FLEX CEUs

Ethics and Jurisprudence for CA Physical Therapy

Introduction

Physical therapists and physical therapist assistants in the state of California must follow several crucial principles to practice with competence and ethics. Several governing bodies exist to regulate the profession of physical therapy, some run at an organizational level for all states and some at an individual state level. This course will explain everything necessary to know for physical therapists and assistants in becoming a therapist, provide excellent, ethical care, and represent the profession with integrity and compassion. It will also discuss ethical dilemmas and modern communication deliveries to help guide physical therapists and physical therapist assistants in navigating difficult parts of patient care in the state of California.

Section 1: Licensure and Regulations

The process of becoming a physical therapist or physical therapist assistant is regulated at the federal level, by the Federation of State Boards of Physical Therapy (FSBPT) and at the individual state level by state regulatory boards of physical therapy. Prospective therapists must complete a degree, pass a licensure examination, and be accepted by their state board to obtain a license to practice physical therapy. Concepts such as the use of terms and titles and direct access to physical therapy services will be discussed in this section to ensure therapists can implement these elements in their daily practice.

State Licensure Requirements [1,2]

Each state in the United States requires a specific state license to practice as a physical therapist or physical therapist assistant. Physical therapists graduate with a Doctor of Physical Therapy (DPT) degree after their undergraduate degree and physical therapist assistants graduate with a physical therapist assistant Associate Degree. Both of these programs must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), which is the entity recognized by the United States Department of Education to regulate education in the field of physical therapy. The Doctor of Physical Therapy degree is typically three years in length and nine semesters and the Associate Degree to become a physical therapist assistant typically takes two years, or five semesters to complete. There were 371 accredited PTA programs and around 250 DPT programs in 2020. Both disciplines must pass the National Physical Therapy Exam (NPTE) given by the FSBPT. The NPTE is a comprehensive examination that is required in each

state for licensure. It covers all domains of practice as a physical therapist and physical therapist assistant, including examination, evaluation, intervention, prognosis, diagnosis, and application of practice. This licensure examination is updated to incorporate changes in practice and evidence every five years. After the completion of the required education and the board examination, physical therapists and assistants can apply for their state-specific licenses. Each state has a board of physical therapy that will govern what requirements are necessary to submit for licensure. Therapists must always refer to their state practice act to determine their scope of practice in the state(s) they are licensed. Physical therapists and assistants must apply to renew their licenses typically every two years, which includes paying a renewal fee and submitting proof of the required continuing education credits. In 2022 in California, it costs $300 to first apply for a physical therapist license and $300 to apply for a physical therapist assistant license. There are additional fees to take the jurisprudence law exam, which is $65, and the testing center may charge an additional fee to proctor the examination. Additional requirements include submitting proof of passing the NPTE and sending fingerprints to the board. Sending fingerprints can cost around an additional $50, depending on the center that an applicant chooses. Applicants should check the latest fee schedule for current fees for licensing.

The Model Practice Act [3]

The Model Practice Act for the profession of physical therapy exists to keep state practice acts as modern as possible. It allows more consistent regulation of various practice acts by representing a model of the current standard of practice in physical therapy. It was developed originally in 1997 and was last revised in 2020. A task force associated with the Federation of State Boards of Physical Therapy is responsible for the revision and implementation of the Model Practice Act. With this practice acting as a model, states can either adopt the entire document or modify parts and use other sections of the document to regulate the practice of physical therapy in their state. The benefits of states incorporating the Model Practice Act in its entirety are reduced confusion with terms and unity across the country for the practice of physical therapy.

The Model Practice Act version revised for 2020 describes the physical therapy practice act including the board, examination, licensure, and regulation of the profession. It consists of 93 pages and also contains a code of ethics and specifics for physical therapist and physical therapist assistant licensure. This practice act is comprehensive, and sections are interconnected due to the specific detail of the document. This makes it

difficult for states to adopt just parts of it, as their practice act may lack uniformity with this method.

Terms and Titles within the Physical Therapy Profession [4,5]

Providers within the profession of physical therapy must be aware and educate the public on the protection of terms associated with being physical therapists and physical therapist assistants. The general public and other professionals may not be aware of the protection of the terms “PT”, “physical therapy”, and “physiotherapy”. Misuse of these terms is illegal in some jurisdictions and misleading to the public. When other professionals such as personal trainers and chiropractors use the term “physical therapy” or “physiotherapy” in their advertisements, they are misusing these terms due to the protection for use only by licensed physical therapists and assistants. These other professions are allowed to perform some of the same modalities like physical therapy professionals (such as ultrasound or electrical stimulation) but are not allowed to call these practices “physical therapy” or “physiotherapy”. Personal trainers in recent years have referred to themselves as “PTs”, which is the protected professional designation to abbreviate “physical therapist”. The professional abbreviation for personal trainers is “CPT”, which stands for a certified personal trainer. If any of the above misuses of terms is noted, physical therapists and assistants should contact their state board and file a complaint.

Licensed physical therapists graduating in the early 2000s must have a Doctor of Physical Therapy degree. This is abbreviated “DPT” and designates that the provider holding the credential had undergone a clinical doctorate program to practice physical therapy. The full title of a physical therapist named John Smith with this education would be “Dr. John Smith, PT, DPT.” Licensed physical therapists who graduated before the transition to a Doctor of Physical Therapy degree may have a Master of Physical Therapy (PT, MPT), a Master of Science in Physical Therapy (PT, MSPT), or even a Bachelor of Science in Physical Therapy (PT, BSPT). These professionals are grandfathered in to still hold their licenses in physical therapy and can undergo a transitional Doctor of Physical Therapy program if they wish to advance their degree to the DPT. If a physical therapist holds a board certification recognized by the American Board of Physical Therapy Specialties (ABPTS), they should denote this. Because the American Physical Therapy Association no longer recognizes former abbreviations by the ABPTS, the board certifications should be fully written out if there is the required space to do so. For example, a physical therapist may gain the designation of a Board-Certified Clinical Specialist in Geriatric Physical

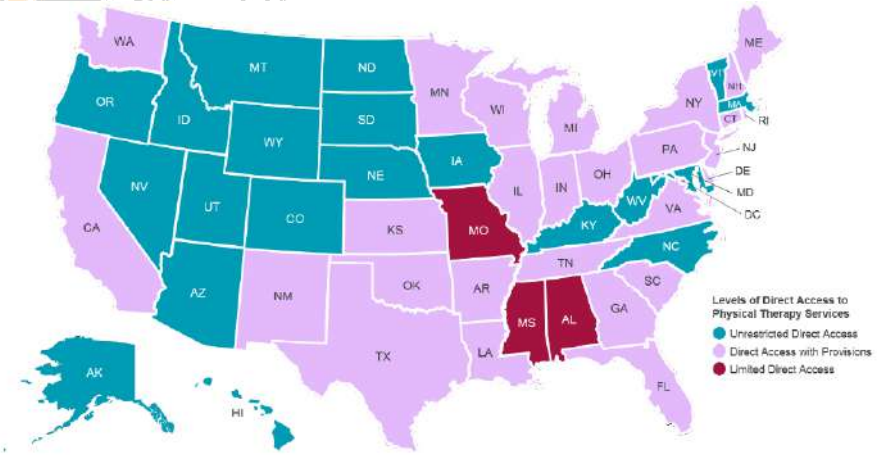
Therapy (formally abbreviated as GCS). A physical therapist named John Smith with this credential should go by the designation below.

Dr. John Smith, PT, DPT
Board-Certified Clinical Specialist in Geriatric Physical Therapy

Physical therapist assistants (PTAs) with the required Associate's Degree should use their licensed designation of PTA to designate their professional level. A physical therapist assistant named John Smith would be designated as John Smith, PTA.

Direct Access to Services [6,7]

Direct access to physical therapy services describes the ability of a consumer to schedule services with a licensed physical therapist without a referral from a physician. Since 2017, all states, the District of Colombia, and The US Virgin Islands allow direct access to physical therapy. This regulation of direct access varies from state to state. Three states (MO, MS, AL) allow "limited" direct access, meaning that the diagnosis requiring physical therapy services must have been made within three months and the physical therapist must send a plan of care to the provider who made the diagnosis within two weeks. Twenty states allow total "unrestricted" access to physical therapy, meaning no referral is required, but referrals should be made if the diagnosis is out of the scope of a physical therapist. The remainder of the states (27, Washington D.C., and the U.S. Virgin Islands) implement "direct access with some provisions". This means that a physical therapist must refer to another provider if they determine at the examination or progress visit that the patient has not or will not improve within a month of physical therapy. The American Physical Therapy Association and the profession of physical therapy continue to advocate for direct access to physical therapy services based on advances in education, including the Doctor of Physical Therapy degree. Physical



https://www.apta.org/advocacy/issues/direct-access-advocacy/direct-access-by-state

therapists and assistants of any state can and should advocate for this cause to their state board of physical therapy. See the map below for direct access restrictions per state.

Section 1 Key Terms

Commission on Accreditation in Physical Therapy Education (CAPTE) – an agency recognized by the US Department of Education to determine whether the education in physical therapist and physical therapist assistant programs meets the standard of the profession of physical therapy

National Physical Therapy Exam (NPTE) – the licensure examination for the physical therapist and physical therapist assistant to determine whether the test-taker is competent to practice and obtain a license

Direct Access – access to physical therapy services without the requirement of a physician referral

Section 1 Summary

Physical therapists and physical therapist assistants must complete their degrees, pass the NPTE examination, and be accepted for state licensure before practicing. Several agencies including CAPTE and state regulatory boards create the professional and educational standards for the profession. The terms “physical therapist”, “physiotherapist”, “PT”, “DPT”, and “PTA” are protected for use by the profession of physical therapy only. Although direct access to physical therapy services is allowed in all states, over half of the states have limitations on this, including prompt referral to a physician if their patient does not improve within one month.

Section 2: California Regulations

The state of California, just like other states, has a set of rules, regulations, and standards of practice that the physical therapist and physical therapist assistant must maintain to avoid disciplinary action on their license. This section will discuss the role of the State Board of California, the intricacies of the California Physical Therapy Practice Act, jurisprudence requirements, and the standard of practice for physical therapists and assistants in California.

State Regulatory Board for California [8]

The Physical Therapy Board of California (PTBC) found at www.ptbc.ca.gov was created in 1953. The primary responsibility of this state board is to regulate the delivery of physical therapy services to prevent malpractice from reaching the public. In California, the PTBC is a regulated agency under the Department of Consumer Affairs. The PTBC has seven members, four of which are licensed physical therapists and three of which are members of the general public. Each of these members may only have two four-year terms, must be a resident of California, and is not allowed to be an officer or faculty member of a physical therapy educational program. The physical therapists and one public member are assigned by the Governor of California and the remaining two public members of the PTBC are assigned by the Senate Rules Committee and the Speaker of the Assembly. Board members must complete ethics courses and sign a conflict of interest statement to serve legally. The duties of the Physical Therapy Board of California are to provide licensure to therapists, to background check applicants, and to educate about services offered by physical therapists and assistants. The board also provides disciplinary action to physical therapists and physical therapist assistants by investigating complaints filed against licensees to the board. There are links on the PTBC website to verify a licensee and to file a complaint with the board for the investigation of a therapist. The PTBC acts as protection for every consumer of physical therapy services by upholding the highest standard of practice for physical therapists and physical therapist assistants.

California Physical Therapy Practice Act [8]

The California Physical Therapy Practice Act was enacted in 1953 and was last amended in 2017. The document is entitled “California Laws and Regulations Related to the Practice of Physical Therapy”. The document lines out rules that members of the profession of physical therapy in California must follow in practice. It begins by discussing a business and professional code including the Department of Consumer Affairs. The Practice Act has a section on why licenses would be suspended or revoked, a division on the healing arts which applies to many professions of healthcare professionals including topics such as improper referrals, misleading the public, and insurance fraud. The Practice Act has a medicine and nutritional advice chapter before getting to Chapter 5.7 titled Physical Therapy. The entire document is available here: https://www.ptbc.ca.gov/laws/laws.shtml.

The California Code of Regulations

Regulations defined in the Practice Act are enacted as rules by the Physical Therapy Board of California that physical therapists and assistants must follow to maintain their licenses. Licensees must follow both the California Physical Therapy Practice Act and the Code of Regulations or be at risk for disciplinary action. The Code of Regulations discusses what is disciplinary by citation, details about applying and taking the licensure examination, and criteria for physical therapy education to be up to standard for licensure. Elements of the Code of Regulations will be discussed in the following sections, as it describes regulations around the practice of physical therapy and requirements for continuing education. The Code of Regulations is found in Title 16, Division 13.2 of the California State Practice Act.

Clinical Elements of the State Practice Act and Code of Regulations [7]

Article 2 Section 2620.1 – Direct Access

Physical therapists are allowed to see patients' direct access if the condition is within their scope of practice and as long as objective progress is documented. Physical therapists are not allowed to continue treating patients beyond 45 days or 12 visits without a physician's written approval of the plan of care for therapy. The physical therapist must have the patient who sees them direct access sign a document that states "Direct Physical Therapy Treatment Services". These regulations are typical of the 27 US states that have direct access to some provisions.

Article 2 Section 2620.3 – Topical Medication

States vary on the allowance for physical therapists and assistants to use topical medications as part of therapy treatment. The state of California allows therapists to use topical medications as long as they hold valid, unrestricted licensure. Physical therapists and assistants must adhere to outlined protocols for the use of topical medications to help with pain control and healing. Therapists remain unable to prescribe medications to their patients.

Article 2 Section 2620.5 – Tissue Penetration

Physical therapists, with a proper board certification and with coordination with a physician, are allowed to use tissue penetration to gather data on neuromuscular performance. However, therapists are not allowed to interpret this information to make

a diagnosis or prognosis of their patient's condition. The Medical Board of California has a certification process that physical therapists must undergo before performing neuromuscular studies.

Article 2 Section 2620.7 – Patient Records

Physical therapists and clinic managers are responsible for the documentation of and for keeping patient records for no less than seven years after a patient's physical therapy concludes.

Article 2 Section 2622 – Physical Therapist Supervision

Physical therapists are responsible for the care of their patients, including the delegation of care to physical therapist assistants working with them. One physical therapist can supervise two physical therapist assistants and one physical therapy aide at one time. The supervised physical therapist assistant and aide must be working directly with the licensed physical therapist's caseload to be under their care.

Physical Therapist Assistants (Section 2630.3)

As stated in the section above, just two physical therapist assistants may be supervised by one physical therapist at a time. PTA's are required to hold a license that hasn't been withdrawn for any reason and provide services under a physical therapist with a license that also hasn't been withdrawn. The licensed physical therapist is ultimately responsible for the care of the patients that are delegated to the PTA. This includes reviewing and cosigning all documentation and the delegation of services appropriate for the PTA to undertake. The licensed physical therapist must be available by at least telecommunication when the physical therapist assistant is treating patients to fulfill supervisory requirements.

Scope of Practice of the Physical Therapist Assistant

The scope of the PTA includes several actions that the PTA is allowed and not allowed to perform as part of patient care. First of all, physical therapist assistants are unable to complete any aspect of the evaluation that determines a plan of care for their patients. The PTA cannot perform or evaluate a patient for discharge either. The physical therapist assistant is allowed to treat and intervene with the patient under the appropriate direction, determined by the licensed physical therapist. It is the responsibility of the physical therapist to assess the competency of the PTA's they are working with and delegate treatment appropriate for the skill level of the PTA.

Physical Therapy Aides (Section 2630.4)

Physical therapy aides do not hold a license and must be a legal adult who is at least 18 years of age. The role of the physical therapy aide is to complete tasks that the physical therapist is needing, such as gathering supplies for treatments and cleaning treatment rooms after patient care. Aides are supervised by "direct and immediate supervision" which means that a physical therapist must evaluate the patient and the aide and only assign appropriate tasks based on skill level. The physical therapist must be physically present any time the aide is assisting with a patient. An aide may assist with transfers, gait training, and observing the patient at the discretion of the licensed physical therapist. The physical therapist is responsible for assessing the aide's capabilities and keeping a record of this. If a physical therapist is not licensed yet or a physical therapy student, a physical therapy aide cannot be supervised. In other words, a licensed physical therapist is the only professional who can supervise and utilize a physical therapy aide. Physical therapy aides may be utilized by physical therapist assistants, but this must be delegated and supervised by the physical therapist.

Student Physical Therapists and Student Physical Therapist Assistants (Section 2630.5)

Physical therapy students can directly treat patients when undergoing an education program approved by CAPTE, and when under onsite supervision by a licensed physical therapist. On-site supervision means that the physical therapist must be physically present in the same building as the physical therapist student and available for consultation with all questions and concerns. The physical therapy student must designate him/herself as "Physical Therapist Student" to the patient and have a badge that states this in an 18-point font so patients are aware of the care they are receiving. The student is allowed to document each visit and the clinical instructor or licensed physical therapist must cosign all documentation on the same day the services were rendered.

A student on a clinical rotation for their accredited physical therapist assistant program must be designated as a "Physical Therapist Assistant Student", which is visible on their badge in 18-point font. The student must have supervised by a licensed physical therapist supervisor. The physical therapist student must have onsite supervision and document under their name with a cosignature from their clinical instructor on the same day. An additional requirement for physical therapist assistant students is to have a

discussion each week about cases, which is required to be documented in the patient's record.

Requirements for Continuing Education and Licensure Renewal [9]

Continuing Education

Each state requires a certain number of continuing education credits to be submitted to the respective state board to renew licensure. For California, renewal cycles are every two years, and both physical therapists and physical therapist assistants must submit their continuing education hours to the board. The number of hours for physical therapists and physical therapist assistant is 30 hours. The board is not currently allowed to require more than 30 hours for either discipline but is allowed to decrease the hours required. For example, in some states, PTAs are only needing 20 hours of credits. Content of the continuing education credits must contain information about improving direct patient care techniques or professional conduct. This can be in live classes with practical lab components, online courses, becoming a part of the board, developing continuing education course content, and taking a physical therapist or physical therapist assistant student (if the rotation lasts at least one month). There are limitations on each of these categories in terms of maximum hours, besides taking traditional courses. The board of California is not allowed to require an additional degree as a requirement to renew a license, but an additional degree is allowed to serve as continuing education. The maximum hours of each continuing education category are in the table below. This requirement applies to licenses that have been renewed before and that are not new licenses. New licenses require 15 to 30 hours of continuing education hours. For license holders renewing for the first time who submitted their payment before their license expiration date, fifteen hours are required in the categories of basic life support, ethics and laws, and other coursework. If the license holder renewing for the first time submitted their payment late, they will need to complete 30 hours of education or an extra 15 hours in the "other" coursework category (traditional online or in-person education courses).

Standard Continuing Education Categories

There is no limit on the category "other coursework" below. This includes coursework that is directly related to the practice or implementation of physical therapy. These courses are traditional on sites like MedBridge and are the way that most physical therapists and assistants maintain their continuing education requirements.

Life Support	Ethics, Laws, Regulations	Other Coursework	Total
4	2	24	30

Nontraditional Continuing Education Categories [10]

The table below will explain what activities are allowed by the board of California to count as continuing education and note the maximum hours allotted to this.

Categories of "Other" Coursework	Description	Hours Allowed
Publication	5 hours per journal article, book chapter	16
Creation of Courses	4 hours per course for creating or presenting continuing education courses	16
Examination Contributor	6 hours per participation to act as an expert in creating examinations for the Board of CA or FSBPT	16
Board Task Force Service	6 hours per time of contributing	16
Clinical Instructor	1 hour/week for one month or more full-time experience; must be certified by the APTA	12
Conference (General)	2 hours/experience, must provide proof	8
APTA, FSBPT Conference	4 hours/experience	8
Board Meeting	2 hours/meeting	8
Board Certified Specialist Examination	6 hours/exam	6
Training to Consult for the Board	6 hours/training	6
Passing the CA Law Exam	2 hours/exam	2

Licensure Renewal

When an applicant applies for licensure renewal, he/she must submit an application form for renewal, all continuing education credits at the 30-hour requirement, and a licensure renewal fee. The date for renewal varies for every applicant, as license expiration dates in California occur on the final day of the applicant's month of birth. Three months before the license expires, the board will send out a notice to the license holder to renew his/her license. The applicant is allowed to renew it online or by mail. Processing time usually takes up to one month and a half and therefore it is recommended to submit all required materials to the board a month and a half before the expiration date. In 2022, the fee for a physical therapist renewal is $300.00 and the fee for a physical therapist assistant license renewal is $200. If the physical therapist is late on his/her renewal by thirty days or more, an additional $150 will be required to renew the license. If the license is not renewed, it will have a "delinquent" status, which will remain that way for five years after it expires and the applicant can renew with a delinquent fee in this time frame. Fees may change and applicants should consult the PTBC for the current fee schedule. After expiration, the applicant is required to reapply as if they never had a California license to practice. An applicant for license renewal for either a physical therapist or physical therapist assistant licensure does not need to take the jurisprudence law examination again or redo fingerprinting.

Section 2 Key Terms

State Regulatory Board for California – The state board of California is made up of seven members and governs physical therapy practice to protect the public from poor practice; is regulated under the Department of Consumer Affairs

California Physical Therapy Practice Act – A document that lines out standards of the practice of physical therapy in California, with sections on licensure, malpractice, disciplinary action, and many more topics

California Code of Regulations – Regulations/rules that have the force of law to govern several professionals within the state of California

Direct Access – The act of patients receiving physical therapy evaluation and treatment without a referral from a physician

Section 2 Summary

The state of California's physical therapy practice is monitored by the Board of California and regulated by the California Physical Therapy Practice Act. Physical therapists and physical therapist assistants should be aware of the clinical elements pointed out in this section to practice within the state requirements of California, maintain their license with renewal policies and continuing education, and be familiar with jurisprudence content and laws that regulate the profession.

Section 3: Jurisprudence

A jurisprudence examination is required in about half of US states to grasp the state's rules and regulations around the practice of physical therapy. Twenty-nine states for physical therapists and twenty-seven states for physical therapist assistants require this examination. California is no exception to this requirement. This section will discuss the jurisprudence requirements for California.

Requirements for Jurisprudence

The state of California has a law examination or jurisprudence examination that is regulated and taken through the FSBPT. This means the examination is taken at a regulated test center, just like the NPTE. The states that are regulated in this way include California, Arizona, the District of Columbia, Florida, and Nebraska. Around twenty other states require a jurisprudence examination, but they can usually be taken remotely at any time. This jurisprudence examination as mentioned in the continuing education section does allow two continuing education hour credits to renew licenses in the state of California.

Jurisprudence Content [11]

The California jurisprudence examination is forty to fifty questions, and it is a closed book test, meaning test takers are not allowed to bring materials with them to use on the test. There are several categories and percentages of this content that have been released by the Board to help test takers prepare for the examination. The first two categories comprising less than ten percent of the examination are regarding definitions in the profession and the role of the Board of California. Around thirty percent of the examination focuses on the requirements surrounding maintaining a PT or PTA license in

California including taking the NPTE, license renewal, continuing education requirements, and the code of conduct for the profession. Another thirty percent of the examination is regarding direct patient care content. This includes requirements for supervision of assistants, aides, and students, documentation principles, requirements for referral to other providers, and how to practice within the requirements of the state practice act. The last category represents just shy of thirty percent of the examination and is regarding ethics, what is illegal within the state practice act, and how therapists will be disciplined. A document involving which parts of the state practice act represent these categories is available here for preparation for the jurisprudence examination: https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/Jurisprudence-Exam.

The Purpose of the Jurisprudence Examination

The jurisprudence examination is an important step in becoming licensed in a state as a physical therapist or assistant. It specifies laws and regulations that are expected of licensees in their respective states. All licensees need to be aware of these rules that govern the scope of practice in the state. The jurisprudence examination in most states covers the state's practice act of physical therapy. Having licensees take a jurisprudence examination forces them to review and know the state practice act, to hopefully avoid disciplinary action and malpractice while they are licensed.

Section 3 Key Terms

Jurisprudence – refers to an examination of all the pertinent state laws governing the practice of physical therapy; typically required to take before becoming a licensed physical therapist or physical therapist assistant

Section 3 Summary

Jurisprudence examinations in states are in place to ensure knowledge of the laws that govern the profession of physical therapy. Licensees in California must be prepared for and have good knowledge of the jurisprudence examination as it is a closed book examination. Licensees who know state practice acts in which they work can practice within their scope and avoid disciplinary action.

Section 4: APTA Code of Ethics and Guide for Professional Conduct [12,13]

The APTA releases a guide that discusses the importance of and methods that physical therapists and assistants should follow to represent the vision of the profession. It explains the ethical principles that the profession should abide by at all times and is updated accordingly to keep it relevant to modern times. This section will describe crucial principles that guide the practice of physical therapy in terms of ethical standards. It will also describe professional conduct standards expected of the profession.

APTA Code of Ethics [12]

Preamble

The Code of Ethics and Guide for Professional Conduct's purpose is to create and elaborate on what is right and wrong when a part of the profession of physical therapy. It defines appropriate behavior that is expected of physical therapy professionals, guides therapists through potential ethical scenarios, educates readers on ethics expected by the profession, and decides whether physical therapists or assistants have acted unethically. The ethics guide predominately focuses on behaviors required of therapists to assist patients in living their highest quality of life through interventions in physical therapy.

Principle 1: "Physical therapists shall respect the inherent dignity and rights of all individuals"

"Core Values: Compassion and Caring, Integrity"

To represent the profession well and legally, all physical therapists and assistants should be aware of any biases they possess, actively work to reduce their biases, and treat each patient with respect as an individual. This is regardless of race, political views, gender, socioeconomic status, and any other factor that makes humanity diverse.

Principle 2: "Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients"

"Core Values: Altruism, Collaboration, Compassion and Caring, and Duty"

This principle highlights the need for physical therapists and physical therapist assistants to prioritize the needs of their patients over their own needs while at work. It also expects that therapists continually act with empathy and compassion, prioritize keeping interactions confidential, inform patients well enough to make wise healthcare decisions and incorporate cultural considerations into care.

Principle 3: "Physical therapists shall be accountable for making sound professional judgments"

"Core Values: Collaboration, Duty, Excellence, and Integrity"

This principle focuses on making judgments in clinical practice that act out of integrity, not of personal benefit. Therapists should avoid conflicts of interest, should always practice within the best evidence, should refer to other providers when a patient would benefit from a different scope of practice, and should always delegate appropriate responsibilities to physical therapist assistants.

Principle 4: "Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public"

"Core Value: Integrity"

The APTA Code of Ethics makes it clear that physical therapists and assistants should to the best of their ability, not mislead clients or the public about their services and should never manipulate professionals or patients they are working with. Physical therapists should never be in a sexual relationship with their clients, students, or any person that they supervise. In addition, physical therapists should report ethical conflicts including harassment and abuse to appropriate sources. In the case of child or elder adult abuse, physical therapists are mandatory reporters to law enforcement and can be penalized if they fail to report a case.

Principle 5: "Physical therapists shall fulfill their legal and professional obligations"

"Core Values: Accountability, Duty, Social Responsibility"

In California and any other state of practice, physical therapists and physical therapist assistants must always abide by their state practice act standards. Physical therapists have the ultimate responsibility for supervising physical therapist assistants and should protect research volunteers involved in research. Physical therapists should report incompetent colleagues or coworkers who display an inability to care for patients to

supervisors and/or law enforcement. Physical therapists should never abandon patients from care; if physical therapists are unable to continue to provide care to their patients, they should refer to other physical therapists and provide sufficient notice.

Principle 6: "Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors."

"Core Value: Excellence"

Physical therapists and assistants should always practice within the best scope of practice and always implement evidence-based care. This means that therapists should take continuing education courses that not only fulfill licensure requirements but also advance their specific niche of practice. Therapists should ensure to practice in ways that encourage the professional and educational development of self and peers and continue to be lifelong learners.

Principle 7: "Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society"

"Core Values: Integrity, Accountability"

This principle illustrates the concept that therapists should fully disclose if they receive a financial benefit from products that they recommend to clients and should only accept gifts from patients that do not affect their professional judgment. Physical therapists should always bill and document to support the direct service and the amount of time that was spent with the client in face-to-face or virtual interaction. They should avoid being employed in situations where it is difficult or unethical to perform their duty of patient care.

Principle 8: "Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally"

"Core Value: Social Responsibility"

Physical therapists and physical therapist assistants should incessantly advocate for their role in patient care and help reduce pain and dysfunction in the general population. They should also advocate for patients who are disadvantaged, underserved, or uninsured to help reduce the disparity of healthcare services in society. This means that therapists should help provide for and support pro bono services for the underserved community. Physical therapists should advocate for preventative healthcare services, health, and wellness, and should help increase access to people who are in sparse

geographical regions or people who are socioeconomically disadvantaged. In addition, therapists should always provide the correct amount of service, including billing codes and units, to meet the needs of the individual patient. Therapists should never over or under the bill, or over or underserve any patient regardless of the situation at hand.

APTA Guide for Professional Conduct [13]

The APTA releases an updated version as often as necessary of the Guide for Professional Conduct which aids in understanding the above APTA Code of Ethics. The last Guide was released in 2012. This section will discuss the crucial elements of the Guide. Most of these elements are defining terms that are within the Code of Ethics.

Respect (from Principle 1)

The Guide elaborates on the display of "respect" by mentioning that respect looks different in each situation depending on the person's experiences and culture.

Altruism (from Principle 2)

Altruism, or putting the needs of patients ahead of each respective physical therapist, should be considered a crucial part of patient care. This is often done without thought and with each patient. Examples are working late when patients arrive late and coming in early to prepare exercise programs for patients.

Patient Autonomy (from Principle 2)

To elaborate on the concept of patient autonomy, physical therapists and assistants should never try to manipulate or persuade patients to act in the way they desire. This can be a thin line to cross, as part of patient care is strong encouragement to adhere to the plan of care. However, therapists should distinguish between encouragement and motivation to infringe upon autonomy. In each step of patient care, physical therapists should be gathering informed consent, which means explaining the examination and intervention purpose and ensuring patients agree to the plan of care before carrying it out.

Professional Judgment (from Principle 3)

The concept of professional judgment is a gray area, but the Code of Ethics and Guide for Professional Conduct attempts to add clarity to the topic. The most critical piece in making sound professional judgment calls lies in clinical decision making, whether to refer a patient or treat a patient, and prioritizing the best interest of the patient. Physical

therapists should discharge patients when they have plateaued from services provided to avoid the overuse of services.

Supervision (from Principle 3)

Physical therapists should always know the skill set of the physical therapist assistants they work with and assign patient care to them only that the physical therapist assistant is capable of treating. Supervisory requirements for the state of California are in the state practice act section of this course.

Integrity in Relationships (from Principle 3)

Physical therapists and assistants should always act with integrity and demonstrate a skill set of reliability with patients and other healthcare providers. They should always act fully in the scope of their practice to fill their role on the healthcare team.

Reporting (from Principle 4)

Physical therapists should report misconduct among colleagues to protect patients and seek to set a good example for fellow therapists. Examples of not supporting misconduct are to recommend colleagues engaging in misconduct to undergo ethical training, to be an example of professionalism, and to stay up-to-date with policies like the Code of Ethics and Guide for Professional Conduct.

Sexual Harassment (from Principle 4)

The APTA and State Board of California has a no-tolerance policy for harassment by physical therapists and assistants, especially harassment that is sexual in nature. Therapists engaging in harassment will be disciplined, not limited to revoking PT or PTA licensure.

Exploitation (from Principle 4)

Physical therapists and assistants should never be involved in sexual relationships with their patients, professionals they supervise, or their students. This is because professional judgment is corrupted when there is no longer a professional boundary between two individuals. As for beginning relationships after patient care or the professional relationship is concluded, it may or may not be appropriate, especially between a recent patient and a physical therapist.

Colleague Impairment (from Principle 5)

This topic elaborates on reporting a factual instance of a colleague engaging in malpractice or any type of impairment that prevents appropriate practice (substance abuse, physical or psychological in nature). Therapists should first encourage colleagues to seek help to be able to perform their job to their best ability. However, if colleagues are not able to perform their duties, they should be reported.

Professional Competence and Growth (from Principle 6)

Continuing education should always be a priority for PTs and PTAs, as it is the only way to provide the best quality of care to patients. Therapists should additionally always foster an attitude supporting professional growth and encourage best practices in this respect to their colleagues.

Charges and Coding (from Principle 7)

Physical therapists are always responsible for accurately billing for the extent of services provided, and no more.

Pro Bono Services (from Principle 8)

Physical therapists, in the spirit of altruism, should always complete at least one of the two options of providing pro bono services to underserved populations or supporting causes that support disadvantaged people. PTs and PTAs may support causes financially, through education, volunteering, or advocacy.

Ethical Issues with PT delivery [14]

Physical therapists and physical therapist assistants will face ethical dilemmas each day in practice, as a part of patient care. It is crucial that they know to be prepared for this and how to apply both the Code of Ethics and Guide for Professional Conduct. Values that allow professionalism in a career include ethics, altruism, compassion, trustworthiness, and respect. Ethics are so important that California, and many other states, require a few hours of continuing education on ethics to renew licenses. This section will discuss categories of ethical issues that physical therapists, patients, and physical therapist assistants face daily.

One of the most common ethical issues in physical therapy is financial. Patients may not be able to afford services with high copays or no insurance. This leaves the dilemma of what to recommend to patients who would benefit from physical therapy but do not have the resources to pay for it. Options in this situation would be offering discounted

services or the option for telehealth services through another provider or the original therapist if they offer it. There are also volunteer-based services throughout the country that provide pro bono services. Physical therapists and assistants, if not able to directly help patients who cannot afford therapy, should know the resources at hand in their community to refer patients to the best option for their care. Another financial ethical issue is therapists being pressured and encouraged to see multiple patients at a time for physical therapy services, not billed as group therapy. Medicare only allows group therapy, not two individual patients being treated for completely separate things right next to each other, or across a rehabilitation gym. Treating multiple patients like this compromises care and is only done to increase profits, not to benefit patients. Clinics that bill so many patients per day will be more likely to receive Medicare billing and documentation audits.

Other ethical scenarios may challenge a therapist's personal beliefs versus those of patients or other healthcare providers. An example of this is when a physician or other provider recommends their patient to complete a certain rehabilitation technique that the therapist does not agree with. In this situation, instead of stating that the provider was wrong, it is more appropriate to state to the patient something like "I know you have been told this information at your physician's office. In my experience helping people with a similar problem to you recover and based on the current best evidence, I would suggest trying this strategy instead." Physical therapists should never undermine other professionals in their effort to help patients, but they should provide patients with the best evidence-based practice to their knowledge.

As mentioned in another section, keeping personal health information secure can also be an ethical issue. Providers should always keep everything a patient states to them along with their protected health information confidential. This will increase trust from the patient in the therapist and keep the therapist compliant with HIPAA. A practical example of keeping things private that patients tell therapists during appointments is the therapist not mentioning anything to coworkers at lunch or on breaks. Coworkers will still see the patient come through the doors, and it is unethical for patients to be spoken about when they are not present.

Many other ethical dilemmas occur in this profession, and physical therapists and assistants must stay current on the best resources and strategies to reduce ethical conflicts. Some resources for this are the APTA (Code of Ethics, Guide for Professionalism, compliance, and coding and billing documents), and Physical Therapy in Motion (which offers many articles about ethics in practical applications). CMS.gov is

also necessary to monitor for changes as it will keep therapists current on any new requirements of Medicare and Medicaid in billing, coding, and documentation.

The diagram here outlines elements of ethical guidance that physical therapists and assistants can use to guide their practice. It is clear that many factors impact quality patient care and resources such as publications, the APTA, websites, and state laws of physical therapy practice are great resources for therapists to stay ethical in practice.

Section 4 Key Terms

APTA Code of Ethics – a document that describes the organizations approved behavior for ethical standards of the physical therapist and assistant

APTA Guide for Professional Conduct – a document that outlines specific interpretations of the Code of Ethics to aid with the understanding of ethics

Pro bono services – services provided at no cost to a patient from a provider

Section 4 Summary

The profession of physical therapy is held to a high standard based on the Code of Ethics and the Guide for Professional Conduct. Therapists must do their diligence to stay up to date on these documents and principles as it impacts the standard of their daily practice. As highlighted above, it is also important to report colleagues and fellow therapists who do not act in the best interest of patients or of the profession.

Section 5: Modern Communication Deliveries

In modern times, the practice of physical therapy has been impacted in a variety of ways due to technological advances. Some of these areas include the implementation of telehealth in physical therapy, the use of social media and texting, and how COVID-19 has impacted the delivery of services. The state of California has declared that any

professional license under The Business & Professional code may use telehealth (physical therapy included).

Telehealth Services [15,16]

Telehealth services include the delivery of healthcare services with the assistance of communication technology, typically in a video format. It is required that any patient receiving telehealth care in California sign a written consent or communicate a verbal consent and understand what this type of care means. Several terms are crucial to understanding within the realm of telehealth delivery of care. The first is “synchronous delivery”, meaning a live video stream occurs between the patient and healthcare provider. “Asynchronous store and forward” refers to when a provider, usually a specialist, remotely reviews case information that is sent to them to diagnose or collaborate on the case. The “originating site” is where the patient or the first provider would send information to the specialist, who would be at the “distant site”. “Remote patient monitoring” is used to monitor aspects of a patient’s physiology, such as lab results, and make decisions on diagnosis and treatment based on those results. Physical therapists are unable to perform this type of telehealth service, as it typically is performed by only physicians.

Regulations Regarding Physical Therapy Telehealth Practice

In 2020, the governor of California issued the California Emergency Services Act which was a response to COVID-19. It required all healthcare plans to cover telehealth services at the same rate as in-person services for physical therapy and other healthcare professions. Telehealth remains a treatment option for physical therapists and assistants to utilize with their patients in 2022. Physical therapists, occupational therapists, speech-language pathologists, certified occupational therapy assistants, and physical therapist assistants fall under essential professions and are all able to implement telehealth in their practice. Physical therapists should always delegate to physical therapist assistants to provide telehealth services when clinically appropriate, both for the skill level of the physical therapist assistant and for the patient’s benefit.

Reimbursement [17]

Reimbursement of telehealth services for physical therapy is supported by many insurance plans. This could change at any time and be accelerated by COVID 19. Clinicians should always view telehealth regulations on the state board of California website. Medicare allowed telehealth for physical therapy in 2020 in response to the

pandemic. Only synchronous delivery is allowed at this time, so patients can be treated in real-time working one on one with their therapist. Medicare has allowed telehealth synchronous delivery for physical therapists and assistants since July 2020 along with the California order of Public Health Emergency response to COVID 19. The CPT codes that are allowed to be billed by Medicare are as follows:

CPT Code	Description
97161- 97164	PT Evaluation: Low, Moderate, High Complexity
97110	Therapeutic Exercise
97112	Neuromuscular Reeducation
97116	Gait Training
97150	Group Therapy
97530	Therapeutic Activity
97535	Self Care/Home Management Training
97542	Wheelchair Management
97750	Physical Performance Test or Functional Capacity
97755	Assistive Technology Assessment

97760 97760	Orthotics – Initial Encounter
97761	Prosthetic – Initial Encounter

Outpatient services that are done by telehealth need a -95 modifier to distinguish the service from a bundled payment for a hospital stay. This is true whether the service was provided in a hospital, a skilled nursing facility under Medicare Part B, ambulatory services within an outpatient rehabilitation facility, and with home health.

Medicaid announced in response to the pandemic that this payor will reimburse the same amount of money for services provided via telehealth as in person at a clinic. As far as employer-based health plans and private insurers, the California Emergency Services Act maintained that third-party insurers shall reimburse the same amount for telehealth services as in-person services. UnitedHealthcare, Cigna, Anthem, and Blue Shield of California confirmed they will accept and reimburse for telehealth services provided by physical therapists and assistants. Patients and physical therapists should be aware that not all third-party insurers will reimburse for telehealth and should verify with each individual plan.

Platforms

There are two platforms for the delivery of telehealth services that are mentioned on the California Physical Therapy Association website. These include eVisit and VisuWell, which both allow patients to access many types of healthcare whether it be from a primary care physician or a physical therapist. There are no regulations on what platform to use, provided that it is compliant with the Health Insurance Portability and Accountability Act (HIPAA) so that patient information is secure.

Social Media and the Delivery of Information [18]

In recent years, social media has gained traction as the primary method of advertising services for many businesses. The practice of physical therapy is no exception to this. Benefits of using social media to explain information include reaching a large number of consumers, educating the general public about the roles and duties of physical therapists, and reducing barriers (financial or access) to reading published journal articles or books. Social media platforms including, Facebook, Instagram, and Twitter have around 2.9 billion, 1 billion, and 330 million users respectively. To illustrate the widespread use of social media, nearly two-thirds of Americans turn to social media as a source to be updated on current events and the news. This should be acknowledged as consuming news through one source can lead to bias of information on any given topic. As it pertains to clinical practice and the dissemination of information regarding physical therapy, social media can have immense benefits but also drawbacks.

Benefits of using Social Media in Physical Therapy Practice [18]

Social media has many benefits for advertising the services of physical therapists and explaining pertinent information to patients. Social media allows clinical information and research to be communicated to the public right as it evolves. This is in contrast to published journal articles or books, which the public probably wouldn't access, and usually has a delay when it is used in clinical practice. The delay of converting information from well-designed research into clinical practice can take 17 years. In addition to spreading information quickly, social media has a greater reach to a variety of people than other methods of educating the public. People in rural areas with poor access to resources can still access information on social media. Another reach of information spread on social media can get to fellow clinicians, researchers, and people in charge of policy change. It also allows the audience to engage with the information they are learning through comments and sharing. Social media can also be a platform for researchers to discuss and debate the drawbacks and potentially poor data or conclusions more immediately than on a forum of a published journal. This has the potential to improve and expand upon research that already exists based on critiques given on social media when used correctly. For physical therapists, the benefits of sharing information through social media are explaining services that the public would not otherwise know are offered by physical therapists and engaging their prospective patients and audience about movement and its benefits. This is typically an effective strategy if the clinic or physical therapist has a good following on a social media platform and their posts are engaging and interesting.

Drawbacks of Using Social Media in Physical Therapy Practice [18]

Social media, despite its benefits discussed above, has a few drawbacks that cannot be ignored. Social media creates a bias where people usually will follow sources of information and people who post similar ideas to what they already believe. Whether the consumer of social media is a clinician, researcher, or prospective patient, if they only look at and engage with posts on their beliefs and information they already know, they are not benefiting from balanced views on the content. This type of bias can lead to people being closed-minded to other ideas, which may suit them better than the ideas they already believe. Another drawback to using social media to spread clinical information is that the person or organization posting on social media may not have the qualification to do so. An example of this in the world of physical therapy is a personal trainer who posts to promote their business on knee rehabilitation instead of a training program to strengthen the lower extremities. Content on knee rehabilitation would be credible coming from a licensed physical therapist, not a personal trainer. This effect of posting on social media on topics with no qualification to do so can be immensely worse when the author has a large following and builds trust with the audience. Misinformation can be spread in this way from a supposedly reliable and trustworthy source, and sometimes millions of people will see and believe the posts. This is coupled with the fact that a lot of information is not reviewed for credibility. People can engage in the comments section, but this can be just as many negative comments pointing out misinformation as positive ones, making it difficult for the audience to know what to believe. There is also the issue of poor representation of professions such as physical therapy and others due to the occasional lack of acting professionals. It has become easy to act with negativity and "bully" content creators, as there are few consequences for this behavior. As is well known, people will comment on negative things on social media platforms that they would never think about saying in person.

To use social media effectively, consumers should seek balanced information, only constructively point out critiques of material, and ensure the source of information is posted by qualified professionals. Content creators using social media in the field of physical therapy should avoid posting biased information based on opinion, should comment on fellow posts by colleagues to point out any inconsistencies in their information, and should use the platform to improve their access to information around physical therapy and educate the public on services. There are many drawbacks to social media use in the field of physical therapy, but there are benefits in the ease of access to information and spreading credible information to a large audience when used correctly.

Texting [19]

Texting within the practice of physical therapy has many benefits when used for specific aspects of patient management. Patients are busy and enjoy quick access and response to a text message rather than a call or email. This has been implemented in clinics across the country for things like appointment reminders and scheduling based on texts. Response rates to texts are very high, and just shy of 100% is seen by patients. This contrasts to phone calls and emails, which can get buried in inboxes and forgotten about by patients. Some clinics and institutions have implemented texting as a strategy to motivate patients. Based on certain goals of care, healthcare facilities can send information to patients as reminders and motivation to complete specific tasks. This would be useful for physical therapists as text reminders that also motivate patients to complete their exercises and adhere to recommendations. Texting is also being implemented as a tool for patient education after visits. For example, a patient with Achilles tendinopathy would benefit from an after-visit text explaining information such as what stage they are in, what activities to avoid, and strategies to improve their pain. This can act to reduce miscommunication between patients and physical therapists/ assistants from a visit to visit and potentially help patients recover faster. Patient messaging through a medical chart is also a popular option for information dissemination after visits, but this is more difficult to access than text and patients may not use this feature. Texting reduces the barriers to educating patients with its ease of access and widespread use.

Problems with Texting [20]

Although texting is a convenient way to give patients information on scheduling and summing up their visits, there are drawbacks to using it in physical therapy clinics. Healthcare providers should always think about HIPAA compliance and never use patient identifiers or information about a patient's condition in texts. Texting is a nonsecure platform and providers need to ensure that patients' personal healthcare information is protected at all times. Patients should always sign an agreement to opt into text messaging for scheduling and ensure that they prefer this feature. Many HIPAA compliant software options allow text reminders to be sent automatically, which clinics should implement to avoid revealing patient information. Patients should never be texted from a personal phone of an employee, as this is not a protected platform for personal health information. Providers and clinic workers need to take the "minimum necessary standard" to avoid revealing health information for it to be legal to text patients about healthcare information. An easy solution to always being HIPAA

compliant is to implement a secure messaging feature in software where patients and providers can message back and forth. This software should always be on an internet network where activity is monitored. In addition, this software needs to have a feature that if a patient were to lose their phone or electronic device, the information can be deleted without the device present. The software must also automatically log patients out when not in use for some time.

COVID-19 and Impact on Delivery of PT Services [21,22]

The practice of physical therapy has traditionally been a very hands-on profession, with in-person interactions. COVID-19, or Coronavirus Disease 2019, impacted the rehabilitation professions just like virtually every other profession in the United States. Soon after the pandemic was declared a global health crisis, the country and world experienced lockdowns, social distancing principles, and the elimination of normal in-person healthcare services. Outpatient physical therapy clinics experienced temporary closings and physical therapy in hospitals and skilled nursing facilities became quite limited for patients as the pandemic spread. These factors impacted the delivery of PT in several ways. Although outpatient clinics closed their doors and did not see patients in person throughout a lot of 2020, telehealth was implemented in many clinics and private practices across the United States. Patients already undergoing physical therapy at these clinics and new patients were able to continue or begin their physical therapy virtually from the safety of their homes. The regulations for telehealth are discussed in another section, and telehealth in the field of physical therapy became catalyzed by the COVID-19 pandemic. It offered physical therapists and physical therapist assistants the ability to continue working and patients to continue to receive care, meaning they were able to continue to overcome their pain and dysfunction. Several platforms emerged to deliver telehealth physical therapy services. These new platforms included applications for smartphones and electronic medical record systems with virtual options built-in for HIPAA compliant video streaming. The applications for phones were able to implement comprehensive and easy to access information such as chat features with the therapist, home exercise programs that are built into the program, and scheduling reminders that synced with the personal calendars of patients. These features decreased missed appointments due to things like not needing transportation to appointments and not needing to cancel due to poor driving conditions. The feature of build-in-home exercise programs enabled more technologically savvy patients to access their programs easily, not lose their paper programs that are often given out in clinics and allowed seamless communication with their therapist. A lot of applications have features to comment on

pain level and other symptoms before, during, and after each exercise, which could be sent directly to the patient's physical therapist. This feature streamlines communication that would simulate reviewing the home exercise program in person and asking for symptoms, but it is in real-time while the patient is completing the exercise. Physical therapists are then able to modify exercises even before the next virtual appointment through secure patient messaging. Telehealth options also became available for physical therapists and assistants employed by school systems and working as school therapists. This service could be provided while the patient was in school, or if their school was shut down, could be offered virtually from the patient's home (facilitated by parents).

For physical therapists working in settings like long-term care, skilled nursing facilities, and hospitals, telehealth in pandemic times was pretty much nonexistent. These also happened to be the area that COVID-19 impacted the most and that patients and therapists were exposed to the virus most often. As many therapists experienced, this environment-induced fear, policies on personal protective equipment (PPE), and the constant evolution of policies of clinical practice. Additionally, in these settings of employment, so many physical therapists and assistants were temporarily or permanently laid off from work. These factors, as many have experienced, impact the psychological and socioeconomic status of therapists and patients alike. Physical therapists and physical therapist assistants, as well as millions of other healthcare workers, suffered burnout, fueled by uncertainty about the future of their profession and of the patients they witnessed suffering from COVID-19 infection. On top of psychological burnout, physical therapists and assistants were also prioritized less in the healthcare environment in treating patients with COVID-19 as the priority was placed on survival care strategies. Therapists had to constantly adapt to their role, prioritize patients in their recovery, and prioritize their patients more than themselves with the risk of exposure to the virus. The reason for spelling out all of these factors affecting the therapist in COVID-19 times is to state that they all impacted the delivery of care. Evaluations and sessions of physical therapy were shortened due to donning and doffing PPE, the expectation to maintain productivity standards, and the fact that healthcare workers, just as anyone else, were at times afraid of contracting the virus. Physical therapists and assistants also had to adjust their plans of care to prioritize respiratory status and deconditioning, which many therapists were not at first comfortable treating. This became especially difficult when working with patients who were under isolation precautions, where the therapist had to remember to bring every item before entering the room and having a very limited space (just a hospital room) to work on respiratory conditioning and strengthening. Therapists, along with pretty much every other healthcare worker, were at times overwhelmed, exhausted, and unable to separate

themselves from work. With the layoff or resignation of employees at individual hospitals and healthcare centers, the remaining workers were overworked and often underpaid. These factors affected the quality of care, as patients could not receive the amount of physical therapy and type of care, due to physical limitations, that would benefit them most during the pandemic.

Section 5 Key Terms

Synchronous Delivery – refers to telehealth services where a live video stream occurs between the patient and healthcare provider

Asynchronous store and forward - refers to when a provider, usually a specialist, remotely reviews case information that is sent to them to diagnose or collaborate on the case

Originating Site - where the patient or the first provider would send information to the specialist, who would be at the "distant site"

Remote Patient Monitoring – used to monitor aspects of a patient's physiology and make diagnosis and treatment decisions based on those results

Burnout – A phenomenon of physical, mental, and emotional exhaustion caused by the experience of prolonged stress

Section 5 Summary

Communication and delivery of physical therapy have changed tremendously in modern times. Telehealth, texting, and social media have the biggest impact on the delivery of care. Telehealth makes virtual appointments possible, so patients have increased access to care. Texting and social media are tools to help educate patients and remind them of appointments. COVID-19 has also had a large impact on the delivery of care of physical therapy from early in 2020 and beyond. Physical therapists in pretty much every set of employment were affected by the pandemic in one way or another and have had to adjust, similar to most professions dealing with COVID-19.

Section 6: Case Studies

Case Study 1

Rebecca is applying for her physical therapist license in California. She just passed her NPTE and is one month away from finishing her last clinical experience. She is excited to begin working at her clinical site right after graduating, as her supervisor offered her a position already. Rebecca's clinical site is a split position working in an acute care hospital and outpatient orthopedics. She is sure that her license will become active right as she is graduating. Rebecca did notice something at the clinic which made her uneasy. She overheard one of the therapists in the outpatient clinic telling a patient to proceed with physical therapy despite receiving MRI results that would suggest surgery as an equally beneficial treatment. The patient had 20 visits approved by insurance for the year for treating this condition and the therapist did not inform the patient of the MRI results. Rebecca was aware that the patient and that therapist knew each other well outside of the clinic as the patient provided child care for the therapist. Rebecca wondered if the therapist thought they would be able to get free or cheaper child care from this patient in some manner.

Reflection Questions

1. What timeline should Rebecca consider to obtain her license in California?
2. In addition to submitting her NPTE results and degree, what are other requirements that Rebecca seems to be forgetting to obtain her license?
3. What ethical dilemma is present in this case?
4. How should Rebecca proceed with addressing the ethical conflict?

Responses

1. While it is great that Rebecca passed the NPTE, she will still have to apply for licensure after she graduates because she needs to submit her degree as well as her NPTE passing score report to the Board of California. After submitting all of her materials, the board can take around six weeks to issue licensure. Rebecca should expect to have her license around six weeks after graduating if she completes the application right away.

2. Rebecca must also sign up for, study for, and take the closed book jurisprudence examination at a testing center. She must also get fingerprints completed and sent to the Board.

3. Ethical dilemmas include a conflict of interest in treating a patient that the therapist knows well outside of the clinic and altruism, or not putting the needs of patients above personal needs of the therapist.

4. In order to act ethically for this patient, Rebecca should either bring up her concerns with the therapist directly and/or bring the concern to her supervisor. Rebecca should not be intimidated that she is a student reporting a staff therapist to honor her entry into the field of physical therapy ethically. The patient deserves to be fully informed on their condition and potentially save their physical therapy visits for after surgery if that is the best option.

Case Study 2

John is a physical therapist assistant working with a licensed physical therapist, Debbie, in an outpatient orthopedic clinic in San Francisco, CA. They have been working together for ten years and have had a great collaborative relationship. For the past few years, Debbie has been feeling burnout, which has made her late to appointments despite not having a busy schedule due to COVID-19. John has noticed that she keeps her computer logged on, with patient information visible to anyone that walks by her computer in the clinic, and that she has called patients to cancel appointments so she could leave early at the end of the day. The supervisor of the clinic floats between three clinics and is only able to be in person at this clinic one day per week.

Reflection Questions

1. Which of Debbie's behaviors are the most important for John to address?

2. What should be John's plan in addressing what he is noticing in Debbie's behavior?

3. What ethical principles are at play in this case study?

4. What is the largest disciplinary action that Debbie could face if her actions become worse?

Responses

1. Although John is a PTA working as a supervisee for Debbie, he still should point out behaviors of Debbie's that are not ethical. These behaviors include HIPAA violations of not keeping a computer with patient information secure, canceling appointments to leave early (breaking the altruism component of the Code of Ethics), and any evidence of the effects of burnout on not providing the best care to patients.

2. John should calmly and politely address what he is noticing with Debbie. They have worked together for ten years, and it is quite possible that Debbie feels comfortable enough that she has forgotten about keeping patient information secure and feels that she can take advantage of the flexibility of leaving early. These two issues are imperative to address as they both directly impact patients. If the behavior does not improve after addressing with Debbie, it should be immediately reported to the clinic supervisor, by phone or in person, whichever is more efficient.

3. The first ethical principle is altruism, which Debbie is performing poorly at. She is canceling appointments to leave early often, which is in her best interest, and not prioritizing her patients at all. Professional responsibility and duty are also impacted, as she is not performing her responsibility to her patients by exposing their protected health information and canceling their appointments. She is not acting with compassion or empathy to help her patients improve their symptoms.

4. Debbie's clinic supervisor and John could report her actions to the State Physical Therapy Board of California where she could receive a notice of license revocation or disciplinary action on her license. Disciplinary action will be reviewed by the board and could include revocation or suspension of her license.

Conclusion

The profession of physical therapy in California is regulated by the American Physical Therapy Association and the State Board of California. Important documents that implement the standards and expectations of clinical practice are the California State Practice Act, the APTA Code of Ethics, and the APTA Guide to Professional Conduct. All physical therapists and physical therapist assistants should abide by these organizations and concepts in the documents to practice ethically and competently, and ultimately

provide the best patient care possible. The information in this course is dynamic, meaning that the board of California and the APTA may change information on a regular basis to stay modern. It is the responsibility of the license holder in the state of California to stay current on rules, regulations, and ethical standards guiding their practice.

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