

# FLEX CEUs

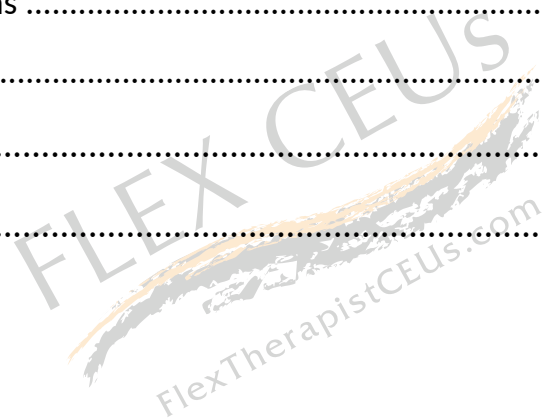


## Ethics and Jurisprudence for PA Physical Therapy



Introduction.....	3
Section 1: Overview of Licensure, Terms, and Direct Access .....	3
Education and Licensure 1-3.....	3
Direct Access Explained 2,4,5 .....	5
Terms and Titles Defining the PT Profession 6,7.....	6
Section 1 Key Terms.....	7
Section 1 Summary.....	8
Section 2: Pennsylvania Practice of Physical Therapy .....	8
State Board of Physical Therapy for Pennsylvania 8,9 .....	8
The Model Practice Act 10.....	9
Pennsylvania Physical Therapy Practice Act 2.....	9
Physical Therapy Compact 12.....	14
Jurisprudence 13 .....	15
Section 2 Key Terms.....	15
Section 2 Summary.....	16
Section 3: APTA Code of Ethics and Guide for Professional Conduct 13,14.....	16
APTA Code of Ethics 14.....	16
APTA Guide for Professional Conduct 15.....	19
Ethical Issues in Physical Therapy Care 16.....	22
Section 3 Key Terms.....	24
Section 3 Summary.....	25
Section 4: Modern Communication and Physical Therapy .....	25
Telehealth Services in PA 17,18 .....	25
Social Media and the Delivery of Information 19.....	27

Texting 20 .....	29
COVID-19 Impact on Physical Therapy Services 22,23 .....	30
Section 4 Key Terms.....	32
Section 4 Summary.....	32
Section 5: Case Studies .....	33
Case Study 1 .....	33
Reflection Questions .....	33
Responses.....	33
Case Study 2 .....	34
Reflection Questions .....	34
Responses.....	34
Conclusion .....	35
References .....	36



# Introduction

Physical therapists (PTs) and physical therapist assistants (PTAs) in the United States need to be knowledgeable on practice regulations, ethical considerations, licensure requirements, and any restrictions regarding their practice to be competent clinicians. Just like most US states, Pennsylvania has a state-led organization that offers resources to therapists, called the Pennsylvania Physical Therapy Association, and a governing body enforcing rules and regulations, called the Pennsylvania State Board of Physical Therapy. This course will discuss the different governing bodies around physical therapy practice, the practice act surrounding the appropriate scope of therapists in Pennsylvania, ethics, and how modern communication deliveries impact physical therapy care. The course will discuss different ways to represent the profession by holding up core values such as integrity, compassion, and altruism as well.

## Section 1: Overview of Licensure, Terms, and Direct Access

Becoming a physical therapist or physical therapist assistant is regulated at the local level by each state regulatory board and at the national level by the Federation of State Boards of Physical Therapy (FSBPT). The state board for Pennsylvania is called the Pennsylvania State Board of Physical Therapy. To gain a license to practice PT in any state, prospective therapists must complete their degree, pass a licensure examination, and be accepted by their state board after applying. Education, licensure, regulations, terms and titles, and direct access to physical therapy services will be discussed in this section to ensure therapists can utilize this knowledge in their practice.

### Education and Licensure <sup>1-3</sup>

Every state in the United States requires a license to practice as a physical therapist or physical therapist assistant issued from that state. Physical therapists must graduate with a Doctor of Physical Therapy (DPT) degree after pursuing prerequisite courses in an undergraduate degree. Physical therapist assistants must graduate with an Associate Degree. All programs educating physical therapists and physical therapist assistants must hold accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE is recognized by the United States Department of Education to provide quality education in the field of physical therapy. The Doctor of Physical Therapy

program lasts three years or nine semesters and the typical student will undergo a full undergraduate program before their graduate degree. The Associate Degree to become a physical therapist assistant takes two years or five semesters to complete. PTA prospective students typically need a high school diploma for entry, volunteering hours, and a high grade point average. As of 2022, there were 371 accredited PTA programs and around 250 DPT programs across the United States. During the last semester or after their degree, PTs and PTAs in each state must pass the National Physical Therapy Exam (NPTE) given by the FSBPT. The examination inquires about all aspects of practice as a physical therapist and physical therapist assistant, including diagnosis, prognosis, examination, intervention, and application of test material into clinical scenarios. Prospective PTs and PTAs may only attempt the examination two times before having to possibly prove additional training and take a practical or oral examination in combination with the written exam. Only physical therapists and assistants who complete education and pass the examination may apply for state licensure. Each state board will have different requirements to submit for licensure, including fingerprinting, payment, and educational documentation.

Physical therapists and assistants in any state must renew their licenses typically on a two-year cycle. Applicants need to pay a renewal fee that is usually cheaper than the original license. They must also submit proof of continuing education hours to their state board. Applicants for licensure should always consult the Pennsylvania State Board of Physical Therapy for an updated fee schedule for the cost of licensure. Pennsylvania requires that all applicants complete three hours of child abuse identification and reporting for first time renewals, are at least 20 years old, and are not addicted to any substance. Applicants should check the [www.dos.pa.gov](http://www.dos.pa.gov) website for an updated fee schedule for license costs. In 2022, it cost \$30 for an initial physical therapist and physical therapist assistant license in Pennsylvania. Prospective PTs and PTAs in Pennsylvania may apply online or find paper applications at [www.dos.pa.gov](http://www.dos.pa.gov) using the Pennsylvania Licensing System (PALS) for the following types of licenses.

- Physical Therapist
- Physical Therapist-Direct Access Authorization
- Physical Therapist Assistant
- Physical Therapist Assistant-Indirect Supervision
- Temporary Physical Therapist

- Temporary Physical Therapist Assistant
- Reactivation Expired/Inactive PT, PTA, and Direct Access

The direct access authorization for PTs must be completed for PTs to practice with direct access and requires at least two years of clinical experience as a licensed PT. There is a \$30 nonrefundable fee for this authorization. Applicants must also submit proof of their malpractice insurance and resume.

Foreign-trained applicants must prove several things before gaining a PT or PTA license in Pennsylvania. They must prove their education was similar to education required in the United States with a written description, pay the licensure fee, prove legal permission to work in the United States and hold similar credit hours in categories outlined in the Pennsylvania Physical Therapy Practice Act.

Licenses in Pennsylvania expire on the last day of even-numbered years, or on December 31<sup>st</sup> every other year. License holders must pay a fee based on the fee schedule at [www.dos.pa.gov](http://www.dos.pa.gov), complete the renewal application, inform the Pennsylvania state board of any other state licenses, inform the board of disciplinary action or criminal charges, submit continuing education courses, and submit proof of liability insurance.

If a license holder fails to submit for renewal on time, their license will become inactive. To renew a license in PA from inactive status, a licensee must submit everything needed for renewal plus the current renewal and a reactivation fee. The prospective license holder would be subject to disciplinary action for practicing without a current license.

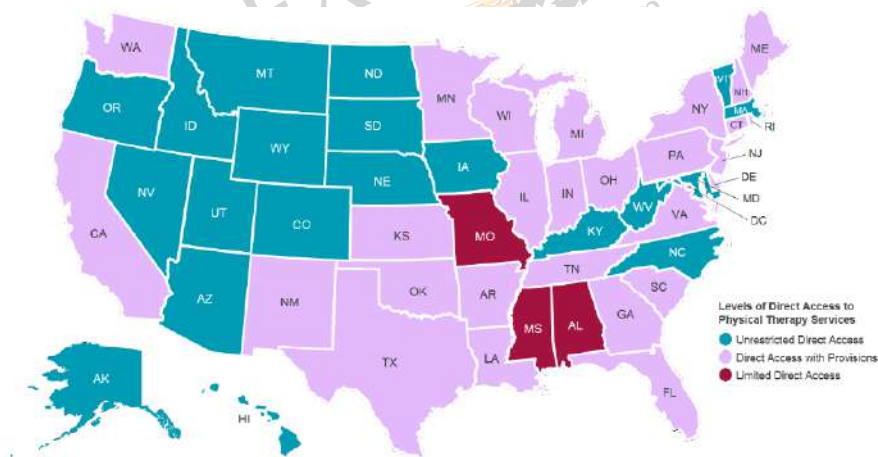
Temporary licenses in PA can be issued to graduates of PT and PTA programs who have the NPTE scheduled and are under the direct supervision of a licensed PT who has been practicing for two years or more. The temporary license would last six months after it is issued or would be revoked immediately if the license holder failed the NPTE.

## **Direct Access Explained** <sup>2,4,5</sup>

Each United States state, Washington DC, and the US Virgin Islands all allow direct access to physical therapy services. Direct access to physical therapy services means a patient can be seen by a physical therapist without a physician's referral. There are three categories of direct access regulations which include unrestricted access, direct access with some provisions, and limited direct access. The map below depicts states which allow each type of direct access. Unrestricted access means a physician does not need to make a referral for a patient to see a physical therapist if the ailment is within the scope

of a physical therapist. Direct access with some provisions means that a referral is not required, but physical therapists must refer to another provider if the therapist determines at any evaluation that the patient will likely not improve within a month of physical therapy. Limited direct access regulations require that the diagnosis be made within the past three months and that the physical therapist sends a plan of care to the provider who made the initial diagnosis within two weeks. The state of Pennsylvania implements direct access with provisions of law regarding physical therapy services as well as other requirements. Pennsylvania physical therapists must also take continuing education and apply for direct access authorization and be accepted at the [www.dos.pa.gov](http://www.dos.pa.gov) site.

Direct access continues to expand, reducing barriers and provisions to community access to physical therapy care. This is led by physical therapists in the American Physical Therapy Association. Direct access is very appropriate for physical therapists due to doctorate-level education that prepares therapists to treat or refer patients they see. Therapists are trained to identify conditions that warrant referral to another provider and even send to urgent or immediate care if necessary. Therapists can advocate for the advancement of direct access to their state board at any time.



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

## Terms and Titles Defining the PT Profession 6,7

The titles of a physical therapist and physical therapist assistant are abbreviated “PT” and “PTA” respectively. The terms physical therapist, PT, physical therapy, or physiotherapy are used only to describe licensed PTs or PTAs providing service. Other professions are prohibited from using the terms listed due to misleading consumers. Other professions such as chiropractic and personal training may use some treatments

and modalities that physical therapists use. This can never be advertised as physical therapy and should be advertised as the service provided. PTs and PTAs should file a complaint with the Pennsylvania State Board of Physical Therapy if these protected terms are being misused.

PTAs with the required Associate Degree, NPTE passing score, and PTA license should use the abbreviation PTA to designate their professional level. A physical therapist assistant named Kim Smith would be designated as Kim Smith, PTA.

Since the early 2000s, graduates of physical therapy programs must earn a Doctor of Physical Therapy (DPT) degree. The full title of a physical therapist with this credential is “Dr. First name, last name, PT, DPT”. PT represents the PT license and DPT represents the education level of the physical therapist. Many employed and licensed physical therapists have a Bachelor’s or a Master’s degree as well. These therapists graduated before the early 2000s and were grandfathered in to continue practicing when the education level switched to a doctorate program.

Physical therapists may have a Master of Physical Therapy (PT, MPT), a Master of Science in Physical Therapy (PT, MSPT), or a Bachelor of Science in Physical Therapy (PT, BSPT). After education and clinical experience, physical therapists may pursue a board specialty recognized by the American Board of Physical Therapy Specialties (ABPTS). Board certifications should be fully written out per recommendations of the American Physical Therapy Association. For example, a physical therapist may gain the designation of a Board-Certified Clinical Specialist in Neurologic Physical Therapy (formally abbreviated as NCS). An example of a board-certified specialist is below.

Dr. Kim Smith, PT, DPT

Board-Certified Clinical Specialist in Neurologic Physical Therapy

## **Section 1 Key Terms**

Commission on Accreditation in Physical Therapy Education (CAPTE) – an organization regulated by the US Department of Education to determine the competence level of a physical therapist and physical therapist assistant in educational programs

National Physical Therapy Exam (NPTE) – physical therapists and physical therapist assistants must pass this licensure examination to practice in any United States state or territory

Direct Access – having access to physical therapy services with no physician referral



## Section 1 Summary

Physical therapists and physical therapist assistants need to complete the required education, pass the NPTE examination and be accepted for state licensure before receiving a license to practice. Several organizations including CAPTE, the Pennsylvania State Board of Physical Therapy, and the FSBPT create the professional and educational standards for licensed PTs and PTAs in Pennsylvania. The phrases “physical therapist”, “physiotherapist”, “PT”, and “PTA” are only allowed to be utilized by licensed PTs and PTAs. Pennsylvania has direct access with provisions law meaning PTs are allowed to see patients without a referral but must refer to a physician if there is a risk the patient will not improve in a month.

## Section 2: Pennsylvania Practice of Physical Therapy

In terms of rules and regulations set out to guide PTs and PTAs, each state has its standards for this. This section will describe regulations therapists must follow to avoid disciplinary action in Pennsylvania. It will also discuss how the Pennsylvania State Board of Physical Therapy, the Pennsylvania Physical Therapy Practice Act and the practice standard for physical therapy play a role in the practice of PT in Pennsylvania.

### State Board of Physical Therapy for Pennsylvania <sup>8,9</sup>

The Pennsylvania State Board of Physical Therapy exists to manage the practice of physical therapy, physical therapy licensure, complaints on licenses, and investigation of malpractice, and to protect the public in the state of Pennsylvania. The board processes all applications for licensure and is the agency that issues, revokes, suspends, and reactivates licensure for physical therapists and physical therapist assistants in Pennsylvania. The board is made up of thirteen total members all of whom must be residents of Pennsylvania. The board includes seven physical therapist slots and one physical therapist assistant slot with an active certificate with the board, all of whom must have five years of clinical experience with an active license. The board consists of two members of the public as representatives. One member is the Commissioner of Professional and Occupational Affairs, another member is the Physician General of Pennsylvania, and another member is the Attorney General. The board elects a chairman, a vice chairman, and a secretary among its members. Each board member serves a four-year term, limited to a total of two terms, and the terms are staggered among members to avoid vacant positions. The board is required to meet at least

quarterly or four times per year. The board is required to keep an active list of all PTs and PTAs licensed in the state with their license numbers on public record. The board receives all complaints on license holders by the public and is responsible for reviewing and issuing consequences to the license holder. The Pennsylvania State Board of Physical Therapy is responsible for protecting the public against poor practices of physical therapy by vetting all physical therapists and assistants for licensure requirements and reviewing complaints to the board on a case by case basis.

## **The Model Practice Act <sup>10</sup>**

The Model Practice Act within the profession of physical therapy serves as an example or “gold standard” of practice acts within physical therapy. It discusses rules and regulations of physical therapy practice and is represented by the Federation of State Boards of Physical Therapy (FSBPT). Individual states can adopt the entire practice act or parts of it to represent federal standards of physical therapy practice. The act was originally created in 1997 and was last revised in 2020, and a specific task force within the FSBPT is responsible for keeping the act current. States that implement the Model Practice Act entirely have the advantage of unity across the document, rather than inconsistencies with only adopting part of it. The practice act is 93 pages long and describes the board, examination, licensure process, ethics, and regulation of the profession. The state of Pennsylvania has a unique practice act that implemented some ideas from the Model Practice Act but stands independent from it.

## **Pennsylvania Physical Therapy Practice Act <sup>2</sup>**

The Pennsylvania practice act is found within Title 49 of the Pennsylvania code under a collection of chapters called “Professional and Vocational Standards”. There are 63 total chapters under this title, which discuss regulations of all health professions and some professionals unrelated to healthcare, like barbers, crane operators, and architects. Physical therapy is represented under Chapter 40.

The Pennsylvania Physical Therapy Practice Act is kept current as new amendments need to be added, section by section. The act defines relevant terms and discusses licensure requirements, supportive personnel, regulations of the board, scope of practice, direct access, continuing education, and liability insurance requirements. This section will detail essential aspects of the practice act to ensure the PT and PTA licensed in Pennsylvania understands the details surrounding these topics.

## **40.2, 40.3 - Other Disciplines**

Section 40.2 of the practice act states that a licensed physical therapist may never use the title “Doctor of Medicine” or “MD” and not practice within the scope of a medical doctor. Physicians must refer to physical therapy unless the therapist is trained and has a certificate for direct access. Section 40.3 of the practice act states that other professions which do not require licensure for physical therapy are not restricted. These include health directors, physical education teachers, athletic trainers, and others. Other professions can administer non-therapeutic modalities, normal exercise, and conditioning but may not directly evaluate and treat a specific injury. They essentially may not provide physical therapy without a license.

## **Licensure**

### **40.11 - Educational Requirements**

All therapists licensed in Pennsylvania must go to a physical therapy program accredited by CAPTE, except foreign-trained applicants. All graduates of physical therapist programs must hold a master’s degree at a minimum after 2002. Prior to 2002, graduates must hold at least a baccalaureate degree and a license to practice.

### **40.12 - Licensure Application**

Qualifications in addition to education are the age of 20 or greater, demonstrating good moral character, not being addicted to substances or alcohol, and having completed three hours of child abuse reporting for first time renewals (2-hours after).

### **40.13 - Exam Areas**

The Board of Pennsylvania must make examinations available at least twice per year and be able to conduct oral and practical examinations as they see fit for licensure.

### **40.14 - Reexamination**

If an applicant fails the first NPTE examination, they may take another attempt between 60 days and one year after failure. If the applicant fails a second time, their third examination will require a new application for licensure and must be attempted within six months of failing the second time. The board would require additional training to become a PT or PTA if they do not complete another application for licensure. The Board may also require an oral and practical examination to demonstrate competence.

Applicants are limited to three exam attempts each year and the Board grants permission after three failures to take the exam again.

#### **40.15, 40.16, 40.17 - Licensure by Examination, Endorsement, Foreign-Trained Applicants**

Applicants by examination must fill out this application from the Board's website with the required proof of education and examination passing score. Licensees by endorsement, or those educated in other states obtaining licensure in Pennsylvania, must submit a few things to the Board for licensure. These items include professional credentials, a written application for licensure by endorsement, a fee, and three hours of child abuse recognition training for first time renewals (2-hours after that). Applicants who were trained in other countries besides the US must take the NPTE and complete a clinical experience, submit proof of education and work experience in their country, be authorized to work in the US, and have an unrestricted license to practice in their country. The educational requirements include at least 90 hours in professional education (neurology, orthopedics, pediatrics, geriatrics, cardiopulmonary, pharmacology) and 60 credit hours in general education. The applicant must have two full-time clinical experiences that total 800 hours which need to be supervised by a physical therapist. The Board may require up to a year of clinical internships once coming to the US to work to demonstrate competence as a physical therapist. The physical therapist supervising is required to submit a letter to the Board that the training physical therapist is clinically competent.

#### **40.19, 40.20, 40.22 - Renewal, Inactive Licenses, Temporary License**

Licenses expire on December 31<sup>st</sup> of years ending in even numbers. The renewal process includes submitting a renewal application, a fee (schedule available on the Board's website), listing licenses, disciplinary action, criminal charges in other states, and verifying continuing education and professional liability coverage. Inactive licenses must be reinstated with a fee and application before a physical therapist can practice again in Pennsylvania. They must also demonstrate required proof of continuing education requirements. If they have an inactive license for more than five years, they will need to prove they have practiced in another state for at least three years of the past five years or retake the NPTE. Prospective PTs who are yet to take the NPTE after graduation may practice under a temporary license where a licensed PT with two years or more of experience supervises them with direct supervision.

#### **Supportive Personnel**

## **40.32**

Supportive personnel are physical therapy aides or technicians who have no formal training in patient care. They must be under the direct supervision of a licensed physical therapist. PT aides are unable to perform anything that requires training, such as physical therapy services, but are allowed to complete things like transporting patients, preparing patients for treatment, attending to personal needs of patients, applying heat or ice, cleaning equipment, and tracking patient activities.

### **Scope of Practice**

#### **40.51 – Electroneuromyography and Nerve Conduction Velocity**

EMG and NCV testing can only be performed by physical therapists at the referral of a physician, and results must be sent directly to the physician who will make a diagnosis. Ultrasound and electrical stimulation may be performed, and transdermal medication as long as a referring physician prescribed the medication.

#### **40.52 – Physical Therapist Unprofessional Conduct**

Disciplinary action will be given to therapists who conduct many unprofessional activities. These include harassment, breaking HIPAA compliance, not appropriately supervising a PTA or PT student, continuing to treat a patient who needs a referral to another professional, guaranteeing a patient will improve with therapy services, fraudulent billing, being impaired by a substance or alcohol, misleading patients, and not keeping adequate records of services.

#### **40.53 - Physical Therapist Assistant Scope <sup>11</sup>**

Physical therapists must supervise physical therapist assistants with general supervision with at least telecommunications. They can treat, administer outcome measures and measures to document progress (joint range of motion for example), work with the patient toward therapy goals, and progress exercises. They should not be delegated to act on referrals, complete evaluations, reevaluations, or discharges, modify plans of care, complete joint mobilizations, consult on services, or decide when a patient needs other services. PTs must complete a reevaluation every 30 days or earlier if there is a patient status change. PTs can supervise a maximum of three PTAs at one time. PTAs may work in all settings of possible physical therapy employment. For acute care or other hospital settings, PTAs are under the on-site supervision of a licensed PT. For skilled nursing facilities, PTs should treat the patient at least once every seven visits or fourteen days (the first to occur). For outpatient clinics, PTs should be on site 50% of the hours

worked by the PTA and be available by phone during the other half of the time. For school settings, PTs need to visit onsite at least every four visits or 30 days (the first to occur). For the home health setting, the PT needs to make a visit at least once every seven visits or fourteen days (the first to occur). PTAs need to have at least 2,000 hours of patient experience and have worked for at least three years can apply for a certificate of authority to work under indirect supervision as outlined above.

### **PT Student Supervision**

Physical therapy and physical therapist assistant students must be supervised with direct immediate, on-premises supervision at all times. This means direct observation of the student by a licensed physical therapist so they can intervene if needed to prevent possible harm to patients. This supervision requirement is in place until a PT or PTA student receives their license to practice independently.

### **Practicing Without a Referral - Direct Access**

#### **40.61, 40.63 - Certificate of Authorization**

PTs in Pennsylvania need to acquire a certificate of authorization to complete the evaluation and treatment of patients without a physician referral. To apply for the certificate, the PT must have a current PA license, have passed the NPTE, have provided two years of care before the authorization application (directly before), and have maintained professional liability insurance. The certificate must be displayed for patients to see in the therapy clinic and the PT must refer patients who come in for an evaluation who are not appropriate for therapy immediately and the PT may treat the patient for thirty days without a referral. After thirty days, the therapist may continue treating the patient with a referral from their physician. If the patient has acute cardiac, neurologic, or pulmonary conditions, the therapist must consult with the patient's physician before treatment. The PT who holds the certificate of authorization must direct continuing education efforts towards direct access. This means that one-third of the required 30 hours of continuing education must contain evaluation procedures to treat without a referral.

### **Continuing Education**

#### **40.67 - Continuing Education for PTs**

Physical therapists and physical therapist assistants in PA must complete 30 hours of continuing education hours per two-year period to maintain their license, beginning after the first license cycle. Two hours must be within child abuse recognition and

reporting (3-hours for first time renewals) and two hours must be within laws and ethics. If a PT is a certificate holder for direct access, they must complete 10 hours of educational course hours on evaluation without a referral. If a licensee does not complete the continuing education with license renewal and continues to practice, they will face disciplinary action. Therapists must prove their education by submitting certificates with the dates, name, board approval, and several hours. Therapists should keep a record of their education for five years after license renewal for proof when the board conducts license audits. Credit hours may be in the categories of courses and programs relating to advancing the education of physical therapists, laws, and ethics, and new evidence that has advanced the practice of PT. PTs or PTAs will not get credit hours for business management courses or repeated courses. PTs get the same credit hours for teaching courses (plus hours for preparing and writing courses) as PTs get for attending them. The Board of Pennsylvania must approve course providers of continuing education and licensees need to verify the legitimacy of their course provider with the Board before taking courses. The APTA, FSPBT, and CAPTE accredited programs and the American Heart Association and American Red Cross for life support measures are approved. The Board has the right to deny sources of continuing education courses if they do not meet the standards for maintaining licensure. The Board has a list of approved programs and courses available on the website for PA licensees to verify their programs before taking them. Additional categories of education credits are writing or editing books (limited to 15 hours), writing or reviewing journal articles (limited to 10 hours), and research/writing counts for one credit hour per one hour of research or writing.

### **Professional Liability Insurance (40.69)**

Liability insurance is required for licensure for PTs and PTAs in Pennsylvania. The requirement is \$1 million in coverage per incident. This coverage may be obtained as an individual provider or through a PT or PTA's employer. Therapists must be able to prove their liability insurance with a certificate of insurance stating the coverage amount. If a therapist works without liability insurance, they would be subject to disciplinary action.

### **Physical Therapy Compact <sup>12</sup>**

The Physical Therapy Compact is a licensure agreement across state boards of physical therapy in the US where a licensee in a participating state can apply for privileges in other member states to practice physical therapy there. At the time of writing, the state of Pennsylvania had enacted legislation for compact privileges but was not actively

issuing it (2022). When legislation goes through and the state actively issues compact privileges, license holders in Pennsylvania as their home state would be able to gain compact privileges in other states to practice there. In addition to that, the state of Pennsylvania will issue compact license privileges to license holders in other states that are members of the PT compact to bring more PTs and PTAs to help obtain work in Pennsylvania. Pennsylvania license holders should check the website [ptcompact.org](http://ptcompact.org) for updates on when the state and others actively issue compact licenses.

## **Jurisprudence <sup>13</sup>**

A jurisprudence examination tests licensure applicants to different states on the laws, practice act, and regulations required to practice in that state. 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 Pennsylvania does not yet require a jurisprudence examination. Pennsylvania does require two hours of ethics and law continuing education courses per license renewal in place of the jurisprudence law examination. Applicants to the state of Pennsylvania should go to the Board's website to monitor if this requirement has changed. As of 2022, the state of Pennsylvania was not actively issuing PT compact licensure and when the state does, a jurisprudence examination may be required. A list of jurisprudence exam requirements per state with the PT Compact is here: <https://ptcompact.org/Compact-Privilege-Fee-Jurisprudence-and-Waiver-Table>.

## **Section 2 Key Terms**

Pennsylvania Physical Therapy Practice Act – a document outlining the standards of the practice of physical therapy in Pennsylvania

Direct Supervision – immediate, on-premises supervision required of a physical therapist or physical therapist assistant student before gaining a license to practice

General Supervision – supervision required for physical therapist assistants for physical therapists to be available by at least telecommunications during direct patient care

Physical Therapy Compact – an agreement among participating the US states that license holders in a home state within the compact can purchase compact privileges in another state to practice physical therapy



Jurisprudence – refers to an examination of state laws governing the practice of physical therapy and is typically required to take before becoming a licensed physical therapist or physical therapist assistant, but is not required in PA

## **Section 2 Summary**

The state of Pennsylvania regulates its physical therapy practice by the Pennsylvania State Board of Physical Therapy and outlines its practice guidelines in the Pennsylvania Physical Therapy Practice Act. PTs and PTAs in Pennsylvania should know these requirements to practice within the legal limits of their license and to avoid disciplinary action. The practice act also outlines how to obtain licensure, how to renew it, categories of continuing education, and details of how to practice within appropriate standards in Pennsylvania. The state of Pennsylvania does not require a jurisprudence examination as of 2022 but does require two hours of continuing education on laws and ethics per license renewal cycle.

## **Section 3: APTA Code of Ethics and Guide for Professional Conduct <sup>13,14</sup>**

Every so often, the APTA releases a guide that outlines the recommendations that physical therapists and assistants must follow to represent the profession with ethical standards. The Code and Guide exist to be used together as the guide explains the code principles in more detail. These elements are adjusted based on advancements in technology and ethical situations that may arise in current times that were never an issue before. This section will describe the behaviors and values of PTs and PTAs that are expected in the state of Pennsylvania and the country as a whole.

### **APTA Code of Ethics <sup>14</sup>**

#### **Preamble**

The purpose of both the Code of Ethics and Guide for Professional Conduct are to help physical therapists and physical therapist assistants to practice ethically. These documents set the standards for ethical standards, educate therapists on how to uphold these standards, and shed light on whether or not a therapist has acted unethically. The

ethics guide predominantly focuses on behaviors expected of therapists to benefit and protect patients by upholding ethical standards in patient care.

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

To represent the profession with compassion, caring, and integrity, all physical therapists and assistants need to acknowledge any biases against people who are different from them. Examples of these differences are race, political views, gender, and socioeconomic status, but apply to any way that two individuals are different. Therapists should actively work to reduce their biases and treat each patient with respect as an individual because their judgments should never impact the quality of patient care.

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

This principle is rooted in the concepts of altruism, collaboration, compassion, caring, and duty. It ensures that physical therapists and physical therapist assistants put aside their personal needs to prioritize the needs of their patients while providing physical therapy care. It also illustrates that therapists should act with empathy and compassion and prioritize patient confidentiality. Therapists should always gain informed consent from their patients, in their native language, so the patient can make well-educated healthcare decisions. PTs and PTAs should practice with compassion for different cultures and values at all times, even when they do not agree with their patients.

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

This principle addresses collaboration, duty, excellence, and integrity. Being accountable for making sound professional judgments means that therapists are always acting for the benefit of the patient, and not letting outside influence affect their care. Therapists should never engage in activities that give financial reward while providing clinical care, should always practice physical therapy applying the best evidence, should refer out when a patient would benefit from a different scope of practice, and should always delegate appropriate patient care to physical therapist assistants. Therapists should discharge patients when patients are appropriate to discharge clinically and avoid early or late discharge guided by their relationship with the patient.

**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”

The APTA Code of Ethics makes it clear that physical therapists and assistants should never mislead current or prospective clients about the nature of services and should never manipulate professionals or patients they are working with. Physical therapists and physical therapist assistants are prohibited from being in romantic relationships of any nature with their clients. Physical therapists should not be in relationships with any professional or student who they supervise. In addition, physical therapists and assistants are responsible for reporting ethical conflicts including harassment and abuse to upper management and even the Pennsylvania State Board. In the case of suspected child or elder adult abuse, physical therapists and assistants are mandatory reporters to law enforcement and will be penalized if they fail to report cases. Therapists should act with integrity to uphold the value of building healthy and appropriate relationships with patients, fellow providers, and other individuals involved in care.

**Principle 5:** “Physical therapists shall fulfill their legal and professional obligations”

Represents Core Values of Accountability, Duty, Social Responsibility

In all states, physical therapists and physical therapist assistants must always abide by the regulations within their state’s practice act. Physical therapists have ultimate responsibility for the care provided by physical therapist assistants. PTs participating and contributing to research should always strive to protect the safety and confidentiality of research participants. Physical therapists should report incompetent colleagues or coworkers who display an inability to care for patients based on evidence to supervisors, law enforcement, and the Pennsylvania State Board of Physical Therapy. Physical therapists and assistants should make every attempt to coordinate a patient to see another therapist if they must stop their clinical duties for any reason. This means that a therapist should give a month’s notice to allow patients to transition to another care provider.

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

Physical therapists and assistants need to only practice within their scope, with the highest level of evidence-based practice. Therapists need to pursue clinical excellence through continuing education courses that advance their practice purposefully, along with maintaining licensure requirements. Therapists should be lifelong learners,

meaning they engage in professional development and educational activities that benefit their patients and the practice of physical therapy in the long run. They should also support professional and educational development through peer encouragement.

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

This principle illustrates the values of integrity and accountability in patient care for physical therapists to follow. Therapists should always tell patients if there is a financial incentive for making a profit from recommended products. Additionally, therapists should not accept any gift that affects their professional judgment in providing patient care. If therapists accept gifts that incentivize seeing their patients for unnecessary visits, that is an ethical dilemma. For example, a therapist who accepts a \$100 voucher for a restaurant that their patient owns may be incentivized to keep seeing that patient in hopes of another financial benefit. This places this patient ahead of others, which is not ethical. PTs and PTAs should always only bill for the duration of time their service was provided, virtual or in person. The interaction should be billed correctly in terms of service type provided, whether or not one code is worth more reimbursement than another. Therapists should remove themselves from employment situations where they are encouraged to bill unethically and report these operations to the State Board of Pennsylvania.

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

Physical therapists and physical therapist assistants should prioritize social responsibility in patient care duties. Therapists should be patient advocates at all times, especially for those who are underserved or disadvantaged when receiving medical care. This will play a role in reducing difficult access to care and healthcare disparities. Therapists should strive to provide reduced costs or pro bono services for disadvantaged or uninsured clients as volunteers. Therapists should advocate for preventative care, improve general health and wellness, and promote access for those who live in geographically sparse locations.

## **APTA Guide for Professional Conduct <sup>15</sup>**

The APTA provides the therapy community with the Guide for Professional Conduct, which stays current with updates. The purpose of the Guide is to further explain ideas and core values from the APTA Code of Ethics. As of 2022, the last version of the Guide

was released in 2012. This section will discuss crucial elements of the Guide. Most of these elements define terms within the Code of Ethics. The Code of Ethics and the Guide for Professional Conduct are meant to outline the basic ethical principles in the practice of physical therapy. However, no document discussing ethics will be able to cover all hypothetical ethical scenarios.

### **Respect**

The Guide mentions that respect is situation dependent and based on the experiences, culture, socioeconomics, and different factors of each patient. PTs and PTAs should value accommodating differences from their patients to themselves to ensure patients feel like they can express themselves for clinical treatment.

### **Altruism**

Altruism is defined as the act of putting your own needs behind the needs of another. Therapists should always think this way to fulfill their professional duties of excellent patient care. Therapists should encourage colleagues to act this way to make patients feel their PT or PTA is trustworthy and will help them achieve goals. An example of an altruistic act in patient care is working through lunch to accommodate the only time a patient could come in during the week.

### **Patient Autonomy**

The job of PTs and PTAs in patient care is to gather the informed consent of patients before carrying out treatment on patients. They should allow patients to make their own healthcare decisions and never manipulate a patient's decisions in any way. Therapists can of course encourage their patients to participate in services but should never persuade someone to decide when they have all of the facts themselves. Also, if a patient declines to participate in services, they have every right to do so.

### **Professional Judgment**

The concept of professional judgment represents a gray area that the Code of Ethics and Guide for Professional Conduct attempt to add clarity to. An important component in making sound professional judgment applies to clinical decision-making. PTs and PTAs face the decision daily of whether to refer a patient or treat a patient to prioritize the best interest of the patient. Additionally, physical therapists should always discharge patients when they have plateaued with the treatment provided to avoid the overuse and overbilling of care.

## **Supervision**

Physical therapists have the responsibility to assess the skill set of physical therapist assistants they are working with and assign patient care according to the ability of the physical therapist assistant to perform with competence. The Pennsylvania Physical Therapy Practice Act section of this course has details on the supervisory requirements for licensees in the state of Pennsylvania.

## **Integrity in Relationships**

Physical therapists and assistants should always act within their scope of practice and act with reliability and truth in their professional interactions. They should act to fulfill their role within the healthcare team and establish effective rapport to perform their job successfully.

## **Reporting**

PTs and PTAs should report misconduct they notice among their colleagues to protect patients. Therapists should be advocates for engaging in ethics training and should set examples for acting with professionalism and should stay familiar with policies like the Code of Ethics and Guide for Professional Conduct.

## **Sexual Harassment**

The APTA and Pennsylvania State Board of Physical Therapy have no tolerance for harassment by physical therapists and assistants, especially sexual harassment. Therapists engaging in harassment will be disciplined appropriately, which may include license revocation.

## **Exploitation**

Physical therapists and assistants should never be involved in romantic and/or sexual relationships with their patients, professionals they supervise, or their students. Professional judgment will be altered when the professional boundary between two individuals is blurred in this way. Relationships that begin after patient care or the professional relationship (supervisor to supervisee) 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**

This concept elaborates on what to do when a colleague is impaired when providing clinical care. The impairment could be physical or psychological in nature or the result of substance abuse. Therapists should address these concerns with their colleagues first and encourage them to seek help to perform their job safely and correctly. If the colleague does not engage in fixing their impairment, it is appropriate to report to an authority. This should be the site supervisor at first, and law enforcement and the Pennsylvania State Board if the situation is not resolved by the supervisor. This is a serious matter if patients could be in imminent danger from a person who is impaired.

### **Professional Competence and Growth**

Continuing education needs to be a priority for PTs and PTAs. It is the only way to provide patients with high-quality evidence-based care. Therapists should support and encourage their colleagues in professional growth as well.

### **Charges and Coding**

Physical therapists and assistants should always bill accurately for the duration and type of services provided. There should be equal time represented for face-to-face quality interaction with the patient and billing units.

### **Pro Bono Services**

Along the theme of altruism, therapists should strive to support those who are disadvantaged in obtaining healthcare services. This includes providing pro bono services to underserved or underinsured populations or to support causes that support people with socioeconomic disadvantages. PTs and PTAs may support causes as advocates, financially, through education, and volunteering.

## **Ethical Issues in Physical Therapy Care <sup>16</sup>**

PTs and PTAs face ethical dilemmas every day as part of patient care. This section will elaborate on how to act ethically with professionalism in every aspect of patient care and how to utilize both the Code of Ethics and Guide for Professional Conduct in every interaction. Pennsylvania license holders must take two hours of continuing education every two years to maintain licensure. Values that represent ethical care in therapy interactions include altruism, compassion, trustworthiness, and respect. This section will discuss ethical issues that physical therapists, patients, and physical therapist assistants face daily and what actions to take in these situations.

## **Health Information Privacy**

Clinicians must make their best effort in keeping personal health information private and confidential. PTs and PTAs should only discuss clinically relevant information about their patients and keep interactions confidential otherwise. Patients may tell their healthcare professional something about them that does not relate to their clinical care in confidence, and their privacy should be respected. This means that even without using patient identifiers, things besides clinical care concerns should not be mentioned in an office. Other workers may be able to piece together which patient is being discussed based on certain factors, losing the ability to have a confidential conversation. Therapists need to think about their compliance with the Health Insurance Portability and Accountability Act (HIPAA) as well, which keeps patient health information secure at a federal level. The best practice for clinicians is to avoid talking about patients during lunch or on breaks so they keep information confidential and stay HIPAA compliant.

## **Financial Ethical Situations**

Some of the most common ethical dilemmas in physical therapy are financial. Patients often lack financial resources to cover copays, transportation, or their high deductible and some are not insured at all. This creates a situation where therapists must decide the best plan of care for patients who need therapy but are unable to pay for it. Therapists may offer telehealth services to eliminate transportation costs if patients have a reliable internet source and a phone, tablet, or computer. Therapy clinics can offer discounted services as well. PTs and PTAs should try to know or be involved in the local pro-bono services, donation centers for assistive devices, and services for people struggling due to socioeconomic status.

Therapists may be encouraged to see multiple patients at a time for physical therapy services and to bill this as something other than group therapy. Medicare and many private health insurance plans allow group therapy, which entails treating multiple patients in the same activity at the same time. Group therapy is not treating patients at the same time in different activities, even if they are within the same therapy gym. However, concurrent therapy allows simultaneous treatment with different focuses when it is as safe and effective as individual treatment. An environment and management that encourages therapists to have high productivity will see higher profits at the expense of potentially poor patient care. These clinics or rehabilitation centers will be at an increased risk for Medicare and private insurance audits because flags will occur when too many patients and units are billed per therapist per day.



## Beliefs and Values

Therapists may also face ethical dilemmas when their patients or other healthcare professionals have beliefs or values that do not align with those of the therapist. Patients often talk about subjects of contention like politics, the news, and religion. PTs and PTAs should remain neutral and not engage in a conversation that could become contentious. A patient also may bring up a treatment strategy that their physician or another healthcare provider suggested which differs from the knowledge and scope of PT practice. In this situation, if the treatment strategy is within the scope of PT practice, the therapist should never insult the other provider. They should say something that cites the PT's scope of practice and the therapist's professional experience. For example, if a primary care physician told a patient to rest at all costs after an injury sustaining low back pain with no fracture, the therapist would likely disagree with this advice due to the best evidence. The therapist may state something like "I know your physician recommended you rest after this injury, but research has found that people recover more quickly from low back pain with early, safe, and pain-reducing movements." This statement does not undermine the physician's advice, but it also is a statement seeded in evidence and perfectly acceptable to make as an expert in mobility and injury recovery.

Just like all professions, the physical therapy field is not immune to ethical dilemmas. Resources that help therapists to navigate these situations are the APTA through the Code of Ethics, Guide for Professionalism, the compliance, coding, and billing documents, the Pennsylvania Physical Therapy Association, and Physical Therapy in Motion. The Medicare and Medicaid website, CMS.gov, also allows therapists to stay current on Medicare and Medicaid billing and documentation requirements and standards. All therapists are responsible as individuals to stay current on ethical recommendations and to navigate to these resources and their supervisors to practice to their highest ethical standard.

## Section 3 Key Terms

APTA Code of Ethics – a document that describes the American Physical Therapy Association's expectations for ethical standards expected of the PT and PTA

APTA Guide for Professional Conduct – a document that outlines specific interpretations of core value terms used in the Code of Ethics to allow understanding of the ethical principles

Pro Bono Services – services provided at no cost, usually to patients with poor or no insurance coverage

### **Section 3 Summary**

Physical therapists and physical therapist assistants should provide care with integrity and compassion even when faced with ethical dilemmas. Guides to help navigate scenarios include the Code of Ethics and the Guide for Professional Conduct and these situations should be discussed with a supervisor. Therapists should hold each other accountable just as much as themselves by discussing observations of poor ethical standards with colleagues and with supervisors. This is important to protect the patient and hold the therapist accountable for providing high-quality care.

## **Section 4: Modern Communication and Physical Therapy**

Advances in technology have modernized communication strategies within healthcare over the past decades. Therapy clinics and therapists are using telehealth, social media, and texting to reach their patients more effectively, rather than phone calls and in-person meetings. These communication methods began prior to the COVID-19 pandemic and became more prolific as the pandemic continued. As of 2022, the state of Pennsylvania allowed telehealth services with very little restriction in most healthcare scopes of practice.

### **Telehealth Services in PA <sup>17,18</sup>**

#### **What is Telehealth?**

Telehealth or telemedicine services are the transmission of healthcare services per discipline through a video streaming format. There are several different ways to deliver telehealth services. These include synchronous, asynchronous store and forward, and remote patient monitoring. Synchronous delivery is a live video interaction between a patient and a healthcare provider. Asynchronous store and forward occurs when a provider working with a patient sends patient health and treatment information to a specialist provider at a different site to collaborate on the case. The originating site is the patient's location, and the distant site is where the specialist receiving the store and forward information is located. The provider must be licensed in the state where the patient is located, but the provider can be located anywhere. Remote patient monitoring

(RMP) is used by physicians to treat patients based on different physiological markers, such as lab results. The provider can make a diagnosis and treatment plan based on the status of lab results, scans, and other tests. Currently, only physicians can use remote patient monitoring. As of 2022, remote therapeutic monitoring (RTM) was implemented by CMS allowing therapists to collect data on the musculoskeletal and respiratory systems to adjust patient plans of care. The data collected is self-reported information on pain levels, exercise adherence, and exercise response. Specific RTM codes that correspond to RPM codes have been released by CMS. The RTM codes are 989X4 and 989X5 as of 2022. The rules around RTM will likely change and expand and therapists can stay updated at CMS.gov.

### **Telehealth Regulations in PA**

Telehealth services have been allowed in the state of Pennsylvania for years before the COVID-19 pandemic began. Between May 2012 and March 2020, the Office of Medical Assistance Programs (OMAP) allowed telehealth as a fee for service but preferred that clinicians evaluate and treat patients in person. Specific providers were allowed to perform telehealth visits during that period, including physical therapists. Telehealth services were not explicitly prohibited or allowed before 2012. As of March 2020, the state of Pennsylvania explicitly authorized healthcare professionals licensed in Pennsylvania to provide telemedicine services when appropriate clinically during the COVID-19 pandemic. At the time of writing, this was set to expire in October of 2022. Therapists using telehealth services must receive verbal or written consent from patients to evaluate and treat them and should document what date the consent was received by the patient. At the evaluation, reevaluation, or intervention, the physical therapist should determine whether or not telehealth services remain appropriate. Physical therapists should only 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.

Insurers in Pennsylvania are required to reimburse the same amount for telehealth as in-person therapy services according to parity law. Major insurers do reimburse for telehealth, but all patients and clinics should verify benefits before seeing physical therapists avoid unexpected costs. In Pennsylvania, providers must be enrolled in the state's Medicaid system to provide telehealth services to patients enrolled in Medicaid. Guidelines for Medicare and Medicaid reimbursement are available at CMS.gov.

### **Platforms**

Platforms to deliver telehealth services need to be HIPAA compliant. It should have an implemented VPN or encrypted network to protect the health information of patients. Therapists are even able to use business Zoom which can be integrated into electronic medical record systems to keep information private.

## **Social Media and the Delivery of Information** <sup>19</sup>

Social media has become one of the major sources of both the delivery and receipt of information in the past decade for many industries. Physical therapy clinics and physical therapists are going to sites such as Instagram, Facebook, and Twitter to advertise and educate about physical therapy services both to gain clients and educate about the field. This section will go through the benefits and drawbacks of the utility of social media in the field of physical therapy.

### **The Utility of Social Media** <sup>19</sup>

Many uses of social media can benefit both potential patients and clinicians within physical therapy practice. Social media is among the most effective ways to spread information in modern times. Instagram, Twitter, and Facebook have billions of users across the United States and the world. Clinicians can educate about the services they provide regarding the purpose and effectiveness of treatments. Social media allows users to develop a following who trusts the information that is posted based on developing niche audiences. This allows potential clients and the public to become educated on therapy services and the role of physical therapists and assistants. Social media is a great form of advertisement in this way as well. When clinic social media managers or individual therapists develop a trusting following, this serves as a free form of advertising for clinic services.

Another benefit of social media is the speed of delivery. Traditional research which is published in journal articles and textbooks takes nearly two decades from developing the information to publication and clinical utility. Social media produces instant information dissemination and can reach an audience as soon as results are discovered. Many clinicians and patients probably will not read journal articles in their spare time, unless it is for continuing education for clinicians. Social media can spread the results of clinical trials quickly, saving time and energy for PTs, PTAs, and patients. Therapists can screen sources for legitimacy and look further into advancements in clinical practice through social media posts by their peers. Social media also allows anyone, anywhere access to information if they have an internet connection and a device and provides no

geographical restrictions on information. Clinicians are also able to spread information important to the advancement of clinical practice by engaging therapists to act in legislative change. An example is advocating against cuts to reimbursement of therapy services by insurers. Social media allows immediate access to information regarding the clinical practice of physical therapy to anyone at any time.

### **Drawbacks of Using Social Media** <sup>19</sup>

Social media has many drawbacks, especially for use within the profession of physical therapy. Due to anyone having the ability to post what they want on social media, people who are not qualified to post about physical therapy topics may do so. This will spread misinformation and can even work against ideas that represent the profession of physical therapy. Professionals such as chiropractors and personal trainers or influencers with a large following who post things with the use of the terms physical therapy, physiotherapy, PT, etc., are misrepresenting their knowledge and illegally using these terms. For example, it is perfectly acceptable for anyone to use social media to advertise for their services, but say a personal trainer was advertising to connect on a virtual appointment to relieve back pain. This is within the scope of a physical therapist, not a personal trainer. Consumers of information and prospective patients may not know the difference between a personal trainer and a physical therapist, and it is misleading for personal trainers to post representing the scope of a physical therapist.

Social media is also a major source of news for over half of US citizens. This means that consumers of social media may develop a bias based on the algorithms of their feeds, never seeing an alternative view on the issues. This is true for any consumer of social media, including clinicians, patients, and researchers. Gaining new information in this way can lead to close-mindedness by preventing the consumer from seeing an alternative viewpoint. This is true in general with social media, whether it relates to the field of physical therapy or general news. In addition, social media can lead to negative, rather than constructive comments posted as critiques. People who comment on social media posts are way more likely to state more negativity behind a screen than in person. Having supportive and negative comments makes it difficult to believe post content. There are few consequences for “bullying” online, where people post negative and hurtful comments with little basis for accuracy.

Social media within the realm of physical therapy practice should be used to implement balanced sources of information, users should critique material constructively, and should ensure the information is only posted by professionals who are qualified to do so. To be responsible for posting on physical therapy topics, therapists should post only

information based on fact, should use constructive critique on colleagues, and should use their platform to spread information on physical therapy topics to the public. Overall, social media is a great tool for disseminating information and advertising services when used correctly.

## **Texting** <sup>20</sup>

Texting has risen in popularity among physical therapy clinics and is a good tool when used within HIPAA compliance. This idea began with patient messaging portals with providers integrated into EMR systems. The main benefit of using texting within patient care is simply the widespread and immediate availability of messages. People open and read nearly 100% of texts and often ignore calls, voicemails, and emails. Many clinics across the country have implemented texting for appointment and scheduling reminders, with a responding feature to confirm or cancel appointments. This may solve the issue of patients who leave no warning and do not show up to their appointments. Texting has also been a tool to send exercises to patients, motivate them to complete their exercises, and educate patients on their condition. Patients who just had a joint replacement surgery would benefit from receiving information on icing, elevation, assistive device use, and preliminary exercises. Text information and reminders keep patients accountable and are more reliable than printed instructions that are easy to lose.

## **Issues with Texting** <sup>21</sup>

The largest issue with texting within the realm of patient care is HIPAA compliance. Clinic workers and therapists should never use patient identifiers in texts and should take all minimum necessary action to protect patient health information. Patients are required to sign an agreement to utilize texting and to opt into it. There is HIPAA-compliant software that automatically sends appointment and scheduling reminders and avoids revealing patient information. Clinical receptionists and therapists should never use personal phones to text patients. At a minimum, the clinic should have a work phone that is locked with a password and in a locked drawer to protect patient information. The best texting strategy is a HIPAA-compliant software or secure messaging feature in an application or EMR that allows for the exchange of messages from provider to patient. The EMR software must log out on the patient's end when they have not used it for a length of time and be deleted from a distant site if the patient loses a phone.

## **COVID-19 Impact on Physical Therapy Services** <sup>22,23</sup>

Coronavirus Disease 2019 (COVID-19) has impacted nearly every industry in the world in some capacity, and arguably healthcare the most. In the early stages and throughout the pandemic, lockdowns and social distancing recommendations eliminated in-person healthcare for months at a time. Outpatient physical therapy clinics were shut down across the country and settings of skilled nursing and home health were very restricted to avoid spreading COVID. Many therapists across the country were laid off due to low patient caseload. Although layoffs and resignations were very common, government funding such as the HHS Provider Relief Fund through the Coronavirus Aid, Relief, and Economic Security (CARES) Act helped hospitals and practices supplement their profit losses with government aid.

One of the ways to combat outpatient clinic shutdowns was to implement telehealth across the country. Many clinics and individual physical therapy providers began to offer telehealth therapy, which avoided abandoning current patients who were receiving therapy and offered the ability to evaluate and treat new patients. At this time telemedicine was prominent within the fields of psychotherapy and medicine, but not physical therapy. The use of telehealth allowed therapists across the country to keep their jobs and livelihood and allow patients to continue therapy to improve their pain levels and daily lives. To supplement this transition to telehealth services, several applications and software were developed that delivered a secure and convenient telehealth service to patients and providers. Features included patient/therapist messaging services, appointment scheduling, video streaming, and home exercise programs with videos and step-by-step instructions. Therapists noticed no-show appointments decreasing in frequency as it eliminated transportation from being a barrier. With applications emphasizing exercise form with slow motion features, patients can perform the exercises with better form than learning them in person. Therapists can see a patient's rating of pain, difficulty, and any comments with features that allow a patient to interact with the app during an exercise or shortly after. PTs and PTAs then could modify exercises based on exercises flagged by the patient even before the patient's next appointment. Telehealth also became widespread within the school setting of physical therapy as many schools were temporarily closed, with the assistance of parents and guardians rather than teachers with technology.

The repercussions of COVID-19 affected the employment settings of acute care, long-term care, and skilled nursing facilities immensely. As the pandemic surged across the country, all healthcare workers employed in these settings were at large risk of

contracting COVID-19 themselves and spreading it to their loved ones. Healthcare workers on the frontlines needed to adapt to policy changes, new personal protective equipment (PPE) regulations, and evolving practice guidelines and facility policies. Many healthcare workers resigned from their positions, were incredibly fearful of going to work, and faced scrutiny based on their personal healthcare decisions and opinions on how to manage the disease. The pandemic took a toll on the financial, physical, and psychological health of physical therapists, assistants, and all other healthcare workers. Many workers faced burnout and resignation due to the inability to achieve work-life balance. Healthcare professionals had not faced a pandemic this lethal in their lifetimes and had to continually help patients and families through suffering, end of life, and grief.

Physical therapy also was a low priority in saving patients from severe infection and consequences of COVID-19. This led to many therapists questioning their worth in the field of healthcare. Therapists working in acute and post-acute care facilities had to adapt their focus toward cardiopulmonary, respiratory, and endurance training to help patients resume functioning after COVID-19 infection. This means continuing or on-the-job education on respiratory and pulmonary rehabilitation. Therapists were expected to evaluate and treat patients to prevent deconditioning and keep patients mobile who had an active infection on isolation precautions. This meant not only exposing themselves to possible infection but also being incredibly resourceful in using equipment just within the room to avoid spreading the infection to other patients within the facility. The delivery of physical therapy care was altered in all of these ways and taking less time per session to don and doff required PPE. Therapists were expected to maintain productivity standards and patient caseload among all of these changes. Therapists and other healthcare workers were at times overwhelmed, overworked, and exhausted, with the impossibility of separating their work life from their home life as the pandemic infiltrated that as well. The remaining workers had to take on the workload of employees who resigned out of fear and personal/family health concerns and were often underpaid for their new workloads. The COVID-19 pandemic negatively impacted the quality of physical therapy care as patients were unable to receive the type and amount of therapy that they needed due to evolving regulations and exhausted healthcare workers.

The pandemic continues to affect healthcare, as of 2022, and likely for years to decades to come. Telehealth has become prolific in terms of both patient access and employment for physical therapists to keep physical therapy possible. Every so often, the Center for Disease Control (CDC) changes testing, vaccination, and exposure quarantine requirements. The pandemic has created a need for workers and patients alike to adapt to new recommendations to help keep themselves and those they interact with safe.



## Section 4 Key Terms

Synchronous Delivery – telehealth service where a provider and patient interact with a live video stream

Asynchronous Store and Forward – telehealth service where a specialist remotely reviews case information to diagnose or collaborate on the case

Originating Site – the location where a provider sends patient information to a specialist, who would be at the “distant site” within the asynchronous store and forward telehealth

Remote Patient Monitoring (RPM) – a form of telehealth service used to monitor aspects of a patient’s physiology and make diagnosis and treatment decisions based on those results

Remote Therapeutic Monitoring (RTM) – the management and monitoring of the musculoskeletal or respiratory system based on patient-reported measures (non-physiological measures)

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

## Section 4 Summary

The delivery of physical therapy has changed in modern times to include telehealth, messaging with patients, and social media to communicate advertisements and the clinical utility of therapy to patients. These options increase the ease of access to physical therapy and provide information on the clinical utility of physical therapy. The COVID-19 pandemic has impacted the delivery of physical therapy services tremendously, reaching therapists in every clinical setting, including outpatient, home health, school, acute care, and post-acute care. PTs and PTAs and other healthcare workers faced burnout and had to adjust their daily duties to best care for patients affected by the pandemic.

## Section 5: Case Studies

### Case Study 1

Don is a physical therapist who has been working in a skilled nursing facility for the past year. He has developed a therapeutic relationship with trust and compassion with one of his patients who he was seeing post-COVID-19 infection for the past month. On the day of discharge, the patient's family comes to the last appointment to learn techniques for how to help the patient transfer at home when fatigued. The patient's son brings a gift certificate for his restaurant to thank Don for working with his family member.

### Reflection Questions

1. What ethical dilemma is present in this case?
2. How should Don address this situation?
3. What potential consequences would there be if Don accepted the gift?

### Responses

1. The dilemma of a conflict of interest is represented. Don has been offered a financial reward for doing his job of helping a patient recover.
2. Don should not accept this gift and explain to his patient's son that accepting gifts can alter professional judgment. This is true even when the bout of care is over as it can make Don less incentivized to treat other patients to his highest ability. Don can thank his patient's son for the gesture but politely decline or Don could also split the son's gift certificate among the entire staff.
3. Don would be breaking the APTA Code of Ethics and consequences would likely start with a discussion with his supervisor. If he continues to accept personal gifts, he could be fired from his job and reported to the Pennsylvania State Board of Physical Therapy.

## Case Study 2

John is a physical therapist assistant working in an acute care hospital treating patients with COVID-19 infection. He is responsible for the treatment of twenty patients per day because many of his coworkers resigned from their positions. His work schedule has been overfilled for the past two months and he is beginning to feel like he cannot separate his life from his work. To get through his patients, he started charging an extra unit for therapeutic activities beyond donning and doffing PPE.

### Reflection Questions

1. What phenomenon is John experiencing at work that may be affecting his professional judgment?
2. What ethical dilemma is occurring in this case and what could the consequences be?
3. Instead of billing extra units for services he did not provide, how could John handle this situation ethically?

### Responses

1. It appears that John is experiencing burnout where he is making unethical decisions based on his immense workload, which is also stressful due to treating patients with active COVID infection.
2. John is billing fraudulently in this case due to billing an entire extra unit to get through all of his patients. Insurers, supervisors, and the supervising PT should be aware of this practice as it can result in audits when the insurers notice how many units were billed per hour worked. John could get fired from his position, be reported to the Pennsylvania State Board, and lose his license to practice as a physical therapist assistant.
3. Although John thought he had to bill this extra unit to maintain his job and get through the patients, he could have addressed this better in many ways. John should have gone to his supervising PT and the rehabilitation director notifying them that his schedule is impossible. The supervisors should never pressure patients to get through an impossible number of patients per day because the

patients will not get adequate care and it incentivizes therapists to bill fraudulently.

## Conclusion

The profession of physical therapy in Pennsylvania is regulated by the American Physical Therapy Association, the Pennsylvania Physical Therapy Association, FSBPT, and the Pennsylvania State Board of Physical Therapy. All physical therapists and physical therapist assistants in the state of Pennsylvania should have proficient knowledge of the Pennsylvania Physical Therapy Practice Act, the APTA Code of Ethics, and the APTA Guide to Professional Conduct to help practice at the highest standard. All therapists in Pennsylvania should strive for high-quality patient care by following ethical and competent practice guidelines per the documents and actions discussed in this course. Therapists in Pennsylvania are responsible for staying up to date with all changing regulations within their state practice act, ethical expectations, the scope of practice, and billing requirements. Ultimately, these regulations exist to protect the public and healthcare providers from malpractice and poor ethical decisions.

FLEX CEUs  
FlexTherapistCEUs.com

## References

1. Accredited PT & PTA Programs Directory. Accessed April 4, 2022. <https://aptaapps.apta.org/accreditedschoolsdirectory/AllPrograms.aspx>
2. 49 Pa. Code Chapter 40. State Board Of Physical Therapy. Accessed July 11, 2022. <http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter40/chap40toc.html&d=reduce>
3. BPOA - Pennsylvania Licensing System. Accessed July 11, 2022. <https://www.pals.pa.gov/#>
4. McKee K. Direct Access Laws by State (Alabama-Hawaii). WebPT. Published December 8, 2017. Accessed April 4, 2022. <https://www.webpt.com/blog/direct-access-laws-state-alabama-hawaii/>
5. Direct Access By State. APTA. Published September 23, 2021. Accessed April 4, 2022. <https://www.apta.org/advocacy/issues/direct-access-advocacy/direct-access-by-state>
6. The Importance of Term and Title Protection. APTA. Published October 1, 2019. Accessed April 4, 2022. <https://www.apta.org/advocacy/issues/term-and-title-protection/the-importance-of-term-and-title-protection>
7. Appropriate Use of Designations. APTA. Published April 27, 2020. Accessed April 4, 2022. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/appropriate-use-of-designations>
8. Board Member List. Pennsylvania Department of State. Accessed July 27, 2022. <https://www.dos.pa.gov:443/ProfessionalLicensing/BoardsCommissions/PhysicalTherapy/Pages/Board-Member-List.aspx>
9. Board Laws and Regulations. Pennsylvania Department of State. Accessed July 27, 2022. <https://www.dos.pa.gov:443/ProfessionalLicensing/BoardsCommissions/PhysicalTherapy/Pages/Board-Laws-and-Regulations.aspx>
10. Model Practice Act | FSBPT. Accessed April 4, 2022. <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Model-Practice-Act>
11. Therapy Comply - Pennsylvania PT Assistants. Accessed July 28, 2022. <https://therapycomply.com/Pennsylvania-PT-Assistants>

12. PT Compact States Map. Accessed July 28, 2022. <https://ptcompact.org/ptc-states>
13. Fees and Jurisprudence Requirements - PT Compact Privileges. Accessed July 28, 2022. <https://ptcompact.org/Compact-Privilege-Fee-Jurisprudence-and-Waiver-Table>
14. Code of Ethics for the Physical Therapist. APTA. Published August 12, 2020. Accessed April 24, 2022. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist>
15. APTA Guide for Professional Conduct. APTA. Published June 1, 2012. Accessed April 24, 2022. <https://www.apta.org/your-practice/ethics-and-professionalism/apta-guide-for-professional-conduct>
16. Richardson RW. Ethical issues in physical therapy. *Curr Rev Musculoskelet Med.* 2015;8(2):118-121. doi:10.1007/s12178-015-9266-y
17. Article - Billing and Coding: Home Health Physical Therapy (A53058). Accessed April 18, 2022. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53058&ver=38&keyword=&keywordType=starts&areald=all&docType=6,3,5,1,F,P&contractOption=all&hcpcsOption=code&hcpcsStartCode=97760&hcpcsEndCode=97760&sortBy=title&bc=1>
18. Home. Accessed July 26, 2022. <https://www.apta.org/>
19. Cook CE, O'Connell NE, Hall T, et al. Benefits and Threats to Using Social Media for Presenting and Implementing Evidence. *J Orthop Sports Phys Ther.* 2018;48(1):3-7. doi:10.2519/jospt.2018.0601
20. The Power of Text Messaging in Healthcare. WELL Health. Published April 20, 2021. Accessed April 19, 2022. <https://wellapp.com/blog/text-messaging-in-healthcare/>
21. Texting Patient Information. *HIPAA Journal.* Accessed April 20, 2022. <https://www.hipaajournal.com/texting-patient-information/>
22. Dantas LO, Barreto RPG, Ferreira CHJ. Digital physical therapy in the COVID-19 pandemic. *Braz J Phys Ther.* 2020;24(5):381-383. doi:10.1016/j.bjpt.2020.04.006

23. Tiwari D, Naidoo K, Chatiwala N, et al. Exploratory Analysis of Physical Therapy Process of Care and Psychosocial Impact of the COVID-19 Pandemic on Physical Therapists. *Phys Ther.* 2021;101(6):pzab088. doi:10.1093/ptj/pzab088



# FLEX CEUs



The material contained herein was created by EdCompass, LLC ("EdCompass") for the purpose of preparing users for course examinations on websites owned by EdCompass, and is intended for use only by users for those exams. The material is owned or licensed by EdCompass and is protected under the copyright laws of the United States and under applicable international treaties and conventions. Copyright 2022 EdCompass. All rights reserved. Any reproduction, retransmission, or republication of all or part of this material is expressly prohibited, unless specifically authorized by EdCompass in writing.