

# FLEX CEUs



## Ethics and Jurisprudence for Texas Physical Therapy



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## Introduction

In the state of Texas and all other states, physical therapists (PTs) and physical therapist assistants (PTAs) need to follow several guidelines to practice with competence and ethics. There are governing bodies and regulations in the profession of physical therapy that exist at both the state and federal levels. This course will discuss the practice of physical therapy for licensees in Texas in terms of license requirements, regulations that govern practice, ethical considerations, and dilemmas, and the implications of modern communication deliveries. It will also include information on how physical therapists and assistants can provide effective and ethical patient care to represent the profession with integrity.

## Section 1: Licensure, Terms, and Access to PT

The procedure for 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 state level by state regulatory boards of physical therapy. The Texas board of physical therapy is called the Texas Board of Physical Therapy Examiners. Prospective therapists must complete their degree, pass a licensure examination, and apply for and be accepted by their state board to obtain a license to practice physical therapy. Licensure, regulations, terms and titles, and direct access to physical therapy services will be discussed in this section to educate therapists on how to implement these elements in their daily practice.

### Licensure Requirements and Education <sup>1,2</sup>

Each state in the United States requires a specific license to practice as a physical therapist or physical therapist assistant issued only from that state. Physical therapists must graduate with a Doctor of Physical Therapy (DPT) degree after their undergraduate degree. Physical therapist assistants must graduate from a physical therapist assistant program with an Associate Degree. All programs educating physical therapists and physical therapist assistants must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE is recognized by the United States Department of Education to regulate education in the field of physical therapy. The Doctor of Physical Therapy program is typically three years in length and nine semesters, the typical DPT student will undergo four years of an undergraduate program before

their DPT degree. The Associate Degree to become a physical therapist assistant typically takes two years, or five semesters to complete. Applicants to the program typically need a high school diploma for entry, varying amounts of volunteering, and a high grade point average. As of 2022, there were 371 accredited PTA programs and around 250 DPT programs in existence. Both prospective PTs and PTAs must pass the National Physical Therapy Exam (NPTE) given by the FSBPT. The NPTE is required to be taken by PTs and PTAs in every state. It is a comprehensive examination that covers all domains of practice as a physical therapist and physical therapist assistant, including examination, evaluation, intervention, prognosis, diagnosis, and application of these concepts and others into practice. Physical therapists and assistants who complete education and pass the NPTE may apply for state licensure. Every state has a board of physical therapy that governs what requirements are necessary to submit for licensure, including things like fingerprinting, payment, and proof of education.

Therapists should always refer to the state practice act to determine their scope of practice in the states they are licensed. Physical therapists and assistants must apply to renew their licenses typically on a two-year cycle. Applicants usually must pay a license renewal fee that is typically less expensive than the original license. They must also submit the required proof of continuing education hours. Applicants for licensure should always consult the Texas Board of Physical Therapy Examiners for an updated fee schedule for the cost of licensure. In 2022, it cost \$190 to first apply for a physical therapist license and \$125 to apply for a physical therapist assistant license in Texas. The jurisprudence law exam in Texas is free for initial license applicants. Applicants must also have a background check and submit fingerprints for the initial application and if they are changing their TX license from active to inactive. The price of fingerprinting is \$38.25 and must be completed through a company called IdentoGO, not a private entity. This should be completed in the state of Texas, but there is a process for out-of-state and out-of-country applicants which is detailed at this site: <https://www.ptot.texas.gov/page/apply-by-exam>.

### **The Model Practice Act for Example <sup>3</sup>**

The Model Practice Act within the profession of physical therapy is in place to keep state practice acts modern. It represents a standard of rules and regulations for state practice acts set forth by the Federation of State Boards of Physical Therapy (FSBPT). It is meant to serve as an example for state practice acts to use components of or the entire document. A task force within the FSBPT is responsible for editing the material and

keeping it as up-to-date as possible. The act was originally enacted in 1997 and was last revised in 2020. A benefit of the Model Practice Act when states implement its entirety is reduced confusion with terms and unity across the country for physical therapy practice.

The most recent Model Practice Act describes details of physical therapy practice including the board, examination, licensure process, and regulation of the profession. It is made of 93 pages and also includes a code of ethics and specifics for physical therapist and physical therapist assistant licensure. This practice act is comprehensive and interconnected from section to section, making it difficult to utilize just parts of the act without lacking uniformity.

## **Terms and Titles Defining the PT Profession** <sup>4,5</sup>

Providers working within the profession of physical therapy should act to protect the terms that title the profession. Physical therapists and physical therapist assistants are abbreviated “PT” and “PTA” respectively. Other professions should never use the terms physical therapist, PT, physical therapy, or physiotherapy to describe their services. These terms are only to be used by licensed physical therapists and physical therapist assistants. Inappropriate use of these terms is illegal and misleading to consumers. While other professionals, such as chiropractors and personal trainers can perform some modalities associated with physical therapy, it is unethical and, in some cases, illegal to call these practices physical therapy. If any of these terms are being misused, physical therapists and assistants should contact their state board and file a complaint.

Since the early 2000s graduates of physical therapy programs must earn a Doctor of Physical Therapy degree. This is abbreviated “DPT” and represents a clinical doctorate program in physical therapy. The full title of a physical therapist with this education would be “Dr. First name, last name, PT, DPT”. PT stands for the license designation of a physical therapist and DPT is the level of education, or Doctor of Physical Therapy. Licensed physical therapists may have graduated before the transition to a Doctor of Physical Therapy degree. There are physical therapists with 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 may continue their education to the doctorate level or continue to practice with the Master or Bachelor degree. Physical therapists may then continue education further to obtain a board specialty recognized by the American Board of Physical Therapy Specialties (ABPTS). Because the American Physical Therapy Association no longer recognizes former abbreviations by the

ABPTS, the board certifications should be fully written out if the medium has the space to do so. For example, a physical therapist may gain the designation of a Board-Certified Clinical Specialist in Orthopedic Physical Therapy (formally abbreviated as OCS). A physical therapist named James Baker with this credential should go by the designation below.

Dr. James Baker, PT, DPT  
Board-Certified Clinical Specialist in Orthopedic Physical Therapy

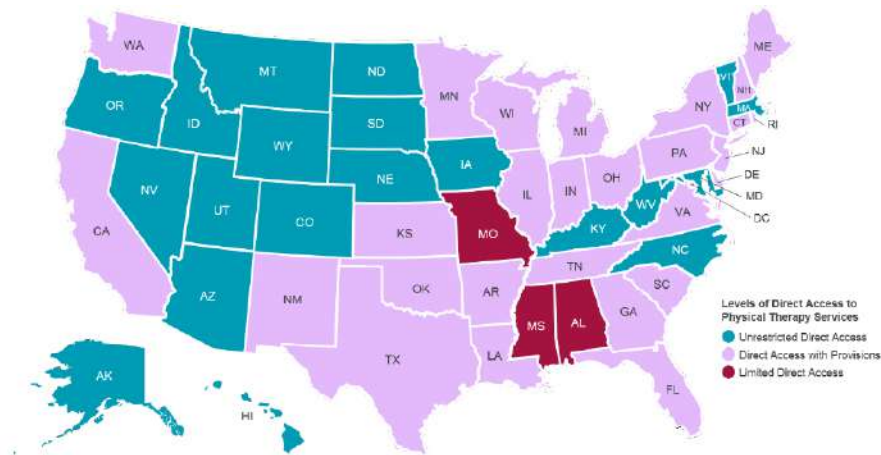
Physical therapist assistants (PTAs) with the required Associate's Degree and passing of the NPTE should use the abbreviation PTA to designate their professional level. A physical therapist assistant named James Baker would be designated as James Baker, PTA.

## **Direct Access Explained <sup>6,7</sup>**

Direct access to physical therapy services is the ability of a prospective patient to schedule services with a licensed physical therapist without a physician referral. Every state, the District of Columbia, and the US Virgin Islands have allowed direct access in some capacity to physical therapy services. States have varying rules regarding direct access, including unrestricted access, direct access with some provisions, and limited direct access. States that allow each as of 2022 are visible on the map below.

Unrestricted access means a physician does not need to make a referral for a patient to see a physical therapist, but physical therapists should be ready to refer out if their patient would be better treated within a different provider's scope of practice. Direct access with some provisions means that no referral is required by a physician, but physical therapists must refer to another provider if the therapist determines at the examination or progress assessment that a patient will likely not improve within a month of physical therapy. Limited direct access means that the diagnosis that warrants physical therapy must have been made within 90 days, and the physical therapist must send a plan of care to the provider who diagnosed the patient within 14 days. The state of Texas implements direct access with provisions law regarding physical therapy services. Direct access continues to expand reducing barriers and provisions, led by the American Physical Therapy Association and its members. Direct access is appropriate for physical therapists due to doctorate-level education prepares therapists to know their scope of practice well, to identify conditions that warrant referral to another provider, and to refer in situations of emergency. Physical therapists and assistants of any state can and should advocate for this cause to their state board of physical therapy.





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

## Section 1 Key Terms

1. **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
2. **National Physical Therapy Exam (NPTE)** – licensure examination for physical therapists and physical therapist assistants to determine whether the test-taker is competent to practice
3. **Direct Access** – access to physical therapy services without requiring a physician referral

## Section 1 Summary

Physical therapists and physical therapist assistants must complete their educational program, and their degree, pass the NPTE examination and be accepted for state licensure before practicing. Several organizations including CAPTE, state regulatory boards, and the FSBPT create the professional and educational standards for the profession. The terms “physical therapist”, “physiotherapist”, “PT”, and “PTA” are protected for licensed professionals within physical therapy only. Although direct access to physical therapy services is allowed in all states, over half of the states including Texas have limitations on this. This includes immediate referral to a physician if their patient

does not improve or referral if the diagnosis is out of the scope of practice of a physical therapist.

## **Section 2: Texas Regulations**

Each state, including Texas, has a set of regulations and a standard of practice that physical therapists and physical therapist assistants must maintain to avoid disciplinary action on their license. This section will discuss the role of the Texas Board of Physical Therapy Examiners, details of the Texas Physical Therapy Practice Act, jurisprudence requirements, and the standard of practice for physical therapists and assistants in Texas.

### **State Regulatory Board for Texas <sup>2</sup>**

The Texas Board of Physical Therapy Examiners found at [www.ptot.texas.gov](http://www.ptot.texas.gov) exists to regulate the delivery of physical therapy services to prevent malpractice. In Texas, the board is a regulated agency in the Executive Council of Physical Therapy and Occupational Therapy Examiners oversees. The board is to have nine members at all times who serve six-year terms, which expire at different times. Board members are appointed by the Texas Governor with agreement from the Texas Senate. The board has six physical or occupational therapists and three public representatives at all times. Board members are not allowed to have any financial or ethical conflicts of interest that would interfere with their judgment. An example of a conflict of interest is a public member of the board being the spouse of a physical therapist. Board members are entitled to stipends for travel expenses required to fill their duties and are given a per diem sum for every day they participate in duties for the board. All board members whether a therapist or public members must be residents of Texas with no criminal action against them. The board members must complete a training that is compliant with the Texas PT Practice Act requirements including job duties, the functions of the board rules the executive council must follow, and ethical considerations regarding physical therapy practice and the board. There is also administrative staff to help carry out the actions and duties of the board. The duties of the Texas Board of Physical Therapy Examiners are to issue licensure to therapists, conduct background checks on applicants, and 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 Texas Board website to verify a licensee and to file a complaint with the board for

the investigation of malpractice by a therapist. The Texas Board acts as protection for every consumer of physical therapy services by upholding the highest standard of practice for physical therapists and physical therapist assistants. The board may also set fees for licensure that allow funding to the board, request administrative support to assist with functions, and maintain a list of all physical therapists licensed by the state of Texas.

## **Texas PT Practice Act <sup>2</sup>**

The Texas Physical Therapy Practice Act was last updated in September 2021 (as of 2022 at the time of writing). The document is entitled “Texas PT Practice Act”. The document outlines rules that physical therapists, assistants, and associated personnel in Texas must follow in practice. It begins by discussing definitions associated with the profession and the role of the Texas Board of Physical Therapy Examiners. The Practice Act has a section on disciplinary action on licenses, prohibited and allowed practice by therapists, details on licensure including using the PT Compact, and the process of license renewal or reinstating an expired license. The entire document is available here: <https://www.ptot.texas.gov/page/act-and-rules>.

## **Public Interest**

### **Section 453.151**

The board requires that public consumers of physical therapy be informed of the option to make complaints against physical therapists and physical therapist assistants. Clinic managers across the state of Texas must provide the board with the business address of their practice. All therapists must display their license including the name of the board (Texas Board of Physical Therapy Examiners), the mailing address, and phone number. The notice should state that anyone can file a complaint to the Texas board on a therapist. The board is required to keep a file on each complaint including the name and contact information of every individual involved, the nature of the complaint, and conclusions made. The board also will ensure that all complaints are investigated appropriately, give the person that filed the complaint an opportunity to elaborate or explain their allegation, and give notice to the parties involved of the timeline for investigation (no later than a month after receiving the complaint).

## Licensing for Physical Therapists and Assistants <sup>2</sup>

### Section 453.201 - 453.253

There are many requirements to hold a license to practice physical therapy in the state of Texas. The fee schedule and requirements for submission to the board were discussed earlier. The only way to practice physical therapy in the state of Texas is to apply for and be approved for licensure as a physical therapist or physical therapist assistant. People who declare themselves to practice physical therapy and have an appropriate license issued by the board may use the terms "physical therapy", "physical therapist", "physiotherapy", "physiotherapist", "licensed physical therapist", "registered physical therapist", or "physical therapist assistant". The applicant for licensure must submit proof of education from an accredited university by CAPTE. People who are trained from another country that is not accredited by the United States CAPTE must apply for licensure by examination and provide the board documents proving their educational status. If a prospective therapist does not pass the NPTE on the first attempt, they must provide the board with an application to take the examination again and pay a fee that is nonrefundable to access the exam again. It is permissible to take the exam three times a year.

Provisional licenses are issued for therapists that are licensed in another state, wish to practice in Texas, can send documentation and proof that their license is in good standing, have passed the NPTE, and are sponsored by someone who has a license to practice in Texas. The provisional license is valid until the board decides if the therapist is approved or denied for their actual license. This option is meant for therapists who are moving to Texas from another state to treat patients right away.

Temporary licenses are issued for prospective therapists who have not yet passed the NPTE but have completed their degree and are under the supervision of a physical therapist. This option is most commonly used for new graduates to practice right after graduation but who have yet to take the examination or receive their results. The temporary license would be invalid if the applicant for licensure does not pass the NPTE, which the board must be notified of immediately.

Licensing by endorsement is also a nontraditional option to practice PT in Texas. The board may issue this license to a PT or PTA who has a license in good standing in another country and is moving to the United States. Applicants must have a social security number or submit a form that they do not have one. They must submit a transcript from their physical or physiotherapy program, a photo that is formatted like a passport photo,

a letter of completion of their educational program if the transcript does not show the dates, license verification from any other states, NPTE score report, jurisprudence examination results, and fingerprinting.

License renewals are processed by the board ideally before licenses expire. Licensees must submit renewal payments (fee schedule available at [www.ptot.texas.gov](http://www.ptot.texas.gov)) before the date of license expiration. If the license is late to renewal by three months or less, a late fee and renewal fee must be paid for renewal that is not greater than half of the renewal fee. If it has been more than three months since expiration, the prospective licensee must pay the renewal fee plus a late fee up to equal to the cost of the renewal fee. Licenses that are expired by one year or more must go through the reinstatement process including paying a reinstatement fee or applying for a new license. The board is required to send notice to licensees one month before their license expiration to assist with prompt renewal. Therapists who are residents of another state may also maintain their Texas license by paying the required renewal fee.

## **License Disciplinary Action**

### **Section 453.352**

Physical therapists may face disciplinary action on their license for a variety of reasons. Actions include suspending, denying, or revoking a license, or placing the therapist on probation. The Texas board will review each case to decide on the appropriate action of discipline on the therapist's license. Grounds for disciplinary action are practicing within the scope of another profession, being impaired at work with drugs or alcohol, conviction as a felon, fraudulent attempts to gain a license to practice, being found incompetent to practice, or having been refused for a license in another state. Physical therapist assistants who do not practice under supervision requirements by a physical therapist will receive disciplinary action. Suspension of licenses may require the license holder to complete continuing education in the area they need skill development or only practice in domains that the board sees fit. Therapists who receive disciplinary action on their license may request a hearing where they can explain their case in front of members of the state Government of Texas. In determining disciplinary action, the board will consider any past disciplinary action or offenses, the severity of the offense and danger to the public, any attempts by the therapist to amend the offense, and whether the offense was accidental or purposeful. Licenses can be reinstated after a period of the license being suspended or revoked. An application needs to be processed and submitted at least 180 days after the date the license was revoked. An applicant who

was denied for a license reinstatement must wait a year to reapply for another license after the date of denial. The Texas board will follow cases closely once a physical therapist or physical therapist assistant has disciplinary action on their license. Therapists must comply with all requirements set forth by the board to avoid criminal action.

## **Physical Therapy Compact <sup>2,8,9</sup>**

### **Section 453.501**

The purpose of the PT Compact is to improve access to physical therapy services across the United States. The compact allows physical therapists and assistants to apply for immediate compact privileges to practice in another state as long as their home state is a compact member. The PT compact also allows member states to communicate easily about disciplinary action and investigations of license holders. Therapists with compact privileges must comply with the state practice act and jurisprudence laws in the state they are practicing in, not their home state. PT compact member states, including Texas, must use the Physical Therapy Compact Commission system to see and manage complaints on licensees and complete background checks on compact privilege holders. People who obtain Texas compact privileges must take the Texas jurisprudence module just like traditional applicants. A few requirements exist for a therapist to utilize the PT Compact. These include having no adverse action against their license(s) within two years, holding a license in their home state, and paying fees for the privilege including jurisprudence. PT Compact privileges are valid until the date of license expiration of their home state. The licensee must follow regulations within the state that their services were provided (whether telehealth or in person). Compact privileges can be revoked or suspended if the remote state board decides the therapist is not complying with their state laws or is a danger to patients. If a therapist's license in their home state receives disciplinary action, the license holder will lose compact privileges in other states. Compact privileges wouldn't be reissued in this case until the disciplinary action is cleared. If the compact privilege holder loses privileges while practicing in a remote state they may regain their privilege after fines have been paid and two years after the original adverse action. The state where the adverse action occurred would lead an investigation and discipline the license holder, no matter if they hold compact privileges or if this is the therapist's home state. If a therapist holds multiple compact privileges, the states are allowed to collaborate with an investigation of the therapist.

One member of each state board of physical therapy in the states who participate in the compact agreement is delegated to consult with the PT Compact Commission. This member can be a public member, someone in administration, a physical therapist, or a physical therapist assistant. Nine total members serve on the PT Compact Commission, including seven who vote on matters and two members who do not vote. The PT Compact Commission meets at least annually and decides on rule changes, adjustments of privilege fees, creates other committees when needed, and maintains financial records. Meetings are available for public participation unless the meeting topics are disciplinary actions on a license or compact holder. PT compact states can join or revoke being a member of the compact at any time if they enact the legislation to do so.

All information about the PT Compact including how to purchase privileges and which states participate is available here: <https://ptcompact.org/>.

## **Continuing Education** <sup>2,10</sup>

### **Section 453.254**

Continuing education (CE) or continuing competence represent the process of license holders staying up-to-date with the best evidence in the field of physical therapy. This is required in Texas to maintain licensure. There are many categories of continuing education accepted by the Texas board, not only limited to traditional classroom learning. Physical therapists must acquire 30 hours of CE credits and physical therapist assistants must acquire 20 hours of credits within a license cycle to renew their license.

The following activities for continuing education have no limit on the hours that a license holder can participate in for license renewal. Continuing education courses count for one contact hour for one credit of CE. A college or university course for one credit hour of the course equates to 10 CE credits. Publishing a newspaper article equates to 3 CE credits, a magazine publication counts for 10 CE credits, a case study or chapter in a book equates to 20 CE credits, and a research article or book equates to 30 credits.

The following continuing education activities have a limit on the credits license holders can participate in. License holders must complete these activities and submit documentation as proof of completion to the board for license renewal. The review of manuscripts counts for 3 credits for one and is limited to 9 credits for PTs and 6 for PTAs. Grant proposal counts for 10 credits and review counts for 3 credits, capped at 10 and 6 credits respectively for PTs and PTAs. Developing courses for a PT or PTA program counts for 4 CE credits per contact hour of class, being a guest lecturer counts for 2 CE credits

per contact hour, developing continuing education courses count for 4 CE credits per contact hour, and being a clinical instructor for five to eleven weeks is valued at 5 CE credits and for three or more months at 10 CE credits. The prior educational activities mentioned are individually limited to 10 for PTs and 8 CE credits for PTAs. If PTs specialize in board certification, such as a board-certified Geriatric Clinical Specialist, or complete a residency program, these count for 30 CE credits. Certification of advanced proficiency is worth 20 credits and mentorship of a resident or fellow is worth 10 credits and limited to 20 total. Being an APTA member is worth 1 CE credit every year and board or committee service is worth 3 credits per year (capped at 9 for PT and 6 for PTAs). NPTE writers receive 5 CE credits per year and up to 10 total credits in two years. Practicing in pro bono, or free, patient care is worth 1 credit per ten hours of care (limited to 15 for PT and 10 for PTAs). The jurisprudence module for licensees is worth 2 credits and the required human trafficking prevention training is worth 1 credit. The jurisprudence module and human trafficking training are both required for all license renewals.

## **The Practice of Physical Therapy**

### **Section 453.301**

Physical therapists in Texas must follow a standard of requirements as they carry out practicing physical therapy. Physical therapists may treat patients without a referral in Texas if they have been licensed for one year or more if they are covered by adequate professional liability insurance, either have their DPT or have completed 30 hours of continuing education in differential diagnosis. The minimum requirement for professional liability insurance in Texas is \$100,000 per claim and \$300,000 per year. The physical therapist should obtain a referral if the amount of practice time exceeds 10 days with clinicians with their DPT and 15 days if the clinician is a resident, fellow, or board certified. To treat a patient without a physician referral, the patient must be aware and sign a notice that states PT is not a service to replace a medical diagnosis by a physician, PT is not based upon imaging, a PT cannot diagnose a disease, and insurance may not cover physical therapy.

A clause in the practice act of section 453.302 describes circumstances where it is permitted to treat patients without a referral. It is appropriate to treat patients who arrive at a clinic with an emergency circumstance. This applies to patients who are in acute pain of high severity such that a patient may be harmed without treatment. An example of this is a patient with acute low back pain that arrives at a PT clinic. This



patient should be screened for clinical signs of pathology causing the pain, including infection, cancer, abdominal aortic aneurysm, cauda equina syndrome, and disc pathology. The physical therapist is a crucial person to triage patients like this and send them to the emergency room if needed. Physical therapists are permitted to complete evaluations for anyone presenting to them without a referral from a physician. When treating for more than 10-15 days, the therapist would need a referral.

## **Supervisory Requirements for Therapists** <sup>2,11</sup>

Physical therapists, physical therapist assistants, students, and physical therapy aides should all be aware of the supervisory requirements of a licensed physical therapist in Texas. Physical therapists are the only discipline required to be involved in a patient's care at all times. The Texas board leaves the responsibility of deciding how many assistants and aides the physical therapist can supervise at one time to the licensed physical therapist. The APTA recommends that no PT supervise more than four PTA's at the same time or no more than three when there is a mix of PTAs, aides, and students.

### **Physical Therapist Assistants**

Physical therapists are required to be available by a phone call while a physical therapist assistant is treating the patient. This availability by telecommunication is called general supervision. PTs are responsible for delegating treatment responsibilities to the assistant based on the physical therapist's assessment of the physical therapist assistant's skill set. The PT and PTA must hold regular meetings about the patient and the PT plan of care which are documented. Physical therapist assistants are allowed to complete treatments, and some reassessment measures, but no evaluation items, assessment, or discharge items.

### **Physical Therapy Aides**

Physical therapy aides must be supervised with on-site supervision, meaning a licensed physical therapist must be in the same area or building while working with patients. Physical therapy aides are not allowed to make any clinical decisions regarding the patient and are meant to act as extra support for a therapist for tasks such as gathering materials for therapists and helping the therapist assist patients with mobility tasks.

### **Physical Therapist Students**

Students in clinical rotations must be supervised with direct supervision, meaning the licensed physical therapist is present and immediately there. Phone or video calls are not sufficient for direct supervision. With this level of supervision, the physical therapists are responsible for all the patient care rendered by both students and therapists themselves. Physical therapist assistant students are supervised with direct supervision as well and must act only under the scope of a PTA.

## Section 2 Key Terms

1. **Texas Physical Therapy Practice Act** – A document that lines out standards of the practice of physical therapy in Texas
2. **Physical Therapy Compact** – an organization that represents the states of the USA that have implemented a license agreement that license holders in a home state within the compact can purchase compact privileges in another state to practice PT
3. **Physical Therapy Compact Commission system** – the governing body that includes all states participating in the PT Compact

## Section 2 Summary

The state of Texas's physical therapy practice is monitored by the Texas Board of Physical Therapy Examiners and regulated by the Texas Physical Therapy Practice Act. Physical therapists and physical therapist assistants should know the clinical elements reviewed in this section to practice within Texas state regulations, maintain their license with renewal policies and continuing education, and be familiar with laws that regulate the profession.

## Section 3: Jurisprudence

A jurisprudence examination is required in about half of US states for applicants for licensure to understand the state's rules and regulations around the practice of physical therapy. As of 2022, a jurisprudence examination was required in twenty-nine states for physical therapists and twenty-seven states for physical therapist assistants. The state of Texas is no exception to this requirement. This section will discuss the jurisprudence requirements for Texas.

## **Jurisprudence Requirements <sup>12</sup>**

The state of Texas requires all licensees and compact license seekers to take the TX Jurisprudence Assessment Module (TX JAM). The module is taken completely online and became a requirement in Texas in June of 2017. All PT and PTA license seekers or applicants who are restoring their license in Texas must take this module. Therapists who are renewing their license must also take the TX JAM, which takes the place of ethics continuing education credit for license holders. The TX JAM counts for two continuing education credits. The module is free for initial applicants but does cost a fee for renewal (\$48 as of 2022). The TX JAM is taken through the FSBPT website as it was developed in collaboration with the FSBPT. There are several links on the [www.ptot.texas.gov](http://www.ptot.texas.gov) page.

## **Jurisprudence Content <sup>12</sup>**

The Texas jurisprudence examination is 75 questions and a passing score is 80% or 60 questions correct. There is no limit to the number of times an applicant can attempt the module. For renewal, the license holder will incur a fee for each attempt. The module must be completed in two hours and twenty minutes, and there is no pause button. Test takers may look at material while taking the Texas Jurisprudence Assessment Module. Relevant material to have open is the TX PT Practice Act, both the APTA Code of Ethics for the Physical Therapist and Physical Therapist Assistant, and the Guide for Professional Conduct. The documents Fundamental Ethical Principles and Ethical Decision-Making are made visible within the TX JAM and before the examination. Test takers have two opportunities for each question to get the correct answer. The TX JAM will display a link to source material for the correct answer on the first attempt with the wrong answer. If the test taker marks the wrong answer again, the item will be marked incorrect. The jurisprudence examination will have questions on the Texas State Practice Act on things like the licensure and renewal process, continuing education requirements, the application of rules and regulations for the practice of physical therapy, and ethical concepts within the practice of physical therapy.

## **The Purpose of the Jurisprudence Examination**

The jurisprudence examination is an important step in becoming licensed in a state as a physical therapist or physical therapist assistant. Examinees are tested on 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 to practice therapy

within state guidelines. The jurisprudence examination in most states includes examination around the state's practice act of physical therapy. Requiring a jurisprudence examination for licensure ensures that PTs and PTAs are familiar with the state practice act. The goal is if license holders know their practice act well, disciplinary action and malpractice can be avoided.

### Section 3 Key Terms

1. **Jurisprudence** – refers to an examination of pertinent state laws governing the practice of physical therapy and is 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 Texas can take the TX JAM online and access reference material while taking this open-book format. 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 <sup>13,14</sup>

The APTA releases an up-to-date guide discussing the purpose and suggested practice that physical therapists and assistants should follow to represent the vision of the profession. It explains the ethical principles that guide the profession and is updated as needed to maintain its relevance in modern times. This section will describe crucial principles to inform the reader of ethical standards that represent the practice of physical therapy. It will also describe professional conduct standards expected of PTs and PTAs in Texas and all other US states.

### APTA Code of Ethics <sup>13</sup>

#### Preamble

The Code of Ethics and Guide for Professional Conduct's purpose is to elaborate and discuss what is morally right and wrong within the profession. It mentions behavior that is expected of physical therapy professionals, guides therapists through realistic ethical scenarios, educates readers on ethical standards expected by the profession, and decides whether physical therapists or assistants have acted unethically. The ethics guide predominantly focuses on behaviors required of therapists to benefit and protect patients by improving the ethical standard of care.

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

*Represents the Core Values of Compassion and Caring, Integrity*

To represent the profession legally and ethically, all physical therapists and assistants should acknowledge any biases they possess against people who are different than them. These differences typically are rooted in race, political views, gender, and socioeconomic status, but apply to any way a therapist may be different than their patients. Therapists should actively work to reduce their biases and treat each patient with respect as an individual.

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

*Represents the Core Values of Altruism, Collaboration, Compassion and Caring, and Duty*

This principle ensures that physical therapists and physical therapist assistants prioritize the needs of their patients over their own needs while providing physical therapy care. It also expects that therapists always display empathy and compassion, prioritize keeping interactions confidential, and inform patients well enough to make wise healthcare decisions and practice with consideration of the different cultural influences that patients value.

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

*Represents Core Values of Collaboration, Duty, Excellence, and Integrity*

This principle focuses on making judgments in a clinical practice rooted in integrity and never considering a therapist's benefit. Therapists should always avoid financial or other conflicts of interest, should always practice physical therapy applying the best evidence, should refer to other providers when a patient would benefit from a different scope of

practice, and should always delegate tasks within the scope of practice 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”**

*Represents Core Value of Integrity*

The APTA Code of Ethics makes it clear that physical therapists and assistants should never 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 romantic or sexual relationship with their clients, or any professional/student they supervise. In addition, physical therapists should report ethical conflicts including harassment and abuse to appropriate sources. In Texas, these sources are upper management including supervisors, and the state board of Texas if there is no action taken by supervisors. In the case of a 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”**

*Represents Core Values of Accountability, Duty, Social Responsibility*

In Texas and any other state of practice, physical therapists and physical therapist assistants must always abide by the regulations within their state practice act. Physical therapists have the ultimate responsibility for the care rendered under physical therapist assistants. PTs participating and contributing to research should always protect research volunteers. Physical therapists should report incompetent colleagues or coworkers who display an inability to care for patients to supervisors, law enforcement, and/or the Texas state board. 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 (usually one month).

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

*Represents Core Value of Excellence*

Physical therapists and assistants should always practice within their scope of practice and always practice with 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. This will ultimately benefit the majority of the patients on a therapist's caseload. Therapists should ensure to practice in ways that encourage the professional and educational development of both themselves and their peers, valuing being lifelong learners.

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

*Represents Core Values of Integrity, Accountability*

This principle illustrates the concept that therapists should fully disclose when they receive a financial benefit from products that they recommend to clients. Therapists should only accept gifts from patients that do not affect their professional judgment. An example of a gift affecting professional judgment is scheduling more unnecessary visits with a patient who gifted a gift card to an expensive restaurant. Physical therapists should always bill for and document services to support the service type and duration of time with the client in a 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 and report such establishments to the Texas state board.

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

*Represents Core Value of Social Responsibility*

Physical therapists and physical therapist assistants should prioritize advocating for their role in patient care. They should also advocate for patients who are disadvantaged, underserved, or uninsured to help reduce the disparity of access to healthcare services. This means therapists should help provide for and support pro bono services for the underserved community as they are able. Physical therapists should promote the benefits of preventative healthcare services, general health, and wellness, and should help increase access to care to patients who are in sparse geographical regions or who are socioeconomically disadvantaged. In addition, therapists should always provide the correct duration and quality of service, in the correct billing codes and units to meet an individual patient's needs. Therapists should never over or under bill or over or under serve any patient regardless of the patient's situation.

## **APTA Guide for Professional Conduct** <sup>14</sup>

The APTA releases an updated version when needed to stay relevant to the Guide for Professional Conduct. This document elaborates on concepts discussed in the APTA Code of Ethics. As of 2022, the last Guide was updated in 2012. This section will discuss crucial elements of the Guide. Most of these elements are the definition of terms that are within the Code of Ethics. No document regarding ethics will ever be able to cover all hypothetical ethical dilemmas. Both the Code of Ethics and the Guide for Professional Conduct are meant to cover the basic ethical principles in the practice of physical therapy.

### **Respect** (from Principle 1)

The Guide elaborates on the display of “respect” by mentioning that respect looks different in each situation depending on the patient’s experiences, culture, socioeconomic status, disability, etc. The therapist should accommodate the differences in patients to ensure they feel respected.

### **Altruism** (from Principle 2)

Altruism is the act of putting someone else’s needs above the needs of the self. This should be considered a crucial part of physical therapy patient care. Many therapists do this automatically but should be held accountable for this standard. An example is coming in a half-hour early when a patient is unavailable during normal business hours.

### **Patient Autonomy** (from Principle 2)

PTs and PTAs should never try to manipulate a patient’s healthcare decisions in any way. They should only inform patients on facts that are within their professional scope of practice and allow the patient to make an informed but individual decision. Therapists should know the difference between encouraging to participate and comply with the plan of care versus infringing upon autonomy by trying to persuade a patient to act a certain way. Throughout patient care, physical therapists and assistants should be gathering informed consent, which means explaining the purpose of the examination and intervention to ensure that patients agree to the plan of care before carrying it out.

### **Professional Judgment** (from Principle 3)

The concept of professional judgment can be perceived as a gray area, but the Code of Ethics and Guide for Professional Conduct attempt to add clarity. The most critical component in making sound professional judgment applies to clinical decision making,



whether to refer a patient or treat a patient and prioritizing the best interest of the patient. Physical therapists should always discharge patients when they have plateaued with the treatment provided to avoid the overuse of services.

### **Supervision** (from Principle 3)

Physical therapists assess and be aware of the skill set of the physical therapist assistants they supervise and assign patient care only that the physical therapist assistant is proven competent in treating. Supervisory requirements for the state of Texas are in the Texas State Practice Act section of this course.

### **Integrity in Relationships** (from Principle 3)

Physical therapists and assistants should always act with integrity and reliability within patient care and interactions with other healthcare providers. They should never diverge from the scope of physical therapy practice so they can fulfill their role on the healthcare team.

### **Reporting** (from Principle 4)

Physical therapists should always report misconduct they notice among colleagues to protect patients. Examples of setting a good example for colleagues are to recommend colleagues engaging in misconduct to undergo ethical training, act with professionalism, and stay well versed with policies like the Code of Ethics and Guide for Professional Conduct.

### **Sexual Harassment** (from Principle 4)

The APTA and State Board of Texas has zero-tolerance for harassment by physical therapists and assistants in any interaction, especially sexual harassment. Therapists engaging in harassment will be disciplined, which may include revoking 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. Professional judgment can be corrupted when the professional boundary between two individuals is crossed in this way. Beginning relationships after patient care or the professional relationship is concluded may or may not be appropriate depending on the situation. This is especially true between a recent patient and a physical therapist or assistant.

### **Colleague Impairment** (from Principle 5)

This topic elaborates on when to report a witnessed instance of a colleague engaging in malpractice or any type of impairment that prevents appropriate practice (substance abuse, physical, or psychological). Therapists should first encourage colleagues to seek help to perform their job to the best ability. However, if colleagues are not able to perform their duties, they should be reported to the correct authority. The first step should be reporting to a supervisor and then either the state board or law enforcement if the situation is not resolved and depending on the risk to patients.

### **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 evidence-based patient care. Therapists should always foster an attitude that supports and encourages professional growth with their colleagues.

### **Charges and Coding** (from Principle 7)

Physical therapists and assistants are always responsible for accurately billing for the duration and type of services provided. There should be no extra time or less time billed than face-to-face quality interaction with the patient.

### **Pro Bono Services** (from Principle 8)

Physical therapists, in the spirit of altruism, should strive either to provide pro bono services to underserved or underinsured populations or support causes that support people with socioeconomic disadvantages. PTs and PTAs may support causes financially, through education, volunteering, or advocacy.

## **Ethical Issues in Physical Therapy Care** <sup>15</sup>

Physical therapists and physical therapist assistants will face ethical dilemmas each day in practice, as a normal part of patient care. It is crucial that therapists are prepared for this and know how to apply both the Code of Ethics and Guide for Professional Conduct to the situation at hand. Values that allow professionalism and ethical care in a therapy career include altruism, compassion, trustworthiness, and respect. Ethics are so important that Texas includes required ethics content within the TX JAM required every two years to renew a therapist license. This section will discuss ethical issues that physical therapists, patients, and physical therapist assistants face daily and what actions to take in these situations.

### **Financial Ethical Situations**

One of the most common ethical issues in physical therapy is financial. Patients may not be able to afford services due to high copays or not having insurance. This leaves the dilemma of what to recommend for a plan of care for 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 of telehealth services to avoid the transportation cost of arriving at the clinic. Therapists should also be aware of any local pro-bono services or services for people who are socioeconomically disadvantaged. Physical therapists and assistants, if not able to directly help patients who cannot afford therapy, should know of and be able to refer patients to community resources to get therapy care. Another common ethical issue is therapists being encouraged to see multiple patients at a time for physical therapy services and not bill this as group therapy. Medicare only allows group therapy, with many private insurance plans following the lead of Medicare in terms of regulations. Group therapy does not allow two individual patients to be treated for completely separate things right next to each other, or across a therapy gym. Concurrent therapy allows for simultaneous treatment with different focuses but only when it benefits the patient or is no different from individual treatment. Treating multiple patients like this at a time often compromises care and is only done to increase profits, not to benefit patients. Clinics that bill for so many patients and units per day will likely face Medicare billing and documentation audits and associated penalties.

### **Personal Beliefs and Values**

Other ethical scenarios that therapists may face are when personal beliefs are challenged 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 technique for recovery or exercises that the therapist does not agree with. In this situation, instead of stating that the other provider was wrong, it is more appropriate to tell the patient something like “I know you have been told this information at your physician’s office. In my experience with treating people with a similar problem to you and based on the current best evidence, I would suggest trying this strategy instead.” Physical therapists should never undermine the recommendations of other professionals in their effort to help patients. However, they should provide patient care in line with evidence-based practice.

### **Protecting Health Information**

As mentioned in another section, keeping personal health information confidential is an ethical issue. Providers should refrain from repeating anything that a patient states to

them in confidence to colleagues, other patients, office workers, and others. This should be done especially in a clinic even when keeping patient identifiers out of the statements as it is often easy to figure out which patient the discussion is about. Keeping information about the patient confidential will both increase trust and rapport with the patient and keep the therapist compliant with HIPAA. A practical example of keeping things private from appointments is the therapist avoiding mentioning any discussion with patients to coworkers at lunch or on breaks. Coworkers will still see the patient come through the doors, and it is unethical and even illegal for patients to be spoken about when it concerns their personal health information.

Many other ethical dilemmas occur in this profession, and physical therapists and assistants must stay current on the best resources and strategies that aim to reduce ethical conflicts. Some resources for this are the APTA (Code of Ethics, Guide for Professionalism, compliance, and coding and billing documents), individual state therapy associations (the Texas Physical Therapy Association), and Physical Therapy in Motion (which offers many articles about ethics in practical applications). CMS.gov is also a resource to monitor for changes as it will keep therapists current on any new requirements of Medicare and Medicaid in billing, coding, and documentation. It is the responsibility of any therapist entering the profession to be held accountable for their actions and their alignment with ethical standards.

## Section 4 Key Terms

1. **APTA Code of Ethics** – a document that describes the American Physical Therapy Association’s expectations for ethical standards of the physical therapist and assistant
2. **APTA Guide for Professional Conduct** – a document that outlines specific interpretations of vocabulary used in the Code of Ethics to assist in the understanding of ethical principles
3. **Pro bono services** – services provided at zero cost from a provider to a patient

## Section 4 Summary

Professionals practicing physical therapy are held to a high standard based on the Code of Ethics and the Guide for Professional Conduct. Therapists must stay current on these documents and apply the principles within their practice of physical therapy. As

highlighted above, it is also important to hold colleagues and fellow therapists accountable by either bringing up ethical conflicts with a therapist who is not acting ethically or reporting the therapist depending on the situation.

## **Section 5: Modern Communication in Physical Therapy**

The practice of physical therapy has transformed over the years due in part to technological advances. Many therapists currently use methods of communicating with patients that are newer to the world of physical therapy including telehealth, social media, and texting. Additionally, COVID-19 has impacted the delivery of services tremendously. The state of Texas has seen increased utilization of telehealth services to deliver physical therapy.

### **Telehealth Services in TX <sup>2,16</sup>**

Telehealth services include the delivery of healthcare services through a video format. Several terms are crucial to understanding within the realm of telehealth delivery of care. The first is “synchronous delivery”, where a live video stream occurs between the patient and healthcare provider. “Asynchronous store and forward” refers to when a provider 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”. The distant site can be anywhere, as long as the provider is licensed in the originating site state. “Remote patient monitoring” is used to monitor aspects of a patient’s physiology, such as lab results, and make diagnosis and treatment decisions based on those results. Physicians only can use remote patient monitoring and physical therapists are unable to at this time.

### **Regulations of PT Telehealth Practice in Texas**

Physical therapists and assistants are allowed to practice telehealth physical therapy as long as they follow the state practice act and telehealth guidelines. Physical therapists and assistants are only allowed to provide therapy through synchronous, live video with patients. PTs and PTAs must be licensed in Texas via a license through the Texas board or the Physical Therapy Compact to provide telehealth services. This means that if a therapist is located in Texas but not licensed yet, they are unable to provide telehealth or in-person care. It is permissible for physical therapists and assistants to receive verbal

consent from patients versus written consent when providing services. The therapist should document that verbal consent was received from the patient and on which date. The supervising physical therapist should determine if it is appropriate to conduct an evaluation, reevaluation, or intervention via telehealth versus in person. In response to the COVID-19 pandemic and still, in 2022, it became permissible to use platforms of delivery that are not HIPAA compliant (FaceTime, Zoom). This may change at any time and therapists should check for updates at [www.ptot.texas.gov](http://www.ptot.texas.gov). As for billing codes, payors will vary in what codes they accept for telehealth and whether they differ from in-person therapy codes or not.

Physical therapists should always delegate to physical therapist assistants to provide telehealth services only when clinically appropriate, both for the skill level of the physical therapist assistant and for the patient's benefit.

If insurers reimburse for physical therapy services, they must reimburse in accordance with parity laws which require the same amount of reimbursement for telehealth as in person care. Major insurers do reimburse for telehealth, but all patients and clinics should verify benefits prior to seeing physical therapists to avoid unexpected costs. Guidelines for Medicare and Medicaid reimbursement are available at [CMS.gov](http://CMS.gov).

### **Platforms**

There are no regulations on what platform to use, and as of 2022 in Texas, the platform does not need to be encrypted in response to the COVID-19 public health emergency. Clinics and individual providers giving telehealth services should strive to use a VPN or an encrypted site to protect the personal health information of their clients. Therapists can use common platforms such as Zoom which can be integrated into electronic medical record systems making it easy to stay compliant with protecting personal information.

## **Social Media and the Delivery of Information <sup>17</sup>**

Social media has gained popularity as the primary method of advertising services for many businesses as it has grown so prominent in society. Physical therapy clinics and individual providers flock to sites such as Facebook and Instagram to educate about PT services, advertise their businesses, and try to gain clients. This section will discuss pros and cons of using social media in physical therapy practice.

### **Benefits of Social Media <sup>17</sup>**

There are many positive aspects of using social media in physical therapy practice. As mentioned, the primary uses of social media with physical therapy are education on services and advertisements for clinics/individual providers. One area of utility is that social media will simply reach a large audience, allowing people who need physical therapy to be educated on its benefits. Social media platforms including Facebook, Instagram, and Twitter reach 2.9 billion, 1 billion, and 330 million users respectively. Not everyone is aware of the scope of physical therapy and just how much therapists can treat, which may motivate them to seek PT for any ailment they may be experiencing. Social media also allows information to reach an audience right as it develops. Journal articles and books take time for writing, publishing, and reaching an audience. On average the time from publication to use in clinical practice to journal articles is a 17-year delay. Social media can speed up the implementation of evidence-based research results into practice by reaching a greater audience of physical therapists and potential patients. It is highly unlikely that patients will ever look at journal articles, but they would look at a post on social media explaining the basics of the topic in the journal article. The use of social media solves barriers to information for people, no matter the geographical region they live in as well (as long as they have internet access). Policy changes for the practice of physical therapy can also be achieved with social media by creating posts to educate and engage clinicians when therapists should advocate for the profession. An example of this is advocating for the profession and its value when insurance companies cut the amount of reimbursement for service. Therapists also use the platform to educate themselves on posts by other clinicians when there are updates on evidence or different ideas to advance their practice. Therapists are busy treating patients, and it is impossible to stay current on all aspects of physical therapy practice. It is easy for therapists to look at their phones and see informational posts they can look further into as interested. Researchers in the field can also comment and debate on perspectives from research conclusions with ease compared to forums on a published paper. This has the potential to improve and expand upon research that already exists based on critiques given on social media when used correctly. The benefits of sharing information through social media about physical therapy are explaining services offered by physical therapists, engaging fellow clinicians in research results, and educating prospective patients and audiences about movement and its benefits. This is most effective in advertising and educating the public 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 <sup>17</sup>**

Social media, despite its benefits discussed above, has a few drawbacks that must be discussed. Social media creates an information bias where people will only see information and follow people who post similar ideas to what they already believe. Nearly two-thirds of Americans use social media as their main source of news as well. No matter if the consumer of social media is a clinician, researcher, or prospective patient, looking at and engaging with posts that confirm their beliefs results in a one-sided perspective on topics. This information bias can result in not seeing or being open to other views. A large problem with social media concerning physical therapy is people who are not physical therapists or assistants posting information on rehabilitation. The general public may not be aware that professionals such as athletic trainers and personal trainers should not be crossing into the scope of physical therapy, including rehabilitation and exercise suggestions after injury. Social media is a great way for all businesses and professionals to spread information on their services, but all users must be cautious to remain within their scope of practice. For example, a personal trainer is crossing into the scope and credibility of physical therapists if they would post about exercises to relieve low back pain rather than exercises to strengthen abdominal muscles.

Misinformation can easily be spread from a supposedly reliable and trustworthy source (especially when they have built trust with a large following) when they do not have the credentials to be posting about certain topics.

Social media posts are not reviewed for accuracy and many people will use the comments section to point out inaccuracies. However, there are often just as many comments supporting posts as opposing the information making it difficult to know what to believe.

Social media also makes it easy to post negative comments that would not otherwise be said in person. Many content creators are “bullied” for accurate information or inaccurate information, and there are few consequences for this behavior.

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. Physical therapists and assistants who use social media should avoid posting biased information on opinion, should constructively critique fellow posts by colleagues to improve their information delivery, and should use the platform to improve public access to information about physical therapy. There are many negative aspects to social media use, but can be a great tool when used correctly to allow widespread access to credible and beneficial information.



## **Texting** <sup>18</sup>

Texting within the practice of physical therapy should be only implemented appropriately and within HIPAA compliance. There are many drawbacks and advantages to using texting to communicate with patients. Patients see texts almost at a rate of 100% compared to a fraction of receiving voicemails or emails. The most common use of texting across the country within therapy clinics is for appointment reminders and scheduling reminders. Patients receive and may respond to appointment reminder texts to confirm or cancel. This reduces the number of patients who no-show to appointments as well. Texting has also been implemented in clinics to motivate and inform patients on different aspects of their condition. Physical therapy clinics can send patients reminders to complete their exercises and send the exercises themselves through text or applications with videos. This serves as a reminder and motivation to complete exercises. Other information involving recovery techniques, such as heat application recommendations and activity modifications can also be sent as reminders. For example, a patient who left their outpatient PT evaluation one week after a total knee replacement surgery would benefit from receiving information on icing, elevation, gait cycle reminders, and a list of exercises with frequency to complete listed. These text reminders help to reduce miscommunication or forgetting certain exercises, and patients are still able to complete their home exercise programs if they lose handouts. Patient messaging through a medical chart is also a popular option for information delivery after visits, but this is more difficult to access due to needing to log into their patient chart.

## **Issues with Texting** <sup>19</sup>

Physical therapists should always think about HIPAA compliance and never use patient identifiers in texts. Texting is not a secure platform and providers should take the minimum necessary action to protect personal health information at all times. Patients must sign an agreement to opt into text messaging for scheduling to ensure that they desire this feature. There are options for HIPAA compliant software that sends text reminders automatically for scheduling, which clinics should implement to avoid revealing patient information. Clinic secretaries or therapists should never text a patient from a personal phone. Ideally, clinics should implement a HIPAA compliant software or a secure messaging feature in an application or electronic medical record system that allows patients and providers to message back and forth. The software must automatically log out when patients stop using it for a certain length of time and must be able to delete messages remotely if a patient loses their device.

## COVID-19 and Impact on PT Services <sup>20,21</sup>

COVID-19 or Coronavirus Disease 2019 impacted rehabilitation professions immensely in many ways. The pandemic resulted in lockdowns, strongly recommended distancing from people nearby, and shut down in-person health care for a few months to years in some areas of the United States. 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. Many physical therapists and assistants were laid off throughout the pandemic as well.

Although outpatient clinics shut down and did not see patients in person throughout a lot of 2020, telehealth spread in popularity with users across the country in response. Patients already undergoing physical therapy at these clinics and new patients were able to receive their physical therapy virtually from the safety of being at home. Telehealth was already becoming a popular option for providers of medicine and psychotherapy, but not in physical therapy. The utility of telehealth skyrocketed for physical therapists and assistants in response to the pandemic, and regulations for telehealth are discussed in another section. Using telehealth not only allowed patients to continue receiving life-changing physical therapy, but also allowed therapists across the country to continue working from home. In response to the pandemic, several applications and software were developed to deliver telehealth physical therapy services. The platforms included several features and strived to be HIPAA compliant. Features included chatting with the therapist, virtual streaming, home exercise programs with videos and instructions, and scheduling features. Virtual care in this fashion typically decreased overall no-show appointments due to not needing transportation or not going to physical therapy for bad road conditions. One may think that exercise form would become compromised between sessions without learning it in person. However, the opposite tends to occur especially with patients who are experienced with technology, and patients cannot lose their exercise handouts unless they lose their phones. Patients can watch videos of their exercises that show the speed, the repetitions, the difficulty, and the frequency to complete their exercises. Features such as rating pain during, before, and after exercises allowed real-time communication from the exercises to the therapist as well. 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 whether the patient was in school or at home.

To elaborate on settings besides outpatient and school employment, physical therapists in other settings were employed in person in settings such as long-term care, skilled nursing facilities, and hospitals. This often meant and will mean as the pandemic reemerges and worsens throughout the time that therapists are on the front lines, either exposed to COVID or working with patients with active COVID infection. Among healthcare workers, working among people with active COVID-19 infection induced fear, policies on personal protective equipment (PPE), and the constant evolution of policies of clinical practice. The pandemic impacted the psychological and socioeconomic status of therapists and patients alike. Physical therapists and physical therapist assistants, among other healthcare workers, suffered burnout which was fueled by uncertainty about the future of their profession and witnessing the suffering from COVID-19 infection.

On top of psychological burnout, physical therapy tended to be a lower priority in the management of patients with COVID-19, as the focus became survival care strategies. Therapists had to constantly adapt to their role and prioritize their patients more than themselves with the risk of exposure to the virus. Therapists who had no experience in respiratory conditions had to learn quickly to step up and prevent deconditioning and poor outcomes among people with COVID-19. Therapists had to be resourceful with patients who were on isolation precautions, and complete therapy with equipment in the room or bring items to thoroughly sanitize after. All of these factors affecting the therapist in COVID-19 times 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 many healthcare workers were rightfully fearful of contracting the virus. Therapists, along with other healthcare workers, 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 became overworked and underpaid for their new workloads. These factors affected the quality of care, as patients could not receive the amount of physical therapy and type of care they would benefit most from.

## Section 5 Key Terms

1. **Synchronous Delivery** – telehealth services connecting a patient to a provider via live video stream
2. **Asynchronous Store and Forward** – a provider/specialist remotely reviews case information that is sent to them to diagnose or collaborate on the case

3. **Originating Site** - where a patient or the first provider would send information to the specialist, who would be at the “distant site”
4. **Remote Patient Monitoring** - used to monitor aspects of a patient’s physiology and make diagnosis and treatment decisions based on those results
5. **Burnout** - the phenomenon of physical, mental, and emotional exhaustion caused by the experience of prolonged stress

## Section 5 Summary

The delivery of physical therapy has evolved to include telehealth, messaging with patients, and social media to advertise and educate patients. These options increase the ease of access to physical therapy services. The COVID-19 pandemic has also impacted the delivery of physical therapy services, reaching therapists in every setting of employment. Therapists, as well as society at large, had to and continue to adjust to new regulations as the pandemic evolves.

## Section 6: Case Studies

### Case Study 1

Sarah is a physical therapist who is employed in San Antonio, Texas, and has worked in an outpatient clinic for two years. She has practiced to her highest ethical standard since becoming a physical therapist. One of her male patients in a treatment session commented that Sarah would look better with form-fitting pants and placed his hand on her lower back. He then offered her a discount at the local grocery store he owns if she continued to treat him for his back pain.

### Reflection Questions

1. What ethical dilemmas are present in this case?
2. What are the options for Sarah to handle this situation?
3. What documents could Sarah refer to when bringing this case up to her supervisor?

## Responses

1. The actions of this patient are considered sexual harassment to Sarah. He also offers Sarah financial benefit, or a conflict of interest, as a benefit of providing services.
2. Sarah should state to the patient that his actions by making comments on her appearance and touching her are inappropriate. She should also state that she will not accept a financial benefit from treating him. Sarah should then report these occurrences to her supervisor to help decide what action to take. Sarah should have the opportunity to refer the patient to another clinic or a male therapist within the clinic due to sexual harassment.
3. The APTA Code of Ethics and Professional Guide for Conduct are protective of the patient and the therapist. There should be no conflicts of interest or harassment of any kind from the therapist or the patient.

## Case Study 2

Debra is a physical therapist assistant who has been working with Jack, who is a physical therapist, for five years. They work together in a skilled nursing facility with a newly implemented 90% productivity standard. Debra has noticed that Jack has shortened his evaluation and treatment times spent with patients. However, he has been staying for his eight-hour shifts and has the same caseload. Debra wonders how he is managing this without dropping his productivity number. Several other PTAs and the rehabilitation aide have noticed the same behavior

## Reflection Questions

1. What may be the reason that Jack can maintain his productivity standard?
2. How might Debra and other employees address their concerns about Jack's behavior?
3. What ethical dilemmas are represented in this case and what could be potential consequences?

## Responses

1. Jack could be overbilling for services and time that he was not with the patient. He also could be punching out in between patients or clocking out early while still finishing paperwork.
2. Debra may approach Jack without accusations to ask how he can maintain his productivity standard. Otherwise, she may bring her concerns to the director of rehabilitation to act in the best interests of patients.
3. Altruism, or putting patients above all else, is potentially being broken by Jack. Jack is also not acting with integrity or respect. If he is overbilling for services, he may be subject to losing his job and his license. Debra or the director of rehab could file a complaint with the Texas Board of PT Examiners, who would decide on disciplinary action.

## Conclusion

The profession of physical therapy in Texas is regulated by the American Physical Therapy Association, the FSBPT, and the Texas Board of Physical Therapy Examiners. Therapists in Texas should be familiar with the Texas State Practice Act, the APTA Code of Ethics, and the APTA Guide to Professional Conduct to help inform their practice. All physical therapists and physical therapist assistants in Texas should strive for ethical and competent practice per the guidelines and documents discussed in this course to provide quality patient care. Of course, regulations are dynamic, and license holders in Texas are required to stay current on changes in the Texas practice act and federal regulations. All of these regulations are in place to protect the public from poor ethical decisions and malpractice.

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