Morals presuppose that there is a definite “right” and “wrong” way to live life. Morals may become so popular amongst a group of people that they become chiseled onto stone tablets or copied into books. In comparison, ethics rely more upon reasoning versus a definite “right” and

“wrong”. Ethics may help guide morals. One may reason and come to an ethical decision which then helps a person deal with a transgression to help them morally.

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Morality is defined as: “conformity to the rules of right conduct; moral or virtuous conduct.” (“Morality”. 2014). Morals can be virtuous, but they stem from a cultural, religious, or belief system context, that can change and evolve.

As part of the Ethical path, we take bits and pieces of what has worked for thousands of years, what is deemed “true” and “virtuous” and what is in the best interest of our community. Let’s take a look at some more of these contributing thoughts that make up the whole.

**Altruism :** Altruism is working and behaving with pure intention. One can look to Disney stories for references of “a true and pure heart” which is always required to win true love or to defeat an enemy. Dr. Edmund D. Pellegrino speaks to this when he says, “Nothing more exposes a physician's true ethics than the way he or she balances his or her own interests against those of the patient. Whether the physician is refusing to care for patients with the acquired immunodeficiency syndrome (AIDS) for fear of contagion (the subject Zuger and Miles<sup>1</sup> discuss in this issue of JAMA) or withdrawing from emergency department service for fear of malpractice suits, striking for better pay or fees, or earning a gatekeeper's bonus by blocking access to medical care, the question raised is the same.” (Pellegrino, E. 1987).

**Dignity:** All people have the right to their own dignity or “worthiness”. They have the right to be treated with respect regardless of background, income level, ability, gender, age, or any other factor that uses a hierarchical pecking order. When all else fails, stick with the golden rule, “Treat others as you would want to be treated”.

**Equality:** Equality is a leveling of the playing field. In cases of economic parity and great need for healthcare, equality and justice both serve the community by saying that everyone deserves equal access to healthcare.

**Freedom:** Freedom in the framework of ethics says that a person has the freedom of their own autonomy, up to, but not including the freedom to affect another person negatively. A scenario which describes this term is the following: A person has a right to choose to smoke tobacco, but they do not have the freedom to make that health choice for other people via second hand smoke. Therefore we have laws which limit the areas in which to smoke.

**Prudence:** Caution and discretion in practical manners.

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We now have a basic knowledge of some of the foundations of Ethical Reasoning and how Morals can be brought into play. However, what are Values and how do they fit in?

Values are a way to quantify the worthiness of the principles and morals a group holds dear. “Family Values” encompasses many characteristics that would be thought as the most beneficial way to raise and care for a family. In the same way, Ethical Values are the pathway that the healthcare field utilizes as their foundation for the success of their patients, colleagues, employees, and research participants.

Values are of great benefit to:

- clients who knows their rights and choices will be respected and that they will be treated with dignity as a partner in their path to well being
- employees who knows what is expected of them and have the comfort and empowerment of recourse and redress if an issue or concern comes up
- colleagues who will be treated with professional respect for their knowledge and expertise that they bring
- research participants who are empowered by their contribution and autonomy to choose to participate
- the PT, who knows their tradition is from a long line of tried and proven methods that benefit and serve their community with dignity

So, why be ethical? Operating within ethical standards keeps you in business. While we looked at all of the values, the virtues, and the morals of operating within an ethical model, the bottom line is: It keeps your patients safe and your business secure. While there will be local, cultural, and practical variations, the standards within the Code of Ethics are recognized throughout the world.

## **Bioethical Concerns and HIPAA**

Bioethical Concerns relate to how we approach newer technologies ethically. Examples include: Artificial insemination, cloning, stem cell research, and prolonging care for those in long-term comas. These are not “natural” occurring for humans, but the result of human engineering. There is great debate among cultures and religious groups who have moral objections to invasive procedures.

HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs. (Thacker, S. 2003).

## **Licensure and Regulation**

As members of a health care profession, and similar to other health care professions, physical therapists in the United States are licensed and regulated by the states. This information reviews the licensure status of physical therapists in all states and the District of Columbia, describes the purpose and requirements of state licensure, outlines licensing board structure, and provides information about terms and titles. Other than the information specifically about licensure of the physical therapist, the following information also applies to the physical therapist assistant. Information specific to physical therapist assistant licensure/regulation can be found in the section on physical therapist assistants.

## **State Licensure and Regulation**

Physical therapists are licensed in all 50 states and the District of Columbia. State licensure is required in each state in which a physical therapist practices and must be renewed on a regular basis, with a majority of states requiring continuing education or some other continuing competency requirement for renewal. A physical therapist must practice within the scope of

physical therapy practice defined by his or her state law governing the licensure and practice of physical therapy (often referred to as the “practice act”).

## **Purpose and Requirements for State Licensure**

State licensure is inherently restrictive for the licensee and exclusive to the particular profession. Only those who “meet and maintain prescribed standards” established by the state’s regulatory board will, for the protection and benefit of the public, be allowed to profess their qualifications and provide their services to the public. The public is dependent upon the state to evaluate and affirm the qualifications for licensure of physical therapists. One of the main tools used by a state’s regulatory entity to determine if a physical therapist has met that threshold is the physical therapist’s passage of the National Physical Therapy Exam (NPTE) of the Federation of State Boards of Physical Therapy (FSBPT). The NPTE is the only examination for licensure of physical therapists—all 50 states and the District of Columbia use it. The NPTE is “competency specific” and covers the entire scope of entry level practice, including theory, examination and evaluation, diagnosis, prognosis, treatment intervention, prevention, and consultation that are consistent with the exam blueprint. A formal, systematic process referred to as an “analysis of practice” determines the contents of a licensure examination. This process begins with the identification of work requirements for entry-level practitioners and ends with the development of a formal set of test specifications that delineates the knowledge and skills related to safe and effective entry-level practice.

Because physical therapy practice evolves, it is imperative that the licensure examinations be updated on an ongoing basis. Thus, a practice analysis must be conducted periodically to ensure that changes in entry-level requirements are incorporated into the licensure examinations. Revisiting the practice analysis regularly ensures that fewer test questions are included on skill areas of decreasing importance and more test questions address skill areas of increasing importance. The time frame for updating a practice analysis varies by profession; for the physical therapy profession this analysis is conducted at least every 5 years.

Another important qualification for licensure is graduation from an accredited physical therapy education program or a program that is deemed substantially equivalent. The Commission on Accreditation of Physical Therapy Education (CAPTE), recognized by the United States Department of Education as the specialized accrediting agency for physical therapy education programs, sets the quality threshold standards that physical therapist programs must meet in order to be accredited.

## **State Regulatory Boards**

Most jurisdictions have independent state boards of physical therapy, but some jurisdictions’ physical therapy boards are part of state medical boards or combined with other professions. There are also a few “super boards,” under which all regulatory activities are subordinate to one board, with distinct committees or commissions for the various professions. Independent licensing boards are preferred because they provide the necessary expertise specifically for regulation of physical therapy practice. Most jurisdictions have licensing board members who are appointed by an elected official, usually the governor. Often they include 1 to 2 public members. Smaller jurisdictions may have fewer than 5 total board members, while larger ones have far greater numbers. When a state’s practice act is silent on an issue or intervention, the

determination of what constitutes practice “beyond the scope” of physical therapy is predominantly the responsibility of licensing board members. Scope of practice changes as contemporary practice evolves, and boards need the latitude to determine the appropriateness of physical therapy procedures as they relate to both established and evolving scope of practice.

### *The Model Practice Act for Physical Therapy*

Over decades, the various physical therapy practice acts have contained functional and useful regulatory language but also some problematic language. Most jurisdictional practice acts had their origins in the 1950s and early 1960s, and amendments turned some practice acts into cobbled-together collections of regulatory language that are very diverse in their approach to the basic board responsibility of protecting the public and regulating the profession. FSBPT created *The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change (MPA)* in 1997 as the preferred tool for revising and modernizing physical therapy practice acts. FSBPT encourages jurisdictions to review, improve, and strengthen practice acts, using the latest edition of the MPA as a resource. The continuing movement to update physical therapy practice acts helps ensure that they provide the legal authority to fully protect the public while effectively regulating the profession. The FSBPT task force that began developing the MPA in 1994 originally envisioned a model act that could be used cafeteria style to allow states to change a specific section of a practice act as needed. While the MPA can be used effectively in this manner, it also is a tightly constructed and integrated model for the regulation of physical therapy. The sections of the MPA complement each other—certain areas of the MPA are indispensable from others, and changes in one area might require modification of a state’s practice act in other areas. The commentary sections of the MPA identify important cross-links in statute language. Since 1997 many states have enacted large portions of and, in some instances, nearly the entire Model Practice Act as their state statute.

### **Terms and Titles of the Physical Therapy Profession**

State regulation restricts how licensees represent themselves, including their use of titles and/or letters, so that they do not mislead the public. For example, a medical or osteopathic physician practices and represents to the public that he or she practices medicine but not dentistry. When practitioners other than physical therapists represent that they are providing “physical therapy” or “physiotherapy,” they are violating the very spirit and core of licensure law by misrepresenting themselves to the public. A claim that “physical therapy” or “physiotherapy” is a generic term is misleading to the public. The protection of these terms is not referring to protection against the use of various physical agents, modalities, or procedures by others, but rather is against the inappropriate labeling of those modalities and procedures as physical therapy. In addition the title “PT” is the professional and regulatory designation that practice acts require physical therapists (and no others) in the United States to use to denote licensure. The use of the initials “DPT” by physical therapists indicates that they have obtained a doctoral degree in physical therapy (DPT). Use of the initials “DPT” should be used in conjunction with the licensure designation of “PT.”

### **Direct Access to Physical Therapist Services**

The vast majority of U.S. jurisdictions have some form of patient access to evaluation and treatment by licensed physical therapists. Access to physical therapist services is critical to ensuring optimum patient functional status and independence. Throughout the experience of obtaining direct access at the state level, physical therapists have been questioned about their ability to identify a patient's signs and symptoms correctly, especially those that may represent cancer or other life-threatening conditions, if the patient has not first been screened by a physician. The misguided presumption is that physical therapists are not sufficiently educated or clinically trained to correctly diagnose an underlying pathological condition. This argument falsely concludes that direct access to physical therapists is therefore a threat to the safety of the public. However, a closer look at the facts and evidence proves otherwise.

- Physical therapists diagnose impairments, functional limitations and disabilities related to medical conditions, movement dysfunction, and other health-related disorders. Physical therapists do not provide a medical diagnosis. However, they are well-prepared to identify when a patient's signs and symptoms potentially lie outside the scope of physical therapist diagnosis and require a referral to a physician for further diagnostic work-up and identification of underlying pathology. The examination process, routinely employed by physical therapists, ensures that direct access to physical therapists also allows referral to physicians when indicated. With more than 30 years of experience with direct access in the states that permit it, there is absolutely no evidence that physical therapists misinterpret a patient's signs and symptoms as non-pathological leading to serious injury or death. Physical therapist malpractice rates do not differ between states with patient direct access and those with a physician referral requirement. Furthermore, when the number of complaints against physical therapists filed with state licensure boards were examined prior to and after elimination of the physician referral requirement, no increase of complaints centered on patient harm was found. In the research study titled "Documentation of red flags by physical therapists for patients with low back pain," studied the frequency of medical screening procedures in 6 private practice clinics (Leerar 2007). In this retrospective chart review of 160 patients admitted with low back pain, they found that an average of 8 out of the 11 recommended "red flag" screening questions were documented in the chart. The authors noted that this was comparable to or exceeded that of physicians in 5 other studies. In another study, Boissonault et al 3. reported on 81 patients seen under direct access in a nonprofit, hospital-based outpatient department, and found that retrospective physician review of physical therapist management decisions determined that physical therapist decisions were appropriate 100% of the time (Boissonault 2010). These decisions included making referrals for additional imaging studies, medical consultation, and medication for pain management. Most referrals from physicians are written as "evaluate and treat." Medical "diagnoses" may only be basket-terms such as "low back pain." Even if a specific medical diagnosis is provided along with an "evaluate and treat" referral, it is incumbent upon the physical therapist to identify the rehabilitation diagnosis. Physical therapists independently design the plan of care and the schedule of implementation. It is the physical therapist who has ultimate responsibility for what interventions will be provided, how many times a week or month the patient will be seen, and the overall duration of the episode of care. Improved patient access does not harm the relationships between physical therapists and

physicians. Direct access supports a collaborative model of practice between physicians and physical therapists and will create opportunities that can only enhance patient management, safety, and outcomes. Collaboration is, in many respects, the flip side of the direct access “coin.” Historically, physical therapists emerged as a profession within the medical model, not as an alternative to medical care. Traditionally, physical therapists receive a substantial proportion of their clinical education and training in academic medical centers and hospitals, where team collaboration is paramount. Both physical therapists and physicians have a mutual respect for, and deep understanding of, their complementary roles in patient care. Direct access does not alter that relationship; it merely allows the collaboration to be initiated by the physical therapist at a point in the physical therapy episode of care that is most beneficial to the patient and most cost effective for the health care system.

## **Texas Regulations:**

### **Definitions**

The following words, terms, and phrases, when used in the rules of the Texas Board of Physical Therapy Examiners, shall have the following meanings, unless the context clearly indicates otherwise (Texas 2014).

(a) Accredited curriculum in physical therapy education--A body of courses in a physical therapy program at a school, college, or university which has satisfied the accreditation standards of the Commission on Accreditation for Physical Therapy Education.

(b) Accredited physical therapist assistant program--A body of courses at a school, college, or university which has satisfied the accreditation standards of the Commission on Accreditation for Physical Therapy Education.

(c) Asymptomatic--Without obvious signs or symptoms of disease.

(d) Board-approved organization or entity--an organization or entity to which the board has formally delegated a role in the licensure, regulation or enforcement functions of the Physical Therapy Practice Act and board rules.

(e) Endorsement--The process by which the board issues a license to a person currently licensed in another state, the District of Columbia, or territory of the United States that maintains professional standards considered by the board to be substantially equivalent to those set forth in the Act.

(f) Emergency circumstances--Instances where emergency medical care is called for, including first aid.

(g) Emergency medical care--Bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result

in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

(h) Evaluation--A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.

(i) Evidence satisfactory to the board--Should all official school records be destroyed, sworn affidavits satisfactory to the board must be received from three persons having personal knowledge of the applicant's physical therapy education. These affidavits will not be used when official school records are available.

(j) Examination--A comprehensive screening and specific testing process leading to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems review, and tests and measures.

(k) Foreign-trained applicant--Any applicant whose entry-level professional physical therapy education was obtained at a physical therapy program outside the U.S., its territories, or the District of Columbia.

(l) Hearing--An adjudicative proceeding concerning the issuance, denial, suspension, reprimand, revocation of license, after which the legal rights of an applicant or licensee are to be determined by the board.

(m) Jurisprudence exam--An open-book examination made up of multiple-choice and/or true/false questions covering information contained in the Texas Physical Therapy Practice Act and Board rules.

(n) On-site supervision--The physical therapist or physical therapist assistant is on the premises and readily available to respond.

(o) Physical therapy--The evaluation, examination, and utilization of exercises, rehabilitative procedures, massage, manipulations, and physical agents including, but not limited to, mechanical devices, heat, cold, air, light, water, electricity, and sound in the aid of diagnosis or treatment. Physical therapists may perform evaluations without referrals. Physical therapy practice includes the use of modalities, procedures, and tests to make evaluations. Physical therapy practice includes, but is not limited to the use of: Electromyographic (EMG) Tests, Nerve Conduction Velocity (NCV) Tests, Thermography, Transcutaneous Electrical Nerve Stimulation (TENS), bed traction, application of topical medication to open wounds, sharp debridement, provision of soft goods, inhibitive casting and splinting, Phonophoresis, Iontophoresis, and biofeedback services.

(p) Supervision--The delegation and continuing direction by a person or persons responsible for the practice of physical therapist, physical therapist assistant, or physical therapy aide as specified in the Physical Therapy Practice Act.

*Source Note: The provisions of this §321.1 adopted to be effective March 1, 1986, 11 TexReg 719; amended to be effective September 28, 1988, 13 TexReg 4575; amended to be effective December 12, 1989, 14 TexReg 6277;*

*amended to be effective January 7, 1992, 16 TexReg 7644; amended to be effective January 12, 1993, 18 TexReg 63; amended to be effective November 11, 1993, 18 TexReg 7545; amended to be effective November 6, 1995, 20 TexReg 8793; amended to be effective May 8, 1996, 21 TexReg 3794; amended to be effective July 9, 1996, 21 TexReg 6078; amended to be effective April 28, 1997, 22 TexReg 3588; amended to be effective October 6, 1998, 23 TexReg 9978; amended to be effective April 15, 1999, 24TexReg 2935; amended to be effective May 14, 2000, 25 TexReg 4351; amended to be effective November 16, 2000, 25 TexReg 11285; amended to be effective August 15, 2001, 26 TexReg 6020; amended to be effective September 18, 2006, 31 TexReg 7997; amended to be effective February 13, 2012, 37 TexReg 689.*

## Practice

- **Provisions of Services: Initiation of physical therapy services.**

(a) **Referral requirement.** A physical therapist is subject to discipline from the board for providing physical therapy treatment without a referral from a qualified healthcare practitioner licensed by the appropriate licensing board, who within the scope of the professional licensure is authorized to prescribe treatment of individuals. The list of qualifying referral sources includes physicians, dentists, chiropractors, podiatrists, physician assistants, and advanced nurse practitioners.

(b) **Exceptions to referral requirement.**

(1) A PT may evaluate without referral.

(2) A PT may provide instructions to any person who is asymptomatic relating to the instructions being given without a referral, including instruction to promote health, wellness, and fitness.

(3) **Emergency Circumstances.** A PT may provide emergency medical care to a person after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity without referral if the absence of immediate medical attention could reasonably be expected to result in a serious threat to the patient's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

(c) **Prior referrals.** A physical therapist may treat a patient for an injury or condition that is the subject of a prior referral if all of the following conditions are met.

(1) The physical therapist must notify the original referring healthcare personnel of the commencement of therapy by telephone within five days, or by letter postmarked within five business days;

- The physical therapy provided must not be for more than 20 treatment sessions or 30 consecutive calendar days, whichever occurs first. At the conclusion of this time or treatment, the physical therapist must confer with the referring healthcare personnel before continuing treatment; Texas Board of Physical Therapy Examiners June 2014
- The treatment can only be provided to a client/patient who received the referral not more than one year previously; and
- The physical therapist providing treatment must have been licensed for one year. The physical therapist responsible for the treatment of the patient may delegate appropriate duties to another physical therapist having less than one year of experience or to a physical therapist assistant. A physical therapist licensed for more than one year must retain responsibility for and supervision of the treatment.

(d) **Methods of referral.** A referral may be transmitted by a qualifying referral source in the following ways:

- in a written document, including faxed and emailed documents; or
- verbally, in person or by telephone. If a referral is transmitted verbally, whether in person or by telephone, it must be received, recorded and signed by the PT, PTA or other authorized personnel, and include all of the information that would appear on a written referral.

(e) **Evaluation and screening.**

- Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT.
- PTAs may screen patients designated by a PT as possible candidates for physical therapy services. Screening entails the collection of uniform information from all patients screened using a predetermined, standardized format. The information collected is delivered to the supervising PT. Only a PT may determine whether further intervention for patients screened is necessary.
- Physical therapy plan of care development and implementation.
- The PT must develop a written plan of care, based on his evaluation, for each patient.
- Treatment may not be provided by a PTA or aide until the plan of care has been established.
- The plan of care must be reviewed and updated as necessary following a reevaluation of the patient's condition.
- The plan of care or treatment goals may only be changed or modified by a PT.
- A PTA may modify treatment techniques as indicated in the plan of care.
- A PT or PTA must interact with the patient regarding his/her condition, progress and/or achievement of goals during each treatment session.

(f) **Reevaluation.**

- A patient receiving treatment must be reevaluated by a PT at a minimum of once every 30 days after treatment is initiated, or at a higher frequency as established by the PT; and in response to a change in the patient's medical status that affects physical therapy treatment, when a change in the physical therapy plan of care is needed, or prior to any planned discharge.
- A reevaluation must include: An onsite reexamination of the patient and a review of the plan of care with appropriate continuation, revision, or termination of treatment. June 2014 Texas Board of Physical Therapy Examiners
- Provision of physical therapy treatment by a PTA or an aide may not continue if the PT has not performed the required reevaluation.

(g) **Documentation of treatment.**

- At a minimum, documentation of physical therapy services must include the following: any referral authorizing treatment, the initial examination and evaluation, the plan of care, and the documentation of each treatment session by the PT or PTA providing the services.

- Reevaluations as required by this section; any conferences between the PT and PTA, as described in this section; and the discharge summary.
- The PTA must include the name of the supervising PT in his documentation of each treatment session.
- Physical therapy aides may not write or sign any physical therapy documents in the permanent record. However, a physical therapy aide may enter quantitative data for tasks delegated by the supervising PT or PTA.
- Discharge Summary. The PT must provide final documentation for discharge of a patient, including patient response to treatment at the time of discharge and any necessary follow-up plan. A PTA may participate in the discharge summary by providing subjective and objective patient information to the supervising physical therapist.

*Source Note: The provisions of this §322.1 adopted to be effective April 15, 1999, 24 TexReg 2935; amended to be effective November 19, 2001, 26 TexReg 9382; amended to be effective September 18, 2006, 31 TexReg 7998; amended to be effective February 18, 2008, 33 TexReg 1335; amended to be effective April 4, 2011, 36 TexReg 2124.*

- **Role Delineation**

### **The role of the PT**

- (a) The PT holds primary responsibility for physical therapy care rendered under his supervision.
- (b) The PT's professional responsibilities include, but are not limited to:
  - 1) Performance and documentation of the initial physical therapy examination and
  - 2) evaluation of the patient
  - 3) Interpretation of the practitioner's referral
  - 4) Development and documentation of a plan of care
  - 5) Implementation of, or directing implementation of, the plan of care
  - 6) Delegation of tasks to appropriate personnel
  - 7) Direction and supervision of the PTA and physical therapy aide
  - 8) Completion and accuracy of the patient's physical therapy record
  - 9) Performance and documentation of the reexamination and reevaluation of the patients described in this section; and when necessary, modification of the plan of care
  - 10) Discharge of a patient or discontinuation of treatment
  - 11) Development of any follow-up plan for the patient; and Texas Board of Physical Therapy Examiners June 2014
  - 12) Collaboration with members of the health care team when appropriate.
- (c) The PT shall not implement any plan of care that, in his judgment, is contraindicated.

### **The role of the PTA**

- (a) A PTA may provide physical therapy services only under the supervision of a PT

(b) A PTA may be assigned responsibilities by a supervising PT to screen patients designated by a PT as possible candidates for physical therapy services.

(c) provide physical therapy services as specified in the physical therapy plan of care which may include but are not limited to:

- (1) preparing patients, treatment areas, and equipment;
- (2) implementing treatment programs that include therapeutic exercises; gait training and techniques; ADL training techniques; administration of therapeutic heat and cold; administration of ultrasound; administration of therapeutic electric current; administration of ultraviolet; application of traction; performance of intermittent venous compression; application of external bandages, dressings, and support; performance of goniometric measurement;
- (3) modifying treatment techniques as indicated in the plan of care
- (4) respond to acute changes in physiological state;
- (5) teach other health care providers, patients, and families to perform selected treatment procedures and functional activities; and
- (6) identify architectural barriers and report them to the PT.

(d) The PTA may not:

- (1) specify and/or perform definitive (decisive, conclusive, final) evaluative and assessment procedures
- (2) alter a plan of care or goals
- (3) recommend wheelchairs, orthoses, prostheses, other assistive devices, or alterations to architectural barriers to persons;
- (4) sign progress notes which design or modify the plan of care.

### **The role of the physical therapy aide**

(a) All rules governing the services provided by a PTA are further modified for the physical therapy aide.

(b) A physical therapy aide may be assigned responsibilities by the supervising PT or PTA to provide services as specified in the physical therapy plan of care within the scope of on-the-job training with supervision by a PT or PTA who is on the premises and readily available to respond in person.

(c) A physical therapy aide may not:

- (1) perform any evaluative or assessment activities
- (2) initiate physical therapy treatment, to include exercise instruction
- (3) write or sign physical therapy documents in the permanent record, except as provided for in §322.1(e) of this title (relating to Documentation of treatment).

*Source Note: The provisions of this §322.2 adopted to be effective April 15, 1999, 24 TexReg 2935; amended to be effective December 29, 2002, 27 TexReg 12214; amended to be effective April 4, 2011, 36 TexReg 2126.*

- **Practicing in a Manner Detrimental to the Public Health and Welfare**

(a) The board may deny a license to or discipline an applicant/respondent who is found to be practicing in a manner detrimental to the public health and welfare.

(b) The board may deny a registration for a physical therapy facility to an applicant or discipline a physical therapy facility required to be registered by the act which is found to be practicing in a manner detrimental to the public health and welfare.

(c) Practicing in a manner detrimental to the public health and welfare may include, but is not limited to, the following:

- 1) failing to document physical therapy services, inaccurately recording, falsifying, or altering patient/client records;
- 2) obtaining or attempting to obtain or deliver medications through means of misrepresentation, fraud, forgery, deception, and/or subterfuge;
- 3) failing to supervise and maintain the supervision of supportive personnel, licensed or unlicensed, in compliance with the Act and rule requirements;
- 4) aiding, abetting, authorizing, condoning, or allowing the practice of physical therapy by any person not licensed to practice physical therapy;
- 5) permitting another person to use an individual's physical therapist's or physical therapist assistant's license for any purpose;
- 6) failing to cooperate with the agency by not furnishing papers or documents requested or by not responding to subpoenas issued by the agency; Texas Board of Physical Therapy Examiners June 2014
- 7) interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the agency or the board, or by the use of threats or harassment against any patient/client or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action
- 8) engaging in sexual contact with a patient/client as the result of the patient/client relationship
- 9) practicing or having practiced with an expired temporary or permanent license
- 10) failing to conform to the minimal standards of acceptable prevailing practice, regardless of whether or not actual injury to any person was sustained.
- 11) failing to assess and evaluate a patient's/client's status;

- 12) performing or attempting to perform techniques or procedures or both in which the physical therapist or physical therapist assistant is untrained by education or experience
- 13) delegating physical therapy functions or responsibilities to an individual lacking the ability or knowledge to perform the function or responsibility in question; or
- 14) causing, permitting, or allowing physical or emotional injury or impairment of dignity or safety to the patient/client
- 15) intentionally or knowingly offering to pay or agreeing to accept any remuneration directly or indirectly, overtly or covertly, in cash or in kind, to or from any person, firm, association of persons, partnership, or corporation for receiving or soliciting patients or patronage, regardless of source of reimbursement, unless said business arrangement or payments practice is acceptable under 42 United States Code §1320a-7b(b) or its regulations;
- 16) advertising in a manner which is false, misleading, or deceptive;
- 17) knowingly falsifying and/or forging a referring practitioner's referral for physical therapy;
- 18) failing to register a physical therapy facility which is not exempt or failing to renew the registration of a physical therapy facility which is not exempt
- 19) practicing in an unregistered physical therapy facility which is not exempt;
- 20) failing to notify the board of any conduct by another licensee which reasonably appears to be a violation of the Practice Act and rules, or aids or causes another person, directly or indirectly, to violate the Practice Act or rules of the board; and
- 21) abandoning or neglecting a patient under current care without making reasonable
- 22) arrangements for the continuation of such care.

*Source Note: The provisions of this §322.4 adopted to be effective April 15, 1999, 24 TexReg 2935; amended to be effective June 7, 2009, 34 TexReg 3515; amended to be effective April 4, 2011, 36 TexReg 212.*

## **PROFESSIONAL TITLE**

- **Use of Title**

(a) A licensed physical therapist shall use the title physical therapist or the initials PT. A licensed physical therapist assistant shall use the title physical therapist assistant or the initials PTA. No other titles or initials are conferred by a license from this board.

(b) Any letters designating other titles, academic degrees, or certifications must follow the initials PT or PTA (example: Jane Doe, PT, DPT).

(c) In using the title "doctor" as a trade or professional asset or on any manner of professional identification, including a sign, pamphlet, stationery, or letterhead, or as a part of a signature, a physical therapist shall designate the college or honorary degree that gives rise to the use of the title, or the authority under which the title is used.

(d) A degree described in subsection (b) of this section shall be granted by an institution accredited by an accrediting agency recognized by the National Commission on Accrediting or the US Department of Education.

*Source Note: The provisions of this §335.1 adopted to be effective March 1, 1986, 11 TexReg 724; amended to be effective August 17, 2008, 33 TexReg 6593; amended to be effective May 23, 2013, 38 TexReg 3001.*

## **LICENSE RENEWAL**

### **• Requirements for Renewal**

(a) Biennial renewal. Licensees are required to renew their licenses every two years by the end of the month in which they were originally licensed. The Board will maintain a secure resource for verification of license status and expiration date on its website.

(b) Notification of impending license expiration. The board will send notification to each licensee at least 30 days prior to the license expiration date. The licensee is responsible for ensuring that the license is renewed, regardless of receipt of notification.

(c) General requirements. The renewal application is not complete until all required items are received by the board. The components required for license renewal are:

(1) a completed renewal application documenting completion of board-approved continuing competence activities, as described in §341.2 of this title (relating to Continuing Competence Requirements)

(2) the renewal fee, and any late fees which may be due; and

(3) a passing score on the jurisprudence examination. June 2014 Texas Board of Physical Therapy Examiners<sup>18</sup>

(d) If all required items are not postmarked (if submitted by mail) or date stamped (if submitted online) prior to the expiration date, the renewal is late and the license is expired. The licensees may not practice until the license is listed as current on the board's website.

(e) A licensee may renew a license expired less than one year. The items required for the reinstatement of a license are:

- (1) Expired for 90 days or less;
- (2) All items listed in subsection (c) of this section; and
- (3) The late fee as set by the executive council in §651.2 of this title (relating to Physical Therapy Board Fees).
- (4) Expired for more than 90 days but less than one year:
- (5) All items listed in subsection (c) of this section;
- (6) The late fee as set by the executive council and documentation showing completion of continuing competence requirements as specified in §341.2 of this title.

(f) Renewal of a license expired one year or more. A license expired one year or more must be reinstated as specified in §341.6 of this title (relating to License Restoration).

*Source Note: The provisions of this §341.1 adopted to be effective February 18, 2001, 26 TexReg 1339; amended to be effective August 15, 2001, 26 TexReg 6022; amended to be effective September 18, 2005, 30 TexReg 5801; amended to be effective July 21, 2010, 35 TexReg 6285; amended to be effective April 4, 2011, 36 TexReg 2128; amended to be effective May 27, 2012, 37 TexReg 3832; amended to be effective February 11, 2014, 39 TexReg 650.*

### • **Continuing Competence Requirements**

(a) Continuing competence is the ongoing acquisition and maintenance of the professional knowledge, skill, and ability of the PT or PTA through successful completion of educational and professional activities related to the physical therapy profession.

(b) All continuing competence activities submitted to satisfy renewal requirements must be board-approved by an organization selected by the board as established in subsection (h) of this section.

(c) For each biennial renewal, physical therapists must complete a total of 30 continuing competence units (CCUs); physical therapist assistants must complete a total of 20 CCUs. A CCU is the relative value assigned to continuing competence activities based on specific criteria developed by the Board.

(d) Continuing competence activities utilized to fulfill renewal requirements must be completed within the 24 months prior to the license expiration date.

(e) Licensees must maintain original continuing competence activity completion documents, as specified in §341.3 of this title (relating to Qualifying Continuing Competence Activities), for four years after the license expiration date.

(f) All licensees must complete two CCUs in board-approved programs in ethics and professional responsibility as part of their total continuing competence requirement. Only programs receiving approval specifically for content in ethics and professional responsibility meet this requirement. In addition to the meeting the requirements described in §341.3 of this

title, activities submitted to meet the ethics and professional responsibility requirements for license renewal shall include at a minimum the following components.

- 1) The theoretical basis for ethical decision-making;
- 2) APTA's Code of Ethics and Guide for Professional Conduct;
- 3) Legal standards of behavior (including but not limited to the Act and Rules of the board); and Texas Board of Physical Therapy Examiners June 2014
- 4) Application of content to real and/or hypothetical situations.

(g) The executive council will conduct an audit of a random sample of licensees at least quarterly to determine compliance with continuing competence requirements. Failure to maintain accurate documentation, or failure to respond to a request to submit documentation for an audit within 30 days of the date on the request, may result in disciplinary action by the board.

- 1) Licensees who are more than 90 days late in renewing a license are not included in the audit, and must submit documentation of continuing competence activities at time of renewal.
- 2) (2)The board or its committees may request proof of completion of continuing competence activities claimed for renewal purposes at any time from any licensee.

(h) Pursuant to a Memorandum of Understanding (MOU) with the board, the Texas Physical Therapy Association (TPTA) shall act as the board-approved organization and shall be authorized to accredit providers and to evaluate and approve continuing competence activities for purposes of compliance with mandatory CC requirements as set by the board. This authority shall include authority to give, deny, withdraw and limit accreditation of providers and approval of competence activities, and to charge and collect fees as set forth in the MOU and in the statute and rules governing the board and the practice of physical therapy in Texas.

- 1) A program may be approved before or after the licensee attends it, but must be approved prior to license renewal.
- 2) A program taken to meet the ethics and professional responsibility requirements must have individual course approval.
- 3) To apply for continuing competence review, the licensee or sponsor/provider must submit a fee as approved by the board with the CC review application and any additional documentation as specified in this section to the TPTA. Interested parties may contact the TPTA in Austin, Texas, (512) 477-1818, [www.tpta.org](http://www.tpta.org).

(i) Accredited providers and course sponsors are authorized to use the following statements to notify licensees of approval:

- 1) Sponsors of approved activities.
- 2) The following statement is authorized for use in publicity: "This activity has been approved by the Texas Board of Physical Therapy Examiners for \_\_\_\_ CCUs for PTs and PTAs."

- 3) The following statement is authorized for use on certificates of completion only: "This activity has been approved by the Texas Board of Physical Therapy Examiners, approval #\_\_\_\_, for \_\_\_\_ CCUs for PTs and PTAs."
- 4) Sponsors or accredited providers of activities approved as meeting the ethics and professional responsibility content requirement.
- 5) The following statement is authorized for use in publicity: "This activity has been approved by the Texas Board of Physical Therapy Examiners for \_\_\_\_ CCUs toward the ethics and professional responsibility requirement for PTs and PTAs."
- 6) The following statement is authorized for use on certificates of completion only: "This activity has been approved by the Texas Board of Physical Therapy Examiners, approval #\_\_\_\_, for \_\_\_\_ CCUs toward the ethics and professional responsibility requirement for PTs and PTAs."
- 7) Accredited providers. June 2014 Texas Board of Physical Therapy Examiners
- 8) The following statement is authorized for use in publicity: "This activity is offered by the Texas Board of Physical Therapy Examiners Accredited Provider #\_\_\_\_\_ and provides \_\_\_\_\_CCUs for PTs and PTAs licensed in Texas."
- 9) The following statement is authorized for use on certificates of completion only: "This activity is offered by the Texas Board of Physical Therapy Examiners Accredited Provider #\_\_\_\_\_ and provides \_\_\_\_\_CCUs for PTs and PTAs licensed in Texas."

(j) Sponsors of activities that have not received an approval number from the TPTA are not authorized to include a statement implying pending or future approval of that activity by the board.

(k) A course is approved only for the accredited provider offering the course or the sponsor submitting it for approval. Course approval may not be transferred from one provider or sponsor to another.

(l) Interested parties may contact the TPTA to inquire if a particular activity is approved. A list of approved activities is available on the TPTA web site.

(m) Pursuant to the MOU, the TPTA shall provide quarterly reports to the board of its activities. Additionally, the TPTA shall report to the board the results of periodic quality assurance follow-up or review of a representative sample of approved continuing competence activities. In the event of sponsor/provider noncompliance, results will be reported to the board in writing for further investigation and direction.

*Source Note: The provisions of this §341.2 adopted to be effective February 18, 2001, 26 TexReg 1339; amended to be effective August 15, 2001, 26 TexReg 6022; amended to be effective February 17, 2005, 30 TexReg 717; amended to be effective June 7, 2009, 34 TexReg 3516; amended to be effective July 21, 2010, 35 TexReg 6285; amended to be effective February 11, 2014, 39 TXReg 650*

## • **Qualifying Continuing Competence Activities**

Licensees may select from a variety of activities to fulfill the requirements for continuing competence. These activities include the following:

1) Continuing education (CE).

(A) Program content and structure must be approved by the board-approved organization, or be offered by a provider accredited by that organization.

Programs must meet the following criteria:

- Program content must be easily recognizable as pertinent to the physical therapy profession and in the areas of ethics, professional responsibility, clinical application, clinical management, behavioral science, science, or risk management.
- The content must be identified by instructional level, i.e., basic, intermediate, advanced. Program objectives must be clearly written to identify the knowledge and skills the participants should acquire and be consistent with the stated instructional level.
- The instructional methods related to the objectives must be identified and be consistent with the stated objectives.
- Programs must be presented by a licensed health care provider, or by a person with appropriate credentials and/or specialized training in the field.
- (v) Program providers are prohibited from self-promotion of programs, products, and/or services during the presentation of the program.
- The participants must evaluate the program. A summary of these evaluations must be made available to the board-approved organization upon request.  
Texas Board of Physical Therapy Examiners June 2014
- Records of each licensee who participates in the program must be maintained for four years by the CE sponsor/provider and must be made available to the board-approved organization upon request.

(B) CE programs subject to this subsection include the following: Continuing education

(1) Live programs.

- One contact hour equals 1 continuing competence unit or CCU.
- Documentation must include the name and license number of the licensee; the title, sponsor/provider, date(s), and location of the course; the number of CCUs awarded, the signature of an authorized signer, and the accredited provider or program approval number.
- If selected for audit, the licensee must submit the specified documentation.

(2) Self-study programs – Structured, self-paced programs or courses offered through electronic media (for example, via the internet or on DVD) or on paper (for example, a booklet) completed without direct supervision or attendance in a class.

- *(One contact hour equals 1 CCU.)*
- Documentation must include the name and license number of the licensee; the title, sponsor/provider, date(s), and instructional format of the course; the number of CCUs awarded, the signature of an authorized signer, and the accredited provider or program approval number.
- If selected for audit, the licensee must submit the specified documentation.

(3) Regular in-service type programs over a one-year period where individual sessions are granted 2 CCUs or less.

- *(One contact hour equals 1 CCU.)*
  - Documentation must include the name and license number of the licensee; the title, sponsor/provider, date(s), and location of the in-service; the signature of an authorized signer, and the accredited provider or program approval number with the maximum CCUs granted and the CCU value of each session or group of sessions specified and justified.
  - Additionally, proof of attendance to any or all in-service sessions must be provided so that individual CCUs earned can be calculated by the program sponsor/provider for submission to the board-approved organization.
  - If selected for audit, the licensee must submit the specified documentation.
- (4) Large conferences with concurrent programming.
- *(One contact hour equals 1 CCU.)*
  - Documentation must include the licensee's name and license number; title, sponsor/provider, date(s); and location of the conference; the number of CCUs awarded, the signature of an authorized signer, and the accredited provider or course approval number.
  - If selected for audit, the licensee must submit the specified documentation and proof of attendance.

2) College or university courses.

- (A) Courses at regionally accredited US colleges or universities easily recognizable as pertinent to the physical therapy profession and in the areas of ethics, professional responsibility, clinical application, clinical management, behavioral science, science, or risk management.
- (1) The course must be at the appropriate educational level for the PT or the PTA.
  - (2) All courses in this subsection are subject to the following: June 2014 Texas Board of Physical Therapy Examiners
  - (3) One satisfactorily completed credit hour (grade of C or equivalent, or higher) equals 10 CCUs.
  - (4) Documentation required for consideration is the course syllabus for each course and an official transcript.
  - (5) If selected for audit, the licensee must submit the approval letter from the board-approved organization.
- (B) Courses submitted to meet the ethics/professional responsibility requirement must be approved as stated in §341.2 of this chapter.
- (C) College or university sponsored CE programs (no grade, no official transcript) must comply with paragraph (1)(A) of this subsection.
- (D) College or university courses that are part of a post-professional physical therapy degree program, or are part of a CAPTE-accredited program bridging from PTA to PT, are automatically approved and are assigned a standard approval number by the board-approved organization. If selected for audit, the licensee must submit an official transcript.

(3) Scholarship

- (A) Publications. Publication(s) pertinent to physical therapy and in the areas of ethics, professional responsibility, clinical practice, clinical management, behavioral science,

science, or risk management written for the professional or lay audience. The author(s) are prohibited from self-promotion of programs, products, and/or services in the publication.

- The publication must be published within the 24 months prior to the license expiration date.
- CCU values for types of original publications are as follows:
  - A newspaper article (excluding editorials and opinion pieces) may be valued up to 3 CCUs.
  - A regional/national magazine article (excluding editorials and opinion pieces) may be valued up to 10 CCUs.
  - A case study in a peer reviewed publication, monograph, or book chapter(s) is valued at 20 CCUs.
  - A research article in a peer reviewed publication, or an entire book is valued at 30 CCUs.
- Documentation required for consideration is:
  - For newspaper articles, a copy of the article and the newspaper banner, indicating the publication date;
  - For magazine articles and publications in peer reviewed journals, a copy of the article and the Table of Contents page of the publication showing the author's name and the name and date of the publication.
  - For monographs or single book chapters, a copy of the first page of the monograph or chapter, and the Table of Contents page of the publication showing the author's name and the name and date of the publication.
  - For an entire book or multiple chapters in a book, the author must submit the following: title page, copyright page, entire table of contents, preface or forward if present, and one book chapter authored by the licensee.
- If selected for audit, the licensee must submit the approval letter from the board-approved organization.

(B) Manuscript review. Reviews of manuscripts for peer-reviewed publications must be pertinent to physical therapy and in the areas of ethics, professional responsibility, clinical practice, clinical management, behavioral science, science, or risk management.

- The review must be completed within the 24 months prior to the license expiration date. Texas Board of Physical Therapy Examiners June 2014
- One manuscript review is valued at 3 CCUs.
- For each renewal, PTs may submit no more than 3 manuscript reviews (9 CCUs).
  - PTAs may submit no more than 2 manuscript reviews (6 CCUs).
- Documentation required for consideration is a copy of the letter or certificate from the publisher confirming completion of manuscript review.
- If selected for audit, the licensee must submit the approval letter from the board-approved organization.

(C) Grant proposal submission. Submission of grant proposals by principal investigators or co-principal investigators for research that is pertinent to physical therapy and in the areas of ethics, professional responsibility, clinical practice, clinical management, behavioral science, science, or risk management.

- The grant proposal must be submitted to the funding entity within the 24 months prior to the license expiration date.
- One grant proposal is valued at 10 CCUs.
- Licensees may submit a maximum of 1 grant proposal (10 CCUs).
- Documentation required for consideration is a copy of the grant and letter submitted to the grant-provider.
- If selected for audit, the licensee must submit the approval letter from the board-approved organization.

(D) Grant review for research pertinent to healthcare.

- The review must be completed within the 24 months prior to the license expiration date.
- One grant review is valued at 3 CCUs.
- Licensees may submit a maximum of 2 grant reviews (6 CCUs).
- Documentation required for consideration is a letter or certificate confirming grant review from the grant-provider.
- If selected for audit, the licensee must submit the approval letter from the board-approved organization.

(4) Teaching and Presentation Activities.

(A) First-time development or coordination of course(s) in a CAPTE-accredited PT or PTA program, a post-professional physical therapy degree program, or a CAPTE-accredited program bridging from PTA to PT. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- The course must be offered for the first time within the 24 months prior to the license expiration date.
- One student contact hour equals 4 CCUs.
- Licensees are limited to the following number of CCUs:
  - PTs may submit a maximum of 10 CCUs for this activity.
  - PTAs may submit a maximum of 8 CCUs for this activity.
- If selected for audit, the licensee must submit a copy of the course syllabus indicating the licensee as course coordinator or primary instructor.

(B) First-time development or coordination of course(s) in a regionally accredited U.S. college or university program for other health professions.

- The course must be offered for the first time within the 24 months prior to the license expiration date.
- One student contact hour equals 4 CCUs.
- Licensees are limited to the following number of CCUs:
  - PTs may submit a maximum of 10 CCUs for this activity.
  - PTAs may submit a maximum of 8 CCUs for this activity. June 2014 Texas Board of Physical Therapy Examiners
- Documentation required for consideration is a copy of the course syllabus indicating the licensee as course coordinator or primary instructor.
- If selected for audit, the licensee must submit the approval letter from the board-approved organization.

(C) Presentation or instruction as a guest lecturer in a CAPTE-accredited PT or PTA program, or a post-professional physical therapy degree program, or a CAPTE-accredited program bridging from PTA to PT. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- One student contact hour equals 2 CCUs.
- Licensees are limited to the following number of CCUs:
  - PTs may submit a maximum of 10 CCUs for this activity.
  - PTAs may submit a maximum of 8 CCUs for this activity.
- If selected for audit, the licensee must submit a copy of the course syllabus indicating the licensee as course presenter or instructor.

(D) Presentation or instruction as a guest lecturer in a regionally accredited U.S. college or university program for other health professions.

- One student contact hour equals 2 CCUs.
- Licensees are limited to the following number of CCUs:
  - PTs may submit a maximum of 10 CCUs for this activity.
  - PTAs may submit a maximum of 8 CCUs for this activity.
- Documentation required for consideration is a copy of the course syllabus indicating the licensee as course coordinator or primary instructor.
- If selected for audit, the licensee must submit the approval letter from the board-approved organization.

(E) First-time development, presentation or co-presentation at state, national or international workshops, seminars, or professional conferences, or at a board-approved continuing education course.

- The course must be offered for the first time within the 24 months prior to the license expiration date. One contact hour equals 4 CCUs.
- Licensees are limited to the following number of CCUs:
  - PTs may submit no more than 10 CCUs for this activity.
  - PTAs may submit no more than 8 CCUs for this activity.
- Documentation required for consideration includes one of the following: a copy of a brochure for the presentation indicating the licensee as a presenter; or, a copy of the cover from the program and page(s) indicating the licensee as a presenter.
- If selected for audit, the licensee must submit the approval letter from the board-approved organization.

(F) Service as a clinical instructor for full-time, entry-level PT or PTA students enrolled in accredited education. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- The instructorship must be completed within the 24 months prior to the license expiration date.
- Valuation of clinical instruction is as follows:
  - Supervision of full-time PT or PTA students for 6 – 11 weeks is valued at 5 CCUs.
  - Supervision of full-time PT or PTA students for 12 weeks or longer is valued at 10 CCUs.
- Licensees are limited to the following number of CCUs:
  - PTs may submit a maximum of 10 CCUs for this activity.
  - PTAs may submit a maximum of 8 CCUs for this activity.

- If selected for audit, the licensee must submit a letter or certificate from the coordinator of clinical education confirming clinical supervision and the number of hours supervised from the education program.

(5) Advanced Training, Certification, and Recognition.

(A) Specialty Examinations. The Board will maintain and make available a list of recognized specialty examinations. Successful completion of a recognized specialty examination (initial or recertification) is automatically approved and assigned a standard approval number by the board-approved organization.

- The specialty examination must be successfully completed within the 24 months prior to the license expiration date.
- Each recognized specialty examination is valued at 30 CCUs.
- If selected for audit, the licensee must submit a copy of the letter from the certifying body notifying the licensee of completion of the specialty from the credentialing body, and a copy of the certificate of specialization.
- A specialty examination not on the list of recognized examinations but pertinent to the physical therapy profession may be submitted to the board-approved organization for consideration. Documentation required for consideration includes the following:
  - (I) Identification and description of the sponsoring organization and its authority to grant a specialization to PTs or PTAs;
  - (II) A complete description of the requirements for specialization including required clock hours of no less than 1,500 completed within the prior 24 months;
  - (III) A copy of the letter notifying the licensee of completion of the specialty from the certifying body, and a copy of the certificate of specialization.

(B) APTA Certification for Advanced Proficiency for the PTA. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- The certification must be successfully completed within the 24 months prior to the license expiration date.
- Completion of specialty certification is valued at 20 CCUs.
- If selected for audit, the licensee must submit a copy of the letter notifying the licensee of completion of the advanced proficiency, and a copy of the certificate of proficiency.

(C) Residency or fellowship relevant to physical therapy. The Board will maintain and make available a list of recognized residencies and fellowships. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- The residency or fellowship must be successfully completed within the 24 months prior to the license expiration date.
- Completion of the residency or fellowship is valued at 30 CCUs.
- If selected for audit, the licensee must submit a copy of the letter notifying the licensee of completion of the fellowship, and a copy of the fellowship certificate.

(D) Supervision or mentorship of a resident or fellow in an APTA credentialed residency or fellowship program. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- Clinical supervision of residents or fellows for 1 year is valued at 10 CCUs.
- Licensees may submit a maximum of 20 CCUs for this activity.
- If selected for audit, the licensee must submit a copy of a letter from the credentialed residency or fellowship program confirming participation as a clinical mentor, with the length of time served as a clinical mentor.

(E) Practice Review Tool (PRT) of the Federation of State Boards of Physical Therapy (FSBPT). This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- Completion of a PRT is valued at 15 CCUs.
- If selected for audit, the licensee must submit a copy of the FSBPT certificate of completion.

(6) Professional Membership and Service. Licensees may submit activities in this category for up to one half of their CC requirement (PT - 15 CCUs, PTAs – 10 CCUs) at time of renewal. Licensees must demonstrate membership or participation in service activities for a minimum of one year during the renewal period to receive credit. Credit is not prorated for portions of years.

(A) Membership in the APTA. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- One year of membership is valued at 1 CCU.
- If selected for audit, the licensee must submit a copy of the current membership card.

(B) Service on a board, committee, or taskforce for the Texas Board of Physical Therapy Examiners, the American Physical Therapy Association (APTA) (or an APTA component), or the Federation of State Boards of Physical Therapy (FSBPT). This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- One year of service is valued at 3 CCUs.
- Licensees are limited to the following number of CCUs per renewal:
  - PTs may submit a maximum of 9 CCUs for this activity.
  - PTAs may submit a maximum of 6 CCUs for this activity.
- If selected for audit, the licensee must submit a copy of a letter on official organization letterhead or certificate confirming completion of service.

(C) Service as a TPTA Continuing Competence Approval Program reviewer. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- One year of service is valued at 3 CCUs.
- Licensees are limited to the following number of CCUs per renewal:
  - PTs may submit a maximum of 6 CCUs for this activity.
  - PTAs may submit a maximum of 6 CCUs for this activity.
- If selected for audit, the licensee must submit a copy of a letter or certificate confirming completion of service on official organization letterhead.

(D) Service as an item writer for the national PT or PTA exam. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

- One year of service is valued at 5 CCUs.
- Licensees are limited to the following number of CCUs per renewal:
  - PTs may submit a maximum of 10 CCUs for this activity.
  - PTAs may submit a maximum of 10 CCUs for this activity.
- If selected for audit, the licensee must submit a copy of a letter or certificate confirming completion of service on official organization letterhead.

*Source Note: The provisions of this §341.3 adopted to be effective November 11, 1993, 18 TexReg 7552; amended to be effective April 12, 1995, 20 TexReg 2386; amended to be effective May 8, 1996, 21 TexReg 3797; amended to be effective February 13, 2000, 25 TexReg 779; amended to be effective November 16, 2000, 25 TexReg 11288; amended to be effective February 17, 2005, 30 TexReg 717; amended to be effective March 5, 2007, 32 TexReg 1074; amended to be effective June 7, 2009, 34 TexReg 3516; amended to be effective July 21, 2010, 35 TexReg 6286; amended to be effective February 11, 2014, 39 TXReg 651.*

## • **Waiver of Continuing Competence Units (CCUs)**

CCUs required for renewal of a license may be waived by the board because of hardship for health and medical problems that prevent a licensee from obtaining the CCUs. Waiver requests must be submitted prior to license expiration. The license cannot be renewed until the waiver has been approved by the Board.

*Source Note: The provisions of this §341.5 adopted to be effective November 11, 1993, 18 TexReg 7552; amended to be effective March 2, 2006, 31 TexReg 1301; amended to be effective July 21, 2010, 35 TexReg 6288.*

## • **License Restoration**

- (A) The board may reinstate a license that has been expired one year or more through the process of restoration if certain requirements are met.
- (B) Duration. The original expiration date of a restored license will be adjusted so that the license will expire two years after the month of restoration.
- (C) Persons who are currently licensed in good standing in another state, district, or territory of the U.S. The requirements for restoration are:
- (1) a completed restoration application form;
  - (2) a passing score on the jurisprudence examination;
  - (3) verification of Licensure from all states in which the applicant holds or has held a license;
  - (4) the restoration fee.
- (D) Persons who are not currently licensed in another state or territory of the U.S.
- (1) A licensee whose Texas license is expired for one to five years. The requirements for restoration are:
    - a) a completed restoration application form;
    - b) a passing score on the jurisprudence examination;
    - c) the restoration fee; and

- d) successful completion of a practice review tool and board-approved continuing competence activities (PT 30 CCUs, PTAs 20 CCUs) including two CCUs of approved ethics/professional responsibility activities, or passage of the national examination.
- (2) A licensee whose Texas license is expired for five years or more may not restore the license but may obtain a new license by taking the national examination again and getting a new license by relicensure. The requirements for relicensure are:
- a) a completed restoration application form;
  - b) a passing score on the jurisprudence examination;
  - c) the restoration fee; and
  - d) a passing score on the national exam, reported directly to the board by the Federation of State Boards of Physical Therapy.
- (E) Military spouses. The board may restore the license to an applicant who is the spouse of a person serving on active duty as a member of the armed forces of the U.S., who has, within the five years preceding the application date, held the license in this state that expired while the applicant lived outside of this state for at least six months. In addition to the requirements listed in subsection (c)(1) - (4) of this section, the application for restoration shall include:
- (1) official documentation of current active duty of the applicant's spouse;
  - (2) official documentation of residence outside of Texas for a period of no less than six months, including the date the applicant's license expired;
  - (3) demonstration of competency. Competency may be demonstrated in one of the following ways:
    - a) verification of current licensure in good standing in another state, district or territory of the U.S.;
    - b) reexamination with a passing score on the national physical therapy exam;
    - c) completion of an advanced degree in physical therapy within the last five years; or
    - d) successful completion of a practice review tool and continuing competence activities as specified by the board.
- (F) Renewal of a restored license. To renew a license that has been restored, a licensee must comply with all requirements in §341.1 of this title (relating to Requirements for Renewal).

*Source Note: The provisions of this §341.6 adopted to be effective February 18, 2001, 26 TexReg 1339; amended to be effective March 9, 2009, 34 TexReg 1605; amended to be effective February 13, 2012, 37 TexReg 689; amended to be effective February 11, 2014, 39 TexReg 655.*

- **Restrictions on License Renewal and Restoration**

- (a) The board will not renew a license if a licensee has defaulted on a loan from the Texas Guaranteed Student Loan Corporation (TGSLC). Upon notice from TGSLC that a repayment agreement has been established, the license shall be renewed.
- (b) The board will not renew a license if a licensee has defaulted on court or attorney general's notice of child support. Upon receipt of notification that a repayment agreement has been established, the license shall be renewed.

*Source Note: The provisions of this §341.7 adopted to be effective February 18, 2001, 26 TexReg 1339.*

- **Inactive Status**

- (a) Inactive status indicates the voluntary termination of the right or privilege to practice physical therapy in Texas. The Board may allow a licensee who is not actively engaged in the practice of physical therapy in Texas to inactivate the license instead of renewing it at time of renewal. A licensee may remain on inactive status for no more than six consecutive years.
- (b) Requirements for initiation of inactive status. The components required to put a license on inactive status are:
- (1) a signed renewal application form, documenting completion of board-approved continuing competence activities for the current renewal period, as described in §341.2 of this title (relating to Continuing Competence Requirements);
  - (2) the inactive fee, and any late fees which may be due; and
  - (3) a passing score on the jurisprudence exam.
- (c) Requirements for renewal of inactive status. An inactive licensee must renew the inactive status every two years. The components required to maintain the inactive status are:
- (1) a signed renewal application form, documenting completion of board-approved continuing competence activities for the current renewal period, as described in §341.2 of this title;
  - (2) the inactive renewal fee, and any late fees which may be due; and
  - (3) a passing score on the jurisprudence exam.
- (d) Requirements for reinstatement of active status. A licensee on inactive status may request a return to active status at any time. The components required to return to active status are: Texas Board of Physical Therapy Examiners June 2014
- (1) a signed renewal application form, documenting completion of board-approved continuing competence activities for the current renewal period, as described in §341.2 of this title;
  - (2) the renewal fee, and any late fees which may be due; and
  - (3) a passing score on the jurisprudence exam.
- (e) Licensees on inactive status are subject to the audit of continuing education as described in §341.2 of this title.

Source Note: The provisions of this §341.8 adopted to be effective February 18, 2001, 26 TexReg 1339; amended to be effective August 15, 2001, 26 TexReg 6022; amended to be effective July 21, 2010, 35 TexReg 6288; amended to be effective October 4, 2012, 37 TexReg 7751.

## • Retired Status

- (a) Retired status means that a licensee is providing physical therapy services only in the domain of voluntary charity care.
- (b) As used in the section:
- (1) "voluntary charity care" means physical therapy services provided for no compensation as a volunteer of a charitable organization as defined in §84.003 of the Texas Civil Practice and Remedies Code. Charitable organizations include any bona fide charitable, religious, prevention of cruelty to children or animals, youth sports and youth recreational, neighborhood crime prevention or patrol, or educational organization (excluding fraternities, sororities, and secret societies), or other organization promoting the common good and general welfare for the people in a community, including these types of organizations with a §501(c)(3) or (4) exemption from federal income tax, some chambers of commerce, and volunteer centers certified by the Department of Public Safety.

- (2) "compensation" means direct or indirect payment of anything of monetary value.
- (c) To be eligible for retired status, a licensee must hold a current license on active or inactive status.
- (d) Requirements for initiation of retired status. The components required to put a license on retired status are:
- (1) a completed and notarized retired status application form;
  - (2) completion of board-approved continuing competence activities for the current renewal period;
  - (3) the retired status fee and any late fees which may be due; and
  - (4) a passing score on the jurisprudence exam.
- (e) Requirements for renewal of retired status. A licensee on retired status must renew the retired status every two years on his/her license renewal date. The components required to renew the retired status are:
- (1) a completed retired status application form;
  - (2) completion of six hours of board-approved continuing competence activities by both PTs and PTAs;
  - (3) the retired status renewal fee, and any late fees which may be due; and
  - (4) a passing score on the jurisprudence exam.
- (f) Requirements for return to active practice. A licensee who has been on retired status for less than one year must submit the regular license renewal fee and the late fee as described in §341.1, Requirements for Renewal. A licensee who has been on retired status for more than one year must retake and pass the national licensure examination to return the license to active status. The components required to return the license to active status are:
- (1) a completed and notarized application;
  - (2) a fee equal to the license application fee;
  - (3) a passing score on the retake of the national examination, and
  - (4) a passing score on the jurisprudence exam.
- (g) A license may be maintained on retired status indefinitely.
- (h) A licensee on retired status may use the designation "PT, retired" or "PTA, retired", as appropriate.
- (i) Licensees on retired status are subject to the audit of continuing competence activities as described in §341.2 of this title, concerning Continuing Competence Requirements.
- (j) Licensees providing voluntary charity care are subject to disciplinary action under the Physical Therapy Practice Act.

Source Note: The provisions of this §341.9 adopted to be effective September 18, 2006, 31 TexReg 8000; amended to be effective July 21, 2010, 35 TexReg 6289.

### • **Licensees Called to Active Military Service**

- (a) **Renewal.** A licensee who is a member of the reserves and called to active military service must submit renewal fees within 90 days after active service has ended if their license expired within the months of active service. The regular renewal month will not change. The licensee must submit official documentation of active service and its inclusive dates.
- (b) **Continuing competence units (CCUs).**

(1) A licensee who is a member of the reserves and called to active military service will have his/her CCUs prorated in proportion to the number of months of documented active service.

(2) A licensee whose license expires during the period of active service will be given a complete waiver of CCUs for the past renewal period, and CCUs for months of documented active service in the current renewal cycle will be prorated.

(3) All licensees must take two hours of board-approved programs in ethics and professional responsibility as part of their total continuing competence requirement, which cannot be prorated.

Source Note: The provisions of this §341.20 adopted to be effective November 11, 1993, 18 TexReg 7552; amended to be effective September 18, 2005, 30 TexReg 5801; amended to be effective July 21, 2010, 35 TexReg 6289.

## APTA Code of Ethics

The following information regarding the American Physical Therapy Association has been reprinted from [http://www.npta.org/pdf/134\\_Todays-Physical-Therapy-Profession.pdf](http://www.npta.org/pdf/134_Todays-Physical-Therapy-Profession.pdf) with permission of the American Physical Therapy Association. This material is copyrighted, and any further reproduction or distribution requires written permission from the APTA (American 2010).

### Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public. (Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations. (Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, healthcare delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Values: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid over-utilization or under-utilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

## **APTA Guide for Professional Conduct**

### **Purpose**

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010. The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

### **Interpreting Ethical Principles**

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve. This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

### **Preamble to the Code**

**The Preamble states as follows:**

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist.

Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation

**Interpretation:** Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation. The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

## TOPICS

### Respect

Principle 1A states as follows:

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

**Interpretation:** Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

### Altruism

Principle 2A states as follows:

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

**Interpretation:** Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

### Patient Autonomy

Principle 2C states as follows:

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

**Interpretation:** The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

### Professional Judgment

Principles 3, 3A, and 3B state as follows:

3. Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

**Interpretation:** Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice.

With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner.

A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Principle 8C.

### **Supervision**

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Interpretation:** Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and

administrative codes) is available. Information on supervision via APTA policies and resources is also available on the APTA Web site. See Principles 5A and 5B.

### **Integrity in Relationships**

Principle 4 states as follows:

4. Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

**Interpretation:** Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

### **Reporting**

Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

**Interpretation:** When considering the application of “when appropriate” under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies. Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation. The EJC Opinion titled Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

### **Exploitation**

Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

**Interpretation:** The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient. One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible. The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

### **Colleague Impairment**

Principle 5D and 5E state as follows:

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

**Interpretation:** The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority. 5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities. Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

## **Professional Competence**

Principle 6A states as follows:

6A. Physical therapists shall achieve and maintain professional competence.

**Interpretation:** 6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the APTA Web site.

## **Professional Growth**

Principle 6D states as follows:

6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

**Interpretation:** 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

## **Charges and Coding**

Principle 7E states as follows:

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

**Interpretation:** Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled Professional Fees for Physical Therapy Services. Additional resources on documentation and coding include the House of Delegates policy titled Documentation Authority for Physical Therapy Services and the Documentation and Coding and Billing information on the APTA Web site.

## **Pro Bono Services**

Principle 8A states as follows:

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

**Interpretation:** The key word in Principle 8A is “or.” If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled Guidelines: Pro Bono Physical Therapy Services. Additional resources on pro bono physical therapy services are available on the APTA Web site.

8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

### Case Examples

- During a continuing education course, a fellow physical therapy participant tells a story about trying an untested ointment modality on a patient with some success. Upon returning to work, you find that you have a similar patient. What do you do? Though the modality tried by the fellow colleague appeared to have positive results, you should choose to use equipment, techniques, and data that have been evidence-based and recognized within the field of physical therapy.
- A patient is scheduled to see the PTA. The PTA realizes when the patient is at the office that it has been 35 days since the patient has started physical therapy. What should be done? The patient will need to be rescheduled with a physical therapist so that the physical therapist is able to perform a reevaluation. Texas state regulations dictate that a reevaluation be performed by a PT at a minimum of once every 30 days after treatment is initiated, or at a higher frequency as established by the PT; and in response to a change in the patient’s medical status that affects physical therapy treatment, when a change in the physical therapy plan of care is needed, or prior to any planned discharge. Provision of physical therapy treatment by a PTA or an aide may not continue if the PT has not performed the required reevaluation.
- Case discussion: A famous hockey player has just been admitted to your practice. Everyone in the office is buzzing with excitement. “What room is he in?” “What are his injuries?” “I wonder if he will be able to finish this season?” Engaging in discussions that disclose a person’s identity, as well as condition, are clear contradictions to the principle of 2E, which states physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed as required by law. Any behavior similar to this example should be avoided.
- You’ve recently registered a new patient who no longer drives. In order to come to his visits, he must arrange rides through a service that offers rides for disabled clients. Coordinating appointment dates and times with the ride service and completing the paperwork they require is an example demonstrating the APTA’s core value of social responsibility by advocating for patients’ rights to access necessary transportation services.
- A new patient comes in for an evaluation. The patient is in severe pain. What should the physical therapist do? Start treating the patient or complete the evaluation first? According to Texas Practice Provisions of Services for evaluation and screening,

Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT. Despite how much pain the patient is in, the physical therapist must attempt to complete as much of the evaluation as possible to understand what the condition they are dealing with.

- A child has been receiving physical therapy for 5 years for a brain trauma injury. The parents want the child to continue physical therapy services although clearly the progressive notes and records do not reflect significant improvement the past 6 months. Recording or documenting improvements such so that continued care will be authorized and reimbursed is in contradiction to principle 3 a&b, demonstrates poor professional judgment and has subsequent legal ramifications.
- One of your patients frequents a physical therapist for a condition unrelated to the carpal tunnel syndrome you are treating. This clinic utilizes a modality that you are not familiar with. Rather than expressing your doubts regarding this modality; honor the patient's autonomy (principle 2c) and right to make treatment decisions on their own behalf and respect the physical therapist's treatment as valid and complimentary.

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