

# FLEX CEUs



## Georgia Ethics and Jurisprudence



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## Introduction

This Georgia Ethics and Jurisprudence course will assist physical therapists and physical therapist assistants in navigating the ethical challenges encountered within their workplaces. Its main objective is to enhance comprehension of ethics, morals, and legal conduct, and how to foster a more effective decision-making process for practitioners facing ethical dilemmas. Specifically tailored to the state of Georgia, the course explores the details of physical therapy regulations outlined in Georgia Rules 490-1 through 490-11, Georgia Laws 43-33, and Georgia General Provisions 43-1-19 through 43-1-27. It comprehensively covers Georgia Board Policies and Rules, incorporating a thorough examination of the general Georgia Board of Physical Therapy website, frequently asked questions, and a review of proposed rules accessible on the board's website. Furthermore, the course includes an explanation of the online CEU system, case studies that facilitate a practical understanding of appropriate ethical responses and actions in specific situations, and an exploration of modern communication and its impact on physical therapy, COVID-19, the PT compact, and dry needling.

## Section 1: Background and Definitions

The practice of physical therapy has a rich history rooted in the holistic care of individuals with musculoskeletal and neuromuscular conditions. As the profession evolved, so did the recognition of the need for ethical guidelines to ensure the well-being of patients, maintain professional integrity, and establish a standard of excellence in healthcare. Ethics and jurisprudence exists in the profession of physical therapy for many reasons, including regulation of scope of practice, patient protection, and providing the best possible patient care. This section will explore the background regarding ethical and jurisprudence standards in the profession, and several definitions regarding ethics and jurisprudence.

## **Background of Ethical Standards in Physical Therapy** <sup>1, 2</sup>

Physical therapy traces its roots to the late 19th century, primarily emerging during the polio epidemics. During this period, physical treatments, exercises, and massage were used to address musculoskeletal and neuromuscular conditions. The demand for physical therapy surged during and after both World Wars. The treatment of wounded soldiers led to the recognition of physical therapy as a distinct profession. Rehabilitation programs were established to aid in the recovery and reintegration of injured military personnel. The American Women's Physical Therapeutic Association (AWPTA), now known as the American Physical Therapy Association (APTA), was founded in 1921. This marked a pivotal moment in the professionalization of physical therapy and the beginning of setting standards and regulation for the profession. The 1920s and 1930s saw the establishment of the first educational programs for physical therapists. Licensing boards were subsequently created to set standards for the profession, ensuring that practitioners met certain educational and competency requirements. The growth of physical therapy continued after World War II, with an increasing emphasis on research, education, and specialization within the field.

As the profession matured, the need for formalized ethical standards and legal regulations became apparent. Codes of Ethics (first introduced in 1935) were developed to guide practitioners in their interactions with patients, colleagues, and the healthcare system. Jurisprudence specific to physical therapy evolved to define the legal parameters within which practitioners operate, including licensure requirements, scope of practice, and professional conduct. In the latter half of the 20th century and into the 21st century, the physical therapy profession continued to advance. Educational standards were refined, specialization areas expanded, and the importance of ethics and jurisprudence solidified as integral components of professional practice.

## **Anti-Discrimination Laws <sup>3-8</sup>**

At the same time that ethical standards developed within the physical therapy profession, anti-discrimination laws were developed. These include the Civil Rights Act, the Americans with Disabilities Act (ADA), the Rehabilitation Act, the Affordable Care Act, and the Age Discrimination Act.

### ***Civil Rights Act of 1964***

Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. Physical therapy services provided by facilities receiving federal funds must be accessible to individuals of all races and ethnicities.

### ***Americans with Disabilities Act (ADA)***

The ADA prohibits discrimination on the basis of disability in various areas, including public accommodations and services provided by healthcare providers. Physical therapy practices must ensure accessibility for individuals with disabilities and make reasonable accommodations to facilitate their participation in therapy.

### ***Rehabilitation Act of 1973***

Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability in federally funded programs and activities. This includes ensuring that individuals with disabilities have equal access to physical therapy services provided by entities receiving federal funds.

### ***Affordable Care Act (ACA)***

Section 1557 of the ACA of 2010 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and

activities. This includes physical therapy services provided by entities that receive federal financial assistance through the ACA.

### ***Age Discrimination Act of 1967***

The Age Discrimination Act prohibits discrimination on the basis of age in programs or activities that receive federal financial assistance. Physical therapy services must be accessible to individuals of all ages without age-based discrimination.

Today, the physical therapy profession stands as a well-established and respected healthcare discipline. The history of its development underscores the commitment to patient care, professional integrity, and adherence to ethical and legal standards that characterize the contemporary practice of physical therapy.

### **Ethics <sup>9</sup>**

Ethics in physical therapy refers to a set of principles and values that guide the conduct and decision-making of healthcare professionals. It involves making morally sound choices and upholding the highest standards of integrity in the delivery of patient care. Ethical considerations in physical therapy include prioritizing patient well-being, respecting autonomy, maintaining confidentiality, and fostering a professional and compassionate environment.

### **Jurisprudence <sup>10</sup>**

Jurisprudence in physical therapy involves the study and understanding of the laws and regulations governing the practice of physical therapy. It encompasses the legal framework that dictates the scope of practice, licensure requirements, and professional obligations for physical therapists. Practitioners in Georgia and all



other states must be knowledgeable about jurisprudence to ensure compliance with the established legal standards, ultimately prioritizing both the welfare of patients and the integrity of the profession.

## **Biomedical Ethical Obligations** <sup>9, 11</sup>

Biomedical ethical obligations refer to the moral responsibilities and principles that guide professionals in the biomedical field, including healthcare practitioners, researchers, and others involved in the healthcare industry. These ethical obligations are designed to ensure the well-being and rights of patients, promote transparency, and maintain the integrity of scientific and medical practices. The four main biomedical ethical obligations are beneficence, non-maleficence, autonomy, and justice.

### **Beneficence**

Beneficence in the context of physical therapy refers to the ethical principle of promoting the well-being and best interests of the patient. Physical therapists aim to provide effective and compassionate care that maximizes positive outcomes for the individual. There are several aspects of the principle of beneficence that physical therapists and assistants should understand. Beneficence involves using evidence-based practices that have been proven effective in promoting positive patient outcomes. Physical therapists stay informed about the latest research and clinical evidence, ensuring that their interventions are based on the best available information. Beneficence involves clear and effective communication to ensure that patients are well-informed and engaged in their care. Physical therapists communicate openly with patients, explaining diagnoses, treatment options, and expected outcomes in a manner that is easily understandable. Physical therapists serve as advocates for their patients, working to ensure that individuals have

access to the appropriate services and support needed for optimal recovery and well-being. Beneficence is enhanced through compassionate and empathetic care that recognizes the individual's emotional well-being.

## **Non-Maleficence**

Non-maleficence in the context of physical therapy emphasizes the ethical principle of "do no harm." Physical therapists are committed to avoiding actions that may cause harm to the patient and prioritizing interventions that minimize the risk of adverse effects. Non-maleficence involves a thorough evaluation of the potential risks associated with any proposed intervention. Physical therapists conduct comprehensive assessments to identify potential risks and consider the overall health status of the patient. This includes evaluating factors such as pre-existing conditions, contraindications, and the likelihood of adverse reactions. Non-maleficence is supported by tailoring treatment plans to the individual needs and characteristics of each patient. Physical therapists consider the unique circumstances of each patient, including their medical history, current health status, and personal preferences. Treatment plans are then customized to minimize the risk of harm and optimize benefits.

## **Autonomy**

Autonomy in physical therapy refers to respecting and promoting the right of patients to make informed decisions about their own healthcare. It involves informed consent, where a physical therapist should provide patients with comprehensive information about their condition, treatment options, potential risks, benefits, and alternatives. Before initiating any intervention, physical therapists seek informed consent, ensuring that patients understand the nature of the proposed treatment and have the opportunity to ask questions. In addition,

autonomy involves shared decision-making and collaboration between the physical therapist and the patient with making decisions about care.

## **Justice**

The principle of justice refers to the fair distribution of healthcare resources, treating individuals fairly, and ensuring equal access to healthcare services. Justice involves ensuring that individuals have equal access to physical therapy services, regardless of their background or circumstances. Physical therapists strive to provide services that are accessible to all individuals, considering factors such as geographic location, socioeconomic status, and cultural considerations. This may involve offering services in diverse settings or utilizing telehealth options to reach underserved populations. Justice requires the fair distribution of resources, including time, attention, and equipment, among patients

## **Purpose of Ethics and Jurisprudence**

The purpose of ethics and jurisprudence in physical therapy is multifaceted, encompassing both moral and legal dimensions to ensure the highest standards of patient care and professional conduct. By upholding ethical standards and staying informed about legal requirements, physical therapists can fulfill their duty to provide safe, effective, and ethical care to their patients while maintaining the trust and integrity of the profession.

## ***Patient Well-Being***

The primary purpose of ethics in physical therapy is to prioritize the well-being and best interests of patients. Ethical considerations guide practitioners in making decisions that promote positive patient outcomes, safety, and overall health.

### ***Autonomy and Respect***

Ethics emphasize respecting the autonomy of patients, recognizing their right to be informed and involved in decisions about their care. This fosters a collaborative and patient-centered approach to treatment.

### ***Professional Integrity***

Ethics sets the foundation for maintaining professional integrity and honesty. It establishes a code of conduct that promotes transparency, trust, and accountability in the therapist-patient relationship.

### ***Legal Compliance***

The purpose of jurisprudence in physical therapy is to ensure practitioners comply with the laws and regulations governing their practice. This includes adhering to licensing requirements, scope of practice limitations, and other legal obligations.

### ***Patient Protection***

Jurisprudence serves to protect the rights and safety of patients. Legal standards are designed to prevent malpractice, negligence, and ensure that patients receive care from qualified and licensed professionals.

### ***Professional Accountability***

Understanding jurisprudence fosters professional accountability. Physical therapists must be aware of and adhere to legal standards to maintain their professional standing and avoid legal repercussions.

## **Quality Assurance**

Jurisprudence also contributes to quality assurance in healthcare by establishing guidelines for professional competence, ethical behavior, and continuous professional development.

Overall, the purpose of ethics and jurisprudence in physical therapy is to create a framework that promotes patient welfare, upholds professional standards, ensures legal compliance, and fosters a healthcare environment based on trust, integrity, and accountability. These principles collectively contribute to the delivery of high-quality, ethical, and legally sound physical therapy care.

## **APTA Code of Ethics <sup>2</sup>**

The purpose of both the Code of Ethics is to help physical therapists practice ethically, no matter what jurisdiction they practice in. This document sets the standards for ethical standards, educates therapists on how to uphold these standards, and aims to reveal whether or not a therapist has acted unethically. The ethics guide 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 embody the profession with compassion, care, and integrity, it is essential for all physical therapists to recognize and address any biases they may hold towards individuals who differ from them. These differences can manifest in various aspects, such as race, political views, gender, socioeconomic status, or any other distinguishing factor between two individuals. Therapists should proactively strive to diminish their biases, treating each patient with respect as a unique individual.

It is imperative that personal judgments do not compromise 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 grounded in the ideals of altruism, collaboration, compassion, caring, and duty. It mandates that physical therapists set aside personal needs to prioritize their patients' requirements when delivering physical therapy care. Moreover, it emphasizes the importance of therapists acting with empathy, demonstrating compassion, and upholding patient confidentiality. Ensuring informed consent, presented in the patient's native language, is crucial, allowing individuals to make well-informed healthcare decisions. Physical therapists are expected to practice with compassion, respecting diverse cultures and values, even in situations where they may not fully agree with their patients.

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

This principle encompasses collaboration, duty, excellence, and integrity. Being responsible for making sound professional judgments entails therapists consistently acting in the best interest of the patient, without allowing external influences to impact their care. Therapists must refrain from activities that result in financial gain while delivering clinical care. They should consistently apply the best available evidence in their physical therapy practice, refer patients to other specialties when necessary, and appropriately delegate patient care tasks to physical therapist assistants. Discharging patients should be based on clinical appropriateness, avoiding premature or delayed discharges influenced by personal relationships with patients.

**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 emphasizes that physical therapists must maintain transparency and honesty when communicating with current or potential clients and should refrain from manipulating colleagues or patients. Engaging in any form of romantic relationship with clients is strictly prohibited, as is forming relationships with professionals or students under their supervision. Physical therapists have the obligation to report ethical conflicts, including instances of harassment or abuse, to higher authorities and the State Board. In cases of suspected child or elder adult abuse, physical therapists are mandated reporters to law enforcement, with penalties for failing to report. Upholding integrity, therapists are encouraged to foster healthy and appropriate relationships with patients, fellow providers, and others involved in care.

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

In every state, adherence to the regulations outlined in the state's practice act is a constant requirement for physical therapists. These professionals bear the ultimate responsibility for the care administered by physical therapist assistants. When engaged in research activities, physical therapists contributing to and participating in research endeavors must prioritize the safety and confidentiality of the research participants. Reporting colleagues or coworkers who exhibit incompetence in patient care based on evidence is an obligation of physical therapists, necessitating communication with supervisors, law enforcement, and the State Board of Physical Therapy. In instances where a therapist must cease clinical duties for any reason, every effort should be made to coordinate the transition of patients to another therapist, demonstrating consideration by providing a month's notice for a smooth patient-provider transition.

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

Physical therapists are required to practice strictly within their designated scope, upholding the highest standards of evidence-based practice. To achieve clinical excellence, therapists must actively pursue purposeful advancement through ongoing education courses, ensuring they meet and maintain licensure requirements. Embracing a mindset of lifelong learning, therapists engage in continual professional development and educational activities that contribute to the long-term benefit of their patients and the field of physical therapy. Encouraging peer support, they also play a role in fostering the professional and educational growth of their colleagues.

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

This principle underscores the significance of integrity and accountability in the delivery of patient care, guiding physical therapists in their professional conduct. It is imperative that therapists openly disclose any financial incentives tied to recommended products, maintaining transparency in their interactions with patients. Furthermore, therapists must refrain from accepting gifts that could compromise their professional judgment, particularly when such gifts may create ethical dilemmas by incentivizing unnecessary visits. For instance, accepting a \$100 voucher from a patient who owns a restaurant may create a conflict of interest, prioritizing that patient unfairly. Physical therapists should ensure accurate billing, aligning charges with the actual duration and type of service provided, whether virtual or in-person. If therapists find themselves in employment situations that encourage unethical billing practices, it is their responsibility to disengage and report such operations to the State Board.



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

Physical therapists must emphasize social responsibility in their patient care responsibilities. Advocacy for patients, particularly those underserved or facing disadvantages in medical care, should be a consistent priority. This commitment plays a pivotal role in mitigating challenges related to access to care and reducing healthcare disparities. Therapists should actively work towards offering reduced costs or pro bono services, serving as volunteers to support disadvantaged or uninsured clients. Additionally, therapists should advocate for preventative care, contribute to enhancing overall health and wellness, and work towards improving access for individuals residing in geographically underserved locations.

## **APTA Guide for Professional Conduct** <sup>12</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 2024, the last version of the Guide was updated in 2019. 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 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 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 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 face the decision daily of whether to refer to 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. Georgia has specific guidelines on supervision, which is outlined later in the course.

## ***Integrity in Relationships***

Physical therapists 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 an effective rapport to perform their job successfully.

## ***Reporting***

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

## ***Exploitation***

Physical therapists 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 supervise) 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 Georgia 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. 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 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 with 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 may support causes as advocates, financially, through education, and volunteering.

Both the APTA Code of Ethics and Guide for Professional Conduct lay a framework for the ethical and professional standards of behavior for physical therapists and physical therapist assistants across the United States. PTs and PTAs in Georgia, should keep these concepts in mind in addition to state-specific guiding principles that will be explored in this course.

## **Section 1 Key Words**

Ethics – Provides a framework for distinguishing between right and wrong, guiding individuals in making decisions and actions that are considered morally acceptable and just

Jurisprudence – Guides the understanding and application of laws within a particular jurisdiction, shaping the legal framework

Beneficence – A term used in ethics and healthcare to describe the moral obligation or duty to promote the well-being and welfare of others

Justice – A principle of fairness and equity in the distribution of benefits and burdens within a profession that involves treating individuals fairly, impartially, and without discrimination

Non-Maleficence - An ethical principle that emphasizes the obligation to do no harm or, in other words, to prevent or minimize harm when engaging in actions or interventions

Autonomy - Refers to the principle of respecting an individual's right to make their own decisions about their own life, free from undue influence or coercion

## **Section 1 Summary**

The practice of physical therapy has evolved with the need for an ethical framework. These ethical guidelines serve a pivotal role in ensuring patient well-being, upholding professional integrity, and establishing a benchmark of excellence in healthcare. The presence of ethics and jurisprudence in the field of physical therapy is multifaceted, encompassing essential aspects such as regulating the scope of practice, safeguarding patient rights, and fostering optimal patient care. This section explored the historical background shaping ethical and jurisprudence standards within the profession, along with definitions and principles that physical therapists and assistants should use in modern times.

## **Section 2: Georgia Provisions and Laws**

As a physical therapist or physical therapist assistant, navigating the regulatory environment of physical therapy is crucial to ensuring ethical and lawful practice. Georgia's provisions and laws, detailed in statutes such as Georgia Rules 490-1 through 490-11 and Georgia Laws 43-33, lay the groundwork for professional conduct, patient care standards, and the overarching legal considerations that define the scope of practice. This section will also explore details of the Georgia Physical Therapy Practice Act and general definitions regarding ethical concepts for therapists in the state of Georgia.

## **Rules of Georgia State Board of Physical Therapy**

These rules outline the standards, procedures, and requirements that licensed physical therapists, physical therapist assistants, and other relevant individuals must adhere to when providing physical therapy services. They cover various aspects of practice, including licensure, ethical conduct, scope of practice, continuing education requirements, disciplinary actions, and compliance with state and federal laws. The purpose of these rules is to ensure the safety, effectiveness, and ethical delivery of physical therapy services to the public in Georgia.

### ***“Chapter 490-1 ORGANIZATION OF BOARD”<sup>13</sup>***

#### **Board Organization**

The Board of Physical Therapy consists of eight members appointed by the Governor. Public inquiries, submissions, or requests can be directed to the Board through the Joint Secretary of the Professional Licensing Boards Division, located at 237 Coliseum Dr., Macon, GA 31217.

#### **Officers**

Each year, the Board will choose a president and vice president from among its members, who can be re-elected. These elections will take place during the December meeting, with the elected officers assuming their roles at the subsequent meeting unless the Board decides otherwise. The president is responsible for convening and leading meetings, except if four members collectively call a meeting with proper notification. In the president's absence, the vice president assumes these responsibilities.

#### **Joint Secretary, Records, and Fees**

The Joint Secretary must record precise minutes of all meetings, present reports at each meeting, maintain all records, handle official correspondence for the Board, and manage the collection and distribution of fees.

## ***“Chapter 490-2 LICENSURE REQUIREMENTS”*** <sup>13</sup>

### **Application for Licensure and Examination**

To take the examination, applicants must first submit and gain approval for their completed application. Physical therapists or assistants intending to practice in Georgia must either hold a license issued by the Board or possess a Georgia Compact Privilege from the Physical Therapy Compact Commission. All licensure applications must be completed within the specified timeframe outlined in the Joint Secretary Rules and policies; otherwise, they will be considered expired. After expiration, a new application, including all fees, is required for licensure consideration. Additionally, applicants must adhere to the regulations specified in O.C.G.A. §§ 43-1-19 and 43-33-18.

### **Licensure: Examination**

To practice physical therapy in Georgia, all physical therapists and physical therapist assistants must complete an application, pay the required fee, and pass a licensure examination, as outlined in O.C.G.A. Sec. 43-33-15, unless exempted by the statute. The Board reserves the right to grant licensure to applicants who have met its examination requirements in the past.

Graduates of CAPTE-accredited schools seeking licensure must submit passing scores from the national licensing exam, pass the Georgia-specific laws and rules exam, and provide official proof of graduation. Graduates from non-CAPTE accredited schools must meet the same criteria and fulfill additional requirements outlined in Board Rule 490-2-.03. Board staff may verify licensure in all states where the candidate holds or has held a license.



## **Licensure: Foreign-Educated Applicants**

To qualify for the licensing examination, applicants from non-CAPTE-accredited foreign educational programs must meet specific criteria. Their transcripts must be evaluated by a Board-approved credential evaluation agency to ensure they match U.S. education standards using the latest Coursework Tool from the Federation of State Boards of Physical Therapy. They must provide proof of current licensure/certification/registration to practice physical therapy in their country of education. Verification of licensure/certification/registration in all prior jurisdictions where they were licensed is necessary. Non-English speaking program graduates must attain a passing score of 89 on the IBT TOEFL, while English-speaking program graduates need confirmation of English language instruction. Before beginning a traineeship, foreign-educated applicants must pass the NPTE and the Georgia-specific laws and rules examination. Completing a Board-approved traineeship of at least 480 hours within three months is mandatory, except for those with at least 5 years of continuous active practice and a good standing license, who may qualify for a waiver. Applicants from foreign physical therapy programs accredited by CAPTE and approved by the Board are excused from credential evaluation but must still meet the conditions of Board Rule 490-2-.02.

## **Training Permits**

A training permit can be granted under the Georgia Physical Therapy Act to eligible applicants, subject to Board approval of their application.

Eligible applicants include several characteristics, as follows. Eligible applicants are graduates of physical therapy programs, regardless of CAPTE accreditation, who have passed the national licensing exam and Georgia-specific laws and rules exam. In addition, individuals are eligible who are seeking reinstatement after a hiatus of 2 to 5 years, who may need to pass the national and Georgia-specific exams.

Applicants for endorsement, similarly with varying periods of inactivity are eligible. Also, initial and reinstatement applicants must submit a notarized application form signed by a primary supervisor, detailing supervision arrangements, site information, and other relevant details.

Renewal is possible once, for up to six months, with Board approval based on exceptional reasons such as family emergencies or jury duty. Conditions of the permit include initiation within three months, completion of specified hours within a set timeframe, and returning the permit if unused or unsatisfactory. Supervisors must ensure continuous on-site supervision, evaluate trainee performance, and promptly report any issues to the Board. They must hold a Georgia license and notify the Board upon completion of the traineeship.

### **Practical and Oral Examinations**

Alongside the national physical therapy examination, the Board reserves the authority to mandate a practical and/or oral exam when it deems necessary to assess an individual's qualifications thoroughly.

### **Licensure: Reciprocity**

The Board holds the authority to register physical therapists or physical therapist assistants without an examination, as outlined in the Georgia Code, upon payment of the appropriate fees.

For applicants who graduated from CAPTE-accredited programs, certain documentation is required, including verification of licensure in good standing from other state boards, proof of active practice or completion of continuing education, official transcripts, passing scores from national and state-specific exams.

For applicants from non-CAPTE-accredited programs, additional requirements such as official evaluations from approved credential evaluation organizations are necessary, along with the same documentation as CAPTE graduates.

Graduation from an accredited program, passing the licensing exam, and providing necessary documentation serve as prima facie evidence of compliance with state regulations, though further verification may be requested by the Board if deemed necessary.

### **Licensure - Endorsement/Reciprocity for Military Spouses and Transitioning Service Members**

The Board reserves the discretion to register physical therapists or physical therapist assistants without an examination under Georgia Code Section 43-33-15 upon receiving a complete application and payment of required fees. Military spouses or transitioning service members may apply for licensure under the same section if their out-of-state license meets or exceeds Georgia's requirements. For military spouses or transitioning service members who graduated from CAPTE-accredited programs, documentation includes verification of active licensure, transcript of degree, and passing scores from national and state ethics exams. For those from non-CAPTE-accredited programs, additional documentation like official evaluations from Board-approved organizations is necessary, along with the same licensure verification and exam scores. Proof of graduation from an accredited program or substantially equivalent credential evaluations, along with passing the licensing exam, serves as prima facie evidence of compliance, although the Board may request further verification if needed.

### ***“Chapter 490-3 EVALUATION OF EXAMINATIONS: APPLICANTS”* <sup>13</sup>**

#### **Evaluation of Examinations**

The Board establishes the passing threshold for both the physical therapist and physical therapist assistant licensing exams. The NPTE scores range from 200 to 800, with a minimum passing score of 600 for both PT and PTA. Before 1996, Georgia's standard was 1.5 times the standard deviation below the national mean.

### **Re-Examination**

If an applicant fails the national examination on the first attempt, they can retake it according to the lifetime limit set by the exam administrator approved by the Board. Upon failing the exam, the Board notifies the applicant, providing their examination scores and a request to review their individual Score Report from the exam administrator. Additionally, practical tips are provided to aid in preparing for the retake. If the applicant is deemed ineligible by the exam administrator or the Board to register for a retake, they may submit an appeal form to the Board for one additional attempt. Furthermore, the Board may exercise discretion to mandate a board-approved traineeship if the applicant does not pass the NPTE within two years of the initial test date, even after passing the examination.

### **Hearings**

If applicants are not granted an examination by the Board, they are permitted to have a hearing before the Board.

### ***“Chapter 490-4 RENEWAL: CONTINUING COMPETENCE REQUIREMENTS-DISCIPLINARY SANCTIONS”<sup>13</sup>***

#### **Renewal and Reinstatement of License and Penalties**

Every licensed physical therapist and physical therapist assistant must apply for license renewal biennially with the Board, providing proof of continuing competency requirements and paying the renewal fee by December 31st of odd

years. Late renewal incurs a penalty fee, and if not renewed by February 1st of the following year, the license lapses and is revoked automatically.

For those whose license is revoked due to failure to renew, reinstatement requires an application, appropriate fee, and meeting specific requirements:

Applicants with documented practice within 2 years must submit proof of continuing competence. Applicants without recent practice but with practice within 5 years must complete supervised practice and pass Georgia-specific exams. Applicants without practice for 5 years must complete extended supervised practice and pass various examinations.

Exemptions from continuing competence requirements may apply to those holding licenses in good standing in other states or working for the U.S. Government under specific conditions, subject to Board discretion.

### **Continuing Competence Requirements**

The Georgia State Board of Physical Therapy mandates that licensed physical therapists and physical therapist assistants engage in 30 clock hours of experience per licensure period, not exceeding 10 credit hours per calendar day, to ensure safe and effective practice.

Requirements for competence include planned learning experiences beyond the licensee's current level, subject to board audit, focusing on patient care aspects like research, treatment, and education. Failure to meet these requirements results in non-renewal of the license.

Starting July 1, 2018, 30 hours of continuing competence biennially must include four hours in Georgia Ethics and Jurisprudence, either through a certified course or by passing an exam. Approved programs may include those by professional associations, universities, or CAPTE-accredited colleges. Activities such as peer review, teaching, and certain certifications are eligible for credit, while non-

educational activities like orientation meetings or CPR are not accepted. New licensees and reinstated individuals are granted exemptions or credits towards the requirement for the first renewal period. Licensees are required to maintain records of completed courses and experiences, accessible for board audit, and must comply with the renewal requirements by December 31st of odd-numbered years. Additionally, they must keep their contact information updated with the Board's office.

### **Inactive License**

A licensee no longer practicing as a physical therapist or assistant in Georgia can request an Inactive License by submitting an application and paying the fee. This status prohibits practice in the state and exempts the licensee from renewal fees and continuing competence requirements. However, those under sanction cannot transfer to inactive status. To return to active status, the licensee must meet all reinstatement requirements. This includes demonstrating recent practice or completing supervised practice hours and passing exams, depending on the duration of inactivity. Applicants with licenses in good standing from another state or employed by the U.S. government may be exempt from certain requirements at the Board's discretion.

### ***“Chapter 490-5 SUPERVISION AND DIRECTION OF PHYSICAL THERAPY ASSISTANT”<sup>13</sup>***

#### **Responsibility of the Licensed Physical Therapist in Supervision and Direction of the Physical Therapist Assistant**

A licensed physical therapist must ensure adequate supervision of the physical therapist assistant according to Rule 490-5-.02. This involves being present in the same institutional setting for 25% of the work week and being available at all times for guidance. The institutional setting means any inpatient care facility,

including skilled nursing, acute care, rehabilitation center, or other inpatient setting. In the home health setting, the physical therapist must conduct initial evaluations, meet weekly with the assistant to review patients, document meetings, and provide ongoing support. In the school setting, the physical therapist is responsible for evaluating students, making regular on-site visits, documenting visits, interacting with the assistant to support student goals, and being available for assistance.

### **Adequate Supervision Defined**

A licensed physical therapist's supervision must encompass the following details.

Supervision will include assessing and documenting a physical therapy diagnosis for each patient based on evaluation results. It includes designing treatment programs for patients and deciding which aspects can be assigned to the assistant. It also includes regularly reassessing both the treatment program and the assistant's performance concerning the patient. In addition, supervision includes conducting and documenting patient evaluations and treatment outcomes upon program completion. Lastly, supervision includes engaging with the assistant in ways aligned with the specific care plan for patients under their supervision.

### ***“Chapter 490-6 PROCEDURAL RULES”*** <sup>13</sup>

The Georgia State Board of Physical Therapy adopts Chapters 295-3 through 295-13, along with any future amendments, as its permanent rule. These chapters pertain to procedures for hearings before State Examining Boards. In accordance with the licensing Act (O.C.G.A. Section 43-33-18), the Board has the authority to deny licensure to applicants, refuse license renewal, and impose sanctions such as restrictions, suspension, or revocation of licenses. The Board also incorporates the provisions of O.C.G.A. Sec. 43-1-19.

## ***“Chapter 490-7 VERIFICATION OF LICENSE AND EXAMINATION SCORES”*** <sup>13</sup>

### **License Verification and/or Charge for Furnishing Scores**

Upon receipt of a written request from an applicant along with the required fee, the Georgia State Board of Physical Therapy will verify licensure and, if applicable, furnish examination scores to another state. Applicants should consult the fee schedule for the license verification fee.

## ***“Chapter 490-8 PHYSICAL THERAPY AIDES: DEFINITION AND REQUIREMENTS”*** <sup>13</sup>

### **Definition**

A physical therapy aide, distinct from a licensee under O.C.G.A. 43-33, is an individual assisting licensed physical therapists or physical therapist assistants in providing physical therapy services. Their tasks do not necessitate formal technical training through a structured educational program.

### **Supervision**

The physical therapy aide must be under direct supervision on-site at all times while assisting the physical therapist or assistant. "Direct supervision" means being on-site and readily accessible at all times. "On the premises" refers to the immediate vicinity of the patient. A licensee under this chapter can supervise a maximum of two physical therapy aides during patient evaluation and intervention.

### **Duties**

This rule defines "designated physical therapy tasks", which are limited to the following details.



Physical therapy aides can independently perform clerical tasks, excluding treatment documentation. Treatment documentation encompasses creating patient care reports and includes evaluations, assessments, care plans, progress notes, and discharge summaries. However, aides can transcribe or copy treatment documentation prepared by a licensee, provided it's signed by the supervising therapist or assistant. Additionally, aides can transport patients, set up equipment, and perform housekeeping duties.

Aides, under the licensee's discretion, may assist in patient care activities outlined in 490-8-.02. This assistance does not involve direct patient intervention but includes aiding patients before and after treatment or assisting the licensee during treatment. Only licensed physical therapists and assistants can provide direct physical therapy interventions.

### ***"Chapter 490-9 CODE OF ETHICS" <sup>13</sup>***

#### **Purpose**

This code applies to licensed physical therapists, physical therapist assistants, and individuals involved in patient care under Chapter 33 of Title 43 in Georgia. It offers guidance for determining appropriate conduct. Violating ethical standards outlined in this chapter constitutes a breach of Official Code of Georgia Annotated Section 43-33-18(a)(6).

#### **Principles of Conduct for Physical Therapists**

Licensed physical therapists are expected to adhere to the following ethical standards:

##### *Respect for Individuals*

Physical therapists must treat all individuals with dignity and respect, maintaining confidentiality and providing optimal care regardless of characteristics such as

race, gender, age, religion, disability, or sexual orientation. They should consider patients' physical, psychological, and socioeconomic welfare, communicate courteously and promptly, and avoid harassment or abuse.

### *Compliance with Laws*

Physical therapists must adhere to Georgia's laws and regulations governing physical therapy practice, ensuring that their practice aligns with state practice acts.

### *Exercise of Sound Judgment*

Physical therapists must demonstrate sound judgment in evaluating, planning, implementing, and supervising therapeutic programs, maintaining accurate records, and providing optimal care. They should inform patients when services are beyond their expertise, discontinue services when they are no longer beneficial, and ensure their judgment is not compromised by professional affiliations.

### *Supervision and Responsibility*

Physical therapists are responsible for supervising supportive personnel, establishing effective communication channels, evaluating patient needs, developing care plans, delegating tasks appropriately, and ensuring supervision in accordance with the law and patient's condition. They must also disclose any conflicts with ethical principles to their employers and attempt to rectify them.

### *Fair Remuneration*

Physical therapists should seek fair and reasonable compensation for their services, considering factors such as the service provided, practice costs, and geographic area. They must avoid unethical practices such as fee-splitting or influencing patients for financial gain.

### *Provision of Accurate Information*

Physical therapists must provide accurate information to consumers about the profession and services offered, refraining from false, misleading, or deceptive communication.

### *Protection of Public and Profession*

Physical therapists have a responsibility to report unethical, incompetent, or illegal activities to the appropriate authorities. They should not participate in arrangements where patients are exploited for the personal gain of referring sources and must disclose any financial interests to patients as required by law.

### *Principles of Conduct for Physical Therapist Assistants*

Licensed physical therapist assistants are required to adhere to the following ethical standards.

#### *Respect for Individuals*

Physical therapist assistants must uphold the rights and dignity of all individuals within the scope of physical therapy. This includes maintaining confidentiality, providing optimal care to patients regardless of demographic factors, considering patients' welfare in decision-making, and engaging with patients and colleagues respectfully and promptly. They are prohibited from engaging in any behavior that constitutes harassment or abuse.

#### *Compliance with Laws*

Physical therapist assistants must practice only under the supervision of a licensed physical therapist and abide by all laws and regulations governing physical therapy in Georgia.

#### *Exercise of Sound Judgment*

Physical therapist assistants must exercise sound judgment when providing services within the plan of care established by the supervising physical therapist. They are responsible for informing the supervising therapist when patient needs exceed their expertise, requesting reevaluation of the patient's status when necessary, and notifying the supervising therapist when maximum benefits from physical therapy have been achieved. Physical therapist assistants must not delegate tasks requiring their unique skills and knowledge to less qualified individuals. Adequate supervision is the joint responsibility of both the physical therapist and the physical therapist assistant.

#### *Fair Remuneration*

Physical therapist assistants should seek fair and reasonable compensation for their services. They are prohibited from engaging in unethical practices such as fee-splitting, profiting from services through unearned means, or using their influence for financial gain.

#### *Provision of Accurate Information*

Physical therapist assistants must provide accurate information to consumers about the profession and services offered, refraining from false, misleading, or deceptive communication.

#### *Protection of Public and Profession*

Physical therapist assistants have a responsibility to report any unethical, incompetent, or illegal activities to the appropriate authorities. They must not participate in arrangements where patients are exploited for the personal gain of referring sources and should disclose any financial interests to patients as required by law.

#### **Disciplinary Sanctions**

When administering physical therapy treatment, unprofessional and unethical behavior includes the following.

Unethical behavior includes violating the Code of Ethics for Physical Therapists and Physical Therapist Assistants as outlined in Rules 490-9-.01 through 490-9-.03. It includes assigning physical therapy tasks to aides or unlicensed individuals that are not authorized by Chapter 490-8. In addition, failing to provide immediate and continuous supervision when aides or unlicensed individuals perform designated tasks is unprofessional and unethical. Performing dry needling without meeting the training and competency requirements specified in Rule 490-9-.05 is unethical. Not complying with the 'Consumer Information and Awareness Act' by conspicuously displaying regulatory designator, education level, and training to patients via name badges, facility notices, and advertisements is also an unethical and unprofessional conduct. Failing to evaluate each patient and establish a physical therapy diagnosis, neglecting to formulate and document a treatment program based on evaluation findings, failing to conduct periodic evaluations of patients, document them in patient records, and adjust treatment programs accordingly are all unethical behaviors by PTs and PTAs. In addition, neglecting to formulate and document a patient's discharge plan and engaging in fee-splitting or receiving remuneration for patient referrals, with exceptions for disclosed discounts or reductions are unethical. Upon determining a licensee's violation of these rules and statutes, the Board may impose appropriate disciplinary measures as permitted by law.

### **Dry Needling**

Dry needling is a technique performed by licensed physical therapists using fine needles to target tissues beneath the skin for therapeutic purposes, particularly in managing neuromusculoskeletal conditions and pain. To perform dry needling, a physical therapist must take several steps.

A PT must consult with a licensed individual pursuant to Article 2 or 4 of Chapter 34 of Title 43. They must demonstrate specific education and training by submitting documentation to the Board, including proof of education in OSHA Blood Borne Pathogens Standard and completion of at least one of the following:

Graduation from an entry-level physical therapy program with at least 50 hours of dry needling instruction and competency assessment, graduation from a post-graduate residency or fellowship program with at least 50 hours of dry needling instruction and competency assessment, and successful completion of a didactic dry needling course consisting of at least 50 hours of instruction and competency assessment. PTs must submit documentation of dry needling education and training through an approved online recording and reporting system, such as CE Broker. Then, they must attest during license renewal that dry needling practice complies with the Board's regulations. Any violation of these rules or providing false information during renewal can result in disciplinary action by the Board.

### **Telehealth**

This rule aims to outline and establish standards for the practice of telehealth in physical therapy, utilizing various interactive technologies. Telehealth is defined as the use of electronic communication to deliver health-related information and services, including physical therapy, over long distances. It encompasses education, advice, interventions, and monitoring. Telehealth practices in physical therapy must abide by several rules.

First, they must adhere to all Federal and State laws, regulations, and policies governing physical therapy in Georgia. Second, except for practices specified in O.C.G.A. § 43-33-11(d), individuals providing physical therapy via telehealth in Georgia must hold a valid Georgia license. Lastly, physical therapists licensed in other US jurisdictions may offer telehealth consultations to Georgia-based physical therapists.

### ***“Chapter 490-10 PREVENTATIVE SERVICES”*** <sup>13</sup>

A licensed physical therapist or physical therapist assistant, under the supervision of a licensed physical therapist, can provide Preventative services, which are not considered "implementing a program of physical therapy treatment without consultation." Preventative services involve using physical therapy expertise to offer education or activities in wellness or community settings, aiming to prevent injuries, reduce stress, or promote fitness. However, these services do not include administering physical therapy treatment.

### ***“Chapter 490-11 CONSULTATION”*** <sup>13</sup>

"Consultation" refers to providing professional advice. A "licensed practitioner of the healing arts" denotes any healthcare provider licensed in Georgia to diagnose and treat individuals with the relevant physical or mental disability or functional limitations, operating within the scope of practice outlined in Title 43 Chapter 33. To determine the appropriateness of a licensed practitioner, physical therapists should consider factors such as the patient's physical condition, nature of ailment, and the extent of the consulting practitioner's knowledge of the patient's history and condition, allowing for informed treatment decisions. Physical therapists must document consultations with the relevant licensed practitioner of the healing arts before initiating a program of physical therapy treatment.

### ***“Chapter 490-12 PRACTICE OF PHYSICAL THERAPY DURING A DECLARED NATURAL DISASTER”*** <sup>13</sup>

In accordance with O.C.G.A. § 43-33-11, an individual licensed in another state can offer physical therapy services in Georgia during declared local, jurisdictional, or national disasters or emergencies for up to 60 days within a 12-month period. This is permissible as long as their practice adheres to Georgia's laws, rules, and regulations. If a physical therapist is found to have violated the state's laws, rules,

or regulations, or if they continue to practice in Georgia beyond the 60-day limit within a 12-month period, the Board has the authority to issue a cease-and-desist order, preventing them from practicing physical therapy without a valid license.

### ***“Chapter 490-13 PHYSICAL THERAPY COMPACT”*** <sup>13</sup>

In accordance with, the Georgia State Board of Physical Therapy adopts the Physical Therapy Compact Commission Rules, with the following additions below.

Individuals seeking compact privilege in Georgia must pay required fees and pass the Georgia Jurisprudence Assessment Module (GA-JAM) before receiving the privilege. Licensees from other member states providing physical therapy services in Georgia under compact privilege must adhere to Georgia's physical therapy laws, rules, and policies. Compact privilege holders must promptly report any license encumbrance or adverse action from a non-member state within 30 business days. This includes public and private actions. Violations of the Board's laws, rules, and policies may result in disciplinary action and loss of the Compact Privilege for the holder.

### **Proposed Rules** <sup>10</sup>

Rules may propose to be amended at any time on the Georgia State Board of Physical Therapy website. An updated list are at this link: <https://sos.ga.gov/page/georgia-state-board-physical-therapy-rules-and-laws>.

As of early 2024, all proposed rules on the Board website had been enacted into the rules legislation to be actively followed by physical therapists and assistants. The process of amendment and adoption of proposed rules is typically a public hearing followed by a Board decision. During the public hearing, individuals are invited to present data, express viewpoints, or provide arguments orally or in writing. Lengthy or technical statements, as well as recorded messages, should be



submitted for the official record. Oral statements should be concise and limited to five minutes per person. Additionally, written comments are encouraged and must be legible, signed, and include contact information. The Board will have a publicly announced proposed rule meeting, which may be attended in person or by a virtual meeting.

## **The Georgia Physical Therapy Practice Act <sup>10</sup>**

The Georgia Physical Therapy Practice Act, found under the Official Code of Georgia Annotated (O.C.G.A), Title 43 and Chapter 33, serves as the foundation of regulation and governance for physical therapists and physical therapist assistants in the state. This comprehensive legislation outlines the rights, responsibilities, and standards of practice expected of PTs and PTAs, ensuring the highest quality of patient care and professional conduct. This section will provide an overview of the key provisions of the Practice Act, equipping PTs and PTAs with the knowledge needed to navigate and comply with its regulations effectively. By understanding the requirements outlined in the Practice Act, PTs and PTAs can uphold ethical principles, adhere to legal standards, and promote the well-being of their patients while maintaining the integrity of the profession.

### ***“43-33-1. Short title.” <sup>10</sup>***

This legislation will be recognized and can be referenced as the "Georgia Physical Therapy Act."

### ***“43-33-2. Declaration of purpose.” <sup>10</sup>***

This legislation aims to protect public health, safety, and welfare by establishing state oversight and regulation of physical therapy. It emphasizes that physical

therapy is a matter of public concern and should be interpreted broadly to achieve the goals outlined in this section of the code.

***“43-33-3. Definitions.”<sup>10</sup>***

The term "Board" refers to the State Board of Physical Therapy, while "License" denotes a valid certificate issued by the board, granting authority to practice physical therapy. A "Licensee" encompasses individuals holding a license under this article or a valid privilege under the Physical Therapy Licensure Compact. "Person" is defined as an individual, excluding legal entities. A "Physical therapist" is licensed to practice physical therapy, while a "Physical therapist assistant" is licensed to assist under supervision. "Physical therapy" entails care provided by or under the supervision of a licensed physical therapist, synonymous with "Physiotherapist." A "Physical therapy aide" performs designated tasks under supervision but lacks licensure. "Trainee" refers to an individual approved for a traineeship, with a "Traineeship" being a supervised period under a licensed physical therapist. A "Training permit" grants authority for practice during a traineeship.

***“43-33-4. Creation of board.”<sup>10</sup>***

This section declares that the State Board of Physical Therapy exists in Georgia, which was first established in 1962.

***“43-33-5. Appointment of board members; terms; vacancies; removal.”<sup>10</sup>***

The board, outlined in Code Section 43-33-6, comprises eight members appointed by the Governor and confirmed by the Senate for three-year terms. Vacancies are filled by the Governor for the remainder of the term. The Governor has the authority to remove any member for neglect of duty, incompetence, license

revocation, or other misconduct following due process. Members are limited to serving two consecutive full terms.

***“43-33-6. Qualifications of board members.”<sup>10</sup>***

Individuals eligible for board appointment must reside in the state. Six board members must hold licenses as physical therapists and have a minimum of three years' experience in practice or teaching. Additionally, at least one member must be licensed and practicing as a physical therapist assistant for at least three years. The eighth member, chosen from the public, must have no affiliation with the physical therapy practice or profession.

***“43-33-7. Conduct of business by telephone or other digital means.”<sup>10</sup>***

Except for contested case hearings, the board can conduct business via telephone or digital conferencing. However, board members cannot receive compensation for activities conducted through these methods.

***“43-33-8. Reimbursement of board members.”<sup>10</sup>***

Board members may be reimbursed for several instances, as explained in subsection F of Code Section 43-1-2. These instances include transportation costs, conference and meeting registration fees, and a travel expense allowance for all board related travelling.

***“43-33-9. Division director as secretary of board; subpoena power; service of process and documents.”<sup>10</sup>***

The division director serves as the board's secretary and fulfills additional administrative tasks assigned by the board. In contested cases, the division director, acting on behalf of the board, has the authority to issue subpoenas for

witnesses and documents within the state. Legal documents required to be served or filed with the board must be directed to the division director at their office.

***“43-33-10. General powers and duties of board.”<sup>10</sup>***

In executing the mandates of this article, the board possesses various powers beyond those explicitly granted herein. These include preparing or approving examinations for license applicants, determining the eligibility and issuing licenses to qualified physical therapists and physical therapist assistants, assessing and sanctioning educational programs that train physical therapy professionals, initiating investigations into alleged breaches of this article or other pertinent state laws, with the authority to conduct inspections of physical therapy facilities, conducting hearings in contested cases in accordance with the Georgia Administrative Procedure Act, disciplining or withholding licenses from individuals as outlined in this article, adopting an official seal to authenticate its actions, setting licensing fees and maintaining a register of license holders and inspection records, establishing and disseminating a code of ethics, issuing training permits, formulating rules and regulations necessary for enforcing the article's provisions and other relevant state laws pertaining to physical therapy, administering the Physical Therapy Licensure Compact detailed in Article 2 of this chapter, and conducting national background checks through the submission of fingerprints to the Federal Bureau of Investigation, with resulting reports restricted to within the state's jurisdiction.

***“43-33-11. Physical therapists and physical therapist assistants to clearly inform public of credentials; license required; use of titles; limitation on scope of Code section.”<sup>10</sup>***

Physical therapists must clearly disclose their professional credential as physical therapists and use the appropriate regulatory designation as specified by the board.

Physical therapist assistants must denote their licensure by using the letters "PTA" after their name, and individuals without this licensure cannot use titles, letters, or any other indication implying they are physical therapist assistants.

Individuals or businesses cannot use terms like "physical therapy" or related titles unless services are provided by or under the direction of a licensed physical therapist. Advertising someone as a physical therapist or physiotherapist is prohibited unless they are licensed as such. Services cannot be labeled as physical therapy unless supervised by a licensed physical therapist. Exceptions include individuals licensed under other state laws, students in approved educational programs under supervision, individuals pursuing advanced physical therapy studies under approved programs, physical therapists employed by the U.S. government, temporary individuals receiving treatment, and licensed individuals providing services during declared emergencies.

***"43-33-12. Requirements for license to practice physical therapy."***<sup>10</sup>

A license for practicing physical therapy will be granted to individuals who meet the following criteria.

Graduation from an accredited educational program for physical therapists, approved by the board, or completion of a board-approved traineeship if the applicant graduated from a foreign program. Proficiency in English language and completion of a three-month supervised traineeship are required for foreign graduates.

Successful completion of a board-approved examination and any additional education or training stipulated by the board.

No disqualifications under specified legal provisions.

Satisfactory results from fingerprint record checks conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation, as determined by the board. Applicants consent to background checks by submitting their application, providing necessary information, including fingerprints, and covering associated fees.

***“43-33-13. Requirements for license to practice as physical therapist assistant.”<sup>10</sup>***

A license for practicing as a physical therapist assistant will be granted to individuals who meet the following requirements.

Graduation from an accredited educational program for physical therapist assistants, approved by the board, or completion of a board-approved traineeship for graduates from foreign programs. Proficiency in English language and completion of a three-month supervised traineeship are required for foreign graduates. PTAS must successfully pass an examination approved by the board. They must have no disqualifications under specified legal provisions.

Satisfactory results from fingerprint record checks conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation, as determined by the board. Applicants consent to background checks by submitting their application, providing necessary information, including fingerprints, and covering associated fees.

***“43-33-13.1. Physical therapy aide.”<sup>10</sup>***

A physical therapy aide, distinct from a physical therapist or physical therapist assistant, is employed to aid a physical therapist or physical therapist assistant. Their duties are limited to specific physical therapy tasks under the direct supervision of a licensed professional, as outlined and approved by the board's regulations.

***“43-33-14. Determining competence of applicants.”<sup>10</sup>***

The board has the authority to assess the competence of applicants for physical therapist or physical therapist assistant positions using any method or procedure it considers necessary to evaluate their qualifications.

***“43-33-15. Reciprocity; waiver of examination requirement for persons licensed in another state who meet certain qualifications.”<sup>10</sup>***

The board has the discretion to waive the examination requirement outlined in paragraph two of Code Section 43-33-12. It can grant full privileges to individuals licensed in another state or U.S. territory, allowing them to engage in equivalent practice as described in this article. This is contingent upon the individual having qualifications deemed substantially equivalent to those outlined in paragraph one of Code Section 43-33-12 and being properly licensed in another jurisdiction. However, the board must determine that the examination standards in the individual's licensing jurisdiction are equivalent to its own. When waiving the examination, the board may stipulate additional education or training requirements.

***“43-33-16. Expiration, renewal, and restoration of licenses; canceled licenses; continuing education.”<sup>10</sup>***

All licenses must be renewed every two years to remain valid. Renewal applications, along with the prescribed renewal fee, must be submitted to the division director before the expiration date. An expired license can only be reinstated by applying and paying the restoration fee within the timeframe set by the division director, provided the applicant meets the board's established requirements. Failure to restore an expired license within this timeframe renders it ineligible for renewal, restoration, or reissuance. Holders of canceled licenses must fulfill all requirements for obtaining a new license. The board mandates a

minimum of four hours of continuing education for the renewal of any license issued under this article.

***“43-33-17. Training permits.”***<sup>10</sup>

The board has the authority to issue training permits under various circumstances, including graduates of approved physical therapy programs awaiting examination results, to foreign-trained graduates awaiting examination, and to applicants seeking license reinstatement after a lapse of over two years. These permits authorize holders to work under the direct supervision of an approved physical therapist with at least one year of experience. Regulations governing training permits are established under this article and approved by the board.

***“43-33-18. Refusal to grant or restore licenses; discipline of licensees; suspension, revocation, or restriction of licenses; immunity for violation reporters.”***<sup>10</sup>

The board is empowered to refuse to grant or restore licenses or to discipline licensed physical therapists and physical therapist assistants for various reasons, including misrepresentation of professional credentials or performing physical therapy care without proper evaluation or referral protocols, violations of ethical standards, such as working outside supervision or engaging in fraudulent practices, incapacity due to illness, substance abuse, or mental health conditions, and criminal convictions or unprofessional conduct. Possible disciplinary actions include reprimands, suspension, limitation or revocation of licenses, fines, or probationary periods. The board may also require license reinstatement applicants to comply with disciplinary measures. Reporting violations in good faith grants immunity from civil and criminal liability, and healthcare providers are not restricted from practices within their scope.



***”43-33-19. Unlicensed practice as constituting public nuisance; injunctions.”***

10

The field of physical therapy is deemed to be of public concern, as it directly impacts public health, safety, and welfare. Unauthorized practice of physical therapy poses risks to the public. The board, district attorney, or any concerned party can file a petition in superior court to stop such unauthorized practice without needing to demonstrate lack of alternative legal recourse or specific harm.

**Georgia General Provisions <sup>10</sup>**

The Georgia General Provisions provides a framework of statutes and legislation aimed at safeguarding the public and ensuring the highest standards of care in physical therapy practice. These provisions serve as a cornerstone of regulation, outlining essential guidelines and standards for physical therapists and assistants in Georgia. This section will delve into an overview of each provision, equipping PTs and assistants with a comprehensive understanding of the regulatory landscape governing their profession. By familiarizing themselves with these guidelines, PTs and assistants can uphold ethical principles, maintain legal compliance, and prioritize the well-being of their patients, thus fostering trust and confidence in the delivery of physical therapy services across the state.

***“43-1-9. Point credit for veterans taking examinations given by professional licensing boards.” <sup>10</sup>***

For individuals undergoing professional licensing examinations, excluding those administered by the Georgia Board of Nursing, specific criteria determine additional points:

1. Applicants with at least one year of active duty in the U.S. armed forces, including the National Guard, with a minimum of 90 days served during wartime or conflicts, qualify for a five-point credit. These points are added to the examination grade by the evaluator.
2. Disabled veterans who served on active duty during wartime or conflicts and have a disability officially rated at less than 10 percent at the time of examination are eligible for a five-point credit. These points are incorporated into the examination score by the evaluator.
3. Disabled veterans with active duty service during wartime or conflicts, having a disability officially rated at 10 percent or above at the time of examination, receive a ten-point credit. These points are added to the examination grade by the evaluator.

***“43-1-10. Credit to veteran’s grades when examination given in parts or by subject.”<sup>10</sup>***

If a professional licensing board's examination is divided into parts or subjects, and the applicant must achieve a minimum grade on each part or subject, the points entitled to the applicant will be added to the grade obtained on each respective part or subject. This adjustment is made prior to determining the average grade across all parts or subjects.

***“43-1-11. Veteran’s examination to be graded prior to determination of eligibility for credit.”<sup>10</sup>***

The grader of an examination mandated by a professional licensing board must initially assess the test without considering veteran credit. Subsequently, after verifying proof of veteran status and entitlement to credit, if applicable, the credit is added. If, after this adjustment, the applicant achieves a grade meeting or

surpassing the passing requirement, they are entitled to certification, signifying successful completion of the examination.

***“43-1-12. Duty of division director to inform applicants of availability of veteran credit; rules and regulations for implementing veteran credit program.”<sup>10</sup>***

The division director is responsible for notifying examination applicants about the regulations outlined in Code Sections 43-1-9 through 43-1-11 and Code Section 43-1-13. Additionally, the division director has the authority to establish rules and regulations essential for the implementation of the provisions in Code Sections 43-1-9 through 43-1-11 and Code Section 43-1-13.

***“43-1-13. Inapplicability of veteran credit provisions to applicants who were not honorably discharged.”<sup>10</sup>***

The rules outlined in Code Sections 43-1-9 through 43-1-12, which pertain to granting points to veterans, are applicable to all eligible applicants, regardless of gender. However, these provisions do not apply to applicants who have not received an honorable discharge.

***“43-1-14. Authority of Governor to appoint qualified persons to professional licensing boards.”<sup>10</sup>***

The Governor has the authority to appoint individuals meeting the qualifications specified by law to serve on professional licensing boards, whether for a regular term or to fill an unexpired term. This authority extends even if the law establishing the board mandates that the Governor select members from a list of nominees provided by a private association.

**43-1-16. Senate confirmation of appointments to professional licensing boards.<sup>10</sup>**

Every individual appointed by the Governor to serve as a member of a professional licensing board must receive confirmation from the Senate. If such appointments occur when the Senate is not in session, they remain effective until the Senate acts upon them.

**“43-1-17. Removal from office of member of a professional licensing board.”<sup>10</sup>**

Following notice and providing an opportunity for a hearing, the Governor has the authority to dismiss any member of a professional licensing board due to failure or negligence in performing required duties, incompetence, and/or dishonest conduct.

**“43-1-18. Eligibility of consumer members of professional licensing boards to vote on all matters.”<sup>10</sup>**

While not impacting the eligibility of other members to vote, every consumer member of a professional licensing board is entitled to vote on all issues presented to the board.

**“43-1-19. Refusal to grant, revocation, and reinstatement of licenses; surrender; probationary license.”<sup>10</sup>**

A professional licensing board holds the authority to refuse to grant or revoke a license, or discipline a licensee, based on specific criteria outlined in the Code. These criteria include failure to meet licensure standards, making deceptive representations, conviction of felonies or crimes of moral immorality, unprofessional conduct harmful to the public, aiding unlicensed individuals, violations of laws or regulations, mental incompetence, inability to practice safely,

failure to comply with child support orders, among others. The board may take various actions such as refusal to grant or renew a license, suspension, limitation, revocation, imposition of fines, or issuance of reprimands. Investigation procedures, including access to licensee records and the power to subpoena, are detailed. Immunity is provided to entities reporting violations in good faith. The Code also outlines procedures for judicial review, including attorney fees, and conditions for license reinstatement. Additionally, it addresses the applicability of this Code section to all licensees and entities, the authority of professional licensing boards, and considerations regarding criminal history in licensing decisions.

***“43-1-19.1. Waiver of deductibles or copayments in health insurance plans; deceptive or misleading advertising.”<sup>10</sup>***

This section prohibits licensed healthcare providers from advertising the waiver of deductibles or copayments as an incentive to attract patients, as this is considered deceptive or misleading. However, nonprofit community health centers primarily serving indigent patients are exempt from this regulation. Additionally, occasional waiver of deductibles or copayments by a provider is permissible if authorized by the insurer or if based on individual patient evaluation and not part of the provider's regular business practice, without being deemed misleading, fraudulent, or deceptive.

***“43-1-19.2. License applications to include questions on prior revocation or denial of license.”<sup>10</sup>***

Each application for a professional or business license issued by a state agency or professional licensing board must include a question asking whether the applicant has faced license revocation, suspension, or other sanctions from any board or agency in Georgia or elsewhere, or if the applicant has been denied issuance or renewal of a license due to disciplinary proceedings. The applicant must answer

this question truthfully under oath and provide details about the relevant board or agency involved in the sanction.

***“43-1-20. Actions to enjoin unlicensed practice.”<sup>10</sup>***

A professional licensing board, the division director, or the appropriate prosecuting attorney holds the authority to initiate legal proceedings to halt the unauthorized practice of a licensed profession or business by any individual. These actions can be filed in the superior court of the county where the unlicensed individual resides. There is no need to prove the inadequacy of other legal remedies to obtain an injunction under this Code section.

***“43-1-20.1. Cease and desist orders against persons practicing without a license; fine for violating order.”<sup>10</sup>***

Despite other legal provisions, a professional licensing board can, following proper notice and a hearing, issue a cease-and-desist order to prevent anyone from unlawfully practicing a profession or business without the required license.

Violating such an order subject the individual to further board proceedings, with the board empowered to levy fines up to \$500. Each day of unauthorized practice constitutes a separate violation.

Initial judicial review of board decisions under this provision is exclusively available in the superior court of the board's domicile county.

This section does not prevent a professional licensing board from seeking other statutory remedies without first obtaining a cease-and-desist order as outlined here.

***“43-1-21. Release of information regarding investigations.”<sup>10</sup>***

The division director is empowered to furnish, upon request from any legitimate licensing authority, details regarding investigations or disciplinary actions against applicants or licensees, overriding confidentiality statutes. This provision does not restrict the director's ability to disclose information about ongoing investigations for unlicensed practice to relevant parties.

***“43-1-22. Inactive status licenses.”<sup>10</sup>***

The division director has the authority to establish inactive status licenses for the different professional licensing boards.

***“43-1-23. Exemption of licensees of professional licensing boards from filing with clerk of superior court.”<sup>10</sup>***

Licensees of professional licensing boards are not obligated to submit or register their licenses with the clerk of the superior court, and clerks are not obliged to report the filing or recording of any such licenses.

***“43-1-24. Licensed professionals subject to regulation by professional licensing board.”<sup>10</sup>***

Individuals licensed by a professional licensing board, who engage in professional activities defined by relevant Georgia laws, remain under the regulation of that board regardless of their business structure. This includes practices conducted as sole proprietorships, partnerships, professional corporations, or other entities. Such engagement does not alter legal standards governing professional-client relationships, including rules of confidentiality, contractual obligations, liabilities, and professional conduct.

***“43-1-25. Authority of professional licensing boards to promulgate rules and regulations.”<sup>10</sup>***

Except for the Georgia Real Estate Commission and its licensees, all professional licensing boards and their licenses are subject to the regulations outlined in Code Sections 43-1-16 through 43-1-24, unless otherwise specified in subsection O of Code Section 43-1-19. Each board has the authority to establish rules and regulations to enforce these provisions.

***“43-1-27. Licensee required to notify licensing authority of felony conviction.”<sup>10</sup>***

A licensed individual convicted of a felony must inform the relevant licensing authority within ten days of the conviction. Failure to do so may result in the revocation of their license or authorization to practice a licensed profession.

***“43-1-27. Licensee required to notify licensing authority of felony conviction.”<sup>10</sup>***

A licensed person convicted of a felony as defined in the relevant section must inform the licensing authority within ten days of the conviction. Failure to do so can lead to the revocation of their license or authorization to practice their profession.

***“43-1-28. Volunteers in health care specialties.”<sup>10</sup>***

This section, known as the "Georgia Volunteers in Health Care Specialties Act," defines the terms "health care board," "health care practitioner," "health care specialty," and "unrestricted." It mandates health care boards to issue special licenses to qualified practitioners who are either currently licensed in good standing or retired from practice with an unrestricted license. Special license holders are allowed to practice their specialty only in roles that are not



compensated for specified entities serving indigent patients in underserved areas. Applicants must submit required documents and agree not to receive compensation for their services. Certain fees may be waived for special license holders, and temporary licenses may be issued if continuing education requirements are not met. Liability for practitioners and their employers is governed by specific sections of the law. Finally, it states that this section is to be strictly interpreted.

***“43-1-29. Suspension of license for nonpayment of student loans prohibited.”***

A professional licensing board is prohibited from suspending the license of an individual licensed by that board solely because they are in default under the Georgia Higher Education Loan Program as determined by the Georgia Higher Education Assistance Corporation. Additionally, the board cannot suspend a license based on certification by any federal entity for nonpayment, default, or breach of repayment or service obligations under federal educational loan programs or conditional scholarship programs.

***“43-1-31. Expiration of professional licenses of service members on active duty outside of state.”<sup>10</sup>***

In this section of the Code, "service member" refers to an active duty member of the regular or reserve components of the United States armed forces, the United States Coast Guard, the Georgia National Guard, or the Georgia Air National Guard who is deployed for a period of 90 days or more.

Any service member whose professional license expired while on active duty outside of Georgia is allowed to continue practicing under that expired license and will not be penalized for practicing with an expired license for up to six months following their discharge from active duty or reassignment within the state. They

are also entitled to renew their expired license within six months of discharge or reassignment without facing penalties. To waive any charges, the service member must provide the professional licensing board with either official military orders or a written verification signed by their commanding officer.

***“43-1-32. Limitations on licensure requirements for physicians and dentists; conditioning of licensing upon participation in public or private health insurance plans prohibited.”<sup>10</sup>***

The criteria for obtaining licensure as a physician or dentist in this state will be determined solely by demonstrated proficiency and academic qualifications. Approval for licensure will not be contingent upon involvement in any public or private health insurance schemes, public healthcare programs, community service projects, or emergency room duties.

The Georgia Composite Medical Board and the Georgia Board of Dentistry are exclusively tasked with granting licensure to physicians and dentists, respectively, within the state.

***“43-1-33. Advertisement, signage, and identifier requirements for health care practitioners.”<sup>10</sup>***

This Code section, named the "Consumer Information and Awareness Act," underscores the importance of transparency in healthcare services. It recognizes that various healthcare professionals, such as physicians, dentists, and others, hold different degrees and specialties, each requiring specific training. To prevent misleading representations, it sets guidelines for advertising and identification in clinical settings. Healthcare practitioners must accurately represent their qualifications and licensure in advertisements and interactions with patients. Specifically, they must clearly disclose their licensure type and refrain from using deceptive terms or medical titles unless licensed as physicians. Moreover,

healthcare practitioners are required to conspicuously display their licensure and identifiers during patient encounters, ensuring transparency and patient awareness. Violations of these regulations may lead to disciplinary actions by licensing boards, and while there's no private cause of action, legal action may be taken by the board against violators.

***“43-1-34. Licenses for transitioning members of the armed forces.”<sup>10</sup>***

"License" refers to official authorization needed from a professional licensing board or other relevant board to engage in a profession, business, or trade.

"Military" pertains to the United States armed forces, including the National Guard.

"Other board" denotes a board established under this title that is not a professional licensing board.

"Service member" indicates an active or reserve member of the armed forces, including the National Guard.

"Transitioning service member" signifies a military member within 24 months of retirement or 12 months of separation who is on active duty status or separation leave. By July 1, 2017, all professional licensing and other relevant boards must establish rules allowing transitioning service members to qualify for temporary, endorsed, or expedited licenses, or a blend of these, for their respective professions. These rules might include granting licenses based on the applicant's possession of a license from another state with comparable training and experience requirements, as well as military specialization, certification, or training that meets or exceeds state licensing criteria. Any board formed after June 30, 2016, must adopt these rules within one year of its establishment.

## **All Policy Statements** <sup>10, 14</sup>

The Georgia State Board of Physical Therapy plays a pivotal role in shaping and regulating the practice of physical therapy within the state. Through a comprehensive array of policies, the Board provides detailed guidelines that govern various aspects of physical therapy practice. These policies cover a wide range of topics, including examination procedures, endorsement requirements, renewal criteria, traineeship standards, reinstatement protocols, continuing education mandates, disciplinary procedures, peer review processes, physical evaluations guidelines, meeting protocols, medication regulations, jurisprudence considerations, foreign credentialing criteria, residency program specifications, telehealth regulations, and intricate details concerning the dynamic relationship between physical therapists and physical therapist assistants. This section aims to offer an in-depth exploration of each policy, empowering PTs and PTAs with a comprehensive understanding of the regulatory landscape and professional expectations governing their practice in Georgia. Through adherence to these policies, PTs and PTAs can uphold the highest standards of patient care, ethical conduct, and professional excellence, thereby ensuring the delivery of safe, effective, and ethical physical therapy services across the state.

### ***Policy #1 – General Application Information***

Once all requirements specified in the law and board regulations are fulfilled, applications and reinstatement applications will be approved administratively. However, applications with affirmative responses to conviction or board sanction inquiries will not be administratively approved, unless specified otherwise in this policy. A "yes" response indicating failure of the examination may be administratively approved, in accordance with the Board's rules and policies. All licenses issued administratively are subject to ratification at the subsequent

regularly scheduled board meeting. On average, a complete application takes approximately fifteen working days to process.

The Georgia State Board of Physical Therapy follows specific guidelines for evaluating applications for licensure and renewal involving arrests and/or convictions. Applications falling outside these guidelines are referred to the appropriate board for consideration. The guidelines are as follows:

For DUI offenses occurring once, if the conviction is older than five years, licensure may proceed. If less than five years, licensure may proceed with a letter of concern regarding alcohol.

For offenses such as bad checks, municipal ordinance violations, driving with suspended/revoked license, occurring once with no active probation or parole, licensure may proceed if the conviction is older than five years, accompanied by a letter of concern regarding criminal activity.

For offenses like petit theft, shoplifting, non-violent property crimes (unrelated to drugs), occurring twice with no active probation or parole, licensure may proceed if the convictions are older than five years, with a letter of concern regarding criminal activity.

For marijuana possession of less than one ounce occurring once with no active probation or parole, licensure may proceed if the conviction is older than five years, with a letter of concern regarding criminal activity.

For misdemeanor offenses excluding drug-related ones, with no limit on frequency, licensure may proceed if the convictions are older than five years, with a letter of concern regarding criminal activity.

Offenses of a sexual nature and felony offenses must be presented to the Board for evaluation regardless of time elapsed or frequency of occurrence.

Applicants with multiple offenses must also be presented to the Board for evaluation.

Any other offenses not specified above must also be presented to the Board for evaluation.

### ***Policy # 2 - Examination Applications*** <sup>10</sup>

This policy is the same as Board Rule 490-2.

Effective November 21, 2011, the Georgia State Board of Physical Therapy implemented policies regarding examination applications. First, applicants awaiting degree conferment from a CAPTE-accredited PT/PTA program may be eligible for licensure by examination upon submission of proof from the appropriate school representative. The Board provides a specific form for this purpose. Second, non-CAPTE and foreign-educated examination applications are reviewed by a designated board member for approval. Applicants failing the national physical therapy or Georgia Jurisprudence examination for the fourth time cannot attempt the exam for a fifth time without extensive further study, which may include completing a CAPTE-approved program or additional coursework as determined by the Board. Initial licensure applicants by examination must pass the electronic Georgia Jurisprudence Exam administered by the Federation of State Boards of Physical Therapy (FSBPT). Upon completion of extensive further study, the Board may grant approval for an applicant to take the national examination for a sixth time, adhering to the lifetime limit eligibility criteria set by the FSBPT.

### ***Policy #3 - Endorsement Applications*** <sup>10</sup>

A designated board member reviews all examination applications from non-CAPTE and foreign-educated candidates for approval. Endorsement applicants who

passed the examination within one year of graduation can opt for examination instead of endorsement. They must provide licensure verification from all states where they held a license. All endorsement applicants must pass the electronic Georgia Jurisprudence exam. Candidates must register for the exam through the Federation of State Boards of Physical Therapy (FSBPT). If an applicant fails the Georgia Jurisprudence exam four times, they cannot attempt it a fifth time without evidence of additional coursework mandated by the Board.

#### ***Policy #4 – Renewal Applications*** <sup>10</sup>

An applicant seeking renewal who responds negatively to the continuing competency inquiry must furnish evidence of fulfilling the continuing competency obligation.

#### ***Policy #5 – Traineeship*** <sup>10</sup>

The Board has assigned a specific board member to assess and approve applications for examinations from non-CAPTE accredited institutions and foreign educational backgrounds. Upon approval of Traineeship Supervision, notification will be sent to both the primary and alternate physical therapist supervisors, emphasizing adherence to board rule 490-2-.04 during supervision. The Board has decided to permit trainees to conclude their traineeships early upon passing the NPTE examination and upon submission of documentation confirming successful practice under the traineeship.

#### ***Policy #6 – Reinstatement*** <sup>10</sup>

Licensees who fail to renew their license by the deadline are classified as "lapsed" and must apply for license reinstatement. If it is discovered that a reinstatement applicant has practiced without a valid license, reinstatement may be contingent

upon the issuance and formalization of a Public Consent Agreement or Public Reprimand. This may involve the measures below.

Licensees who fail to reinstate their license will be subject to a \$25 fine for each day of unlicensed practice, must complete the jurisprudence exam within six months of the agreement, and must disclose the period of unlicensed practice to their employer(s).

### ***Policy #7 – Continuing Competence Policy*** <sup>10</sup>

The Georgia State Board of Physical Therapy mandates that licensed physical therapists and physical therapist assistants engage in a minimum of thirty clock hours of continuing competence activities per licensure period, with a maximum of ten credit hours per calendar day. These requirements aim to enhance professional skills and knowledge. The board emphasizes the importance of planned learning experiences that extend beyond the licensee's current competency level and are related to patient care in physical therapy. Specifically, four of the thirty required hours must be dedicated to ethics and jurisprudence, which can be fulfilled either through specific coursework or by passing the Georgia Jurisprudence Examination. Continuing competence hours can be obtained from various accredited organizations and programs related to physical therapy practice, including professional associations, educational institutions, and healthcare organizations.

### ***Policy #8 – Cognizant Matters/Investigations/Disciplinary Matters*** <sup>10</sup>

In adherence to Georgia law, the Board ensures strict confidentiality regarding investigations into alleged violations of its laws and rules, as well as the individuals involved. To manage this, a designated member of the Board serves as the Cognizant, who has access to all relevant records and documents. The Cognizant member maintains confidentiality until the Board decides to pursue formal



disciplinary action. Any complaints about irregular insurance billing practices are automatically referred to the Insurance Commissioner's Office for investigation.

Regarding Cognizant Review, board staff handles applications and complaints outside of established guidelines and presents them to the designated member. The member has authority to review applications, recommend full board review, dismiss complaints lacking evidence, refer complaints for investigation, conduct interviews, and make recommendations to the full Board based on investigation findings. The Cognizant member reports actions taken on applications or complaints to the Board and receives and reviews copies of Enforcement Referrals and/or Dispositions. All requests for additional information are documented in writing. If a licensee's case is referred to the Attorney General's office for a consent order, the order includes a mandate for the disciplined licensee to pass the jurisprudence examination within three months of the order's docket date.

#### ***Policy #9 – Peer Review*** <sup>10</sup>

Individuals serving as peer reviewers for the board must possess a clean disciplinary record, possess at least five years of current clinical expertise, and demonstrate the ability to offer expert opinions on patient care, record keeping, and billing matters. The board selects peer reviewers on a case-by-case basis.

#### ***Policy #10 – Mental Physical Evaluations*** <sup>10</sup>

The Board will adhere to the mental and physical evaluation guidelines outlined in O.C.G.A 43-33-18.

#### ***Policy #11 – Meetings/Records*** <sup>10</sup>

The Board will conduct a yearly review of its policies, in an annual policy review. Draft minutes and the board agenda will be distributed to board members at least one week before scheduled meetings or conference calls. Meetings will follow a

calendar approved by the Board, with any necessary changes to dates and times made as needed.

### ***Policy #12 – Position on Medications*** <sup>10</sup>

The Georgia State Board of Physical Therapy adopts the APTA's stance on Medications in Physical Therapy, which acknowledges that the practice frequently necessitates medication use for patient care, including procedures like phonophoresis, iontophoresis, and nebulized bronchodilators. Physical therapists are authorized to apply and store these medications as part of their practice.

### ***Policy #13 – Georgia Jurisprudence*** <sup>10</sup>

To fulfill the minimum four contact hour continuing competence obligation, a Georgia Ethics and Jurisprudence Continuing Competency Course must cover Georgia General Provisions, Georgia Physical Therapy Practice Act, Board Rules, Board Policies, and offer a general overview of the Board's website, including Frequently Asked Questions (FAQs). Updates to the Jurisprudence exam will be included when there are changes in laws and rules.

The Ethics and Jurisprudence requirement can be fulfilled through coursework or by passing the Georgia Jurisprudence Exam offered by FSBPT. Licensees cannot count any passing score on a Georgia Jurisprudence Exam towards current continuing competency requirements if it was taken for initial licensure in the state, previous renewal cycles, or as part of the terms and conditions of a Board Order.

### ***Policy #14 – Foreign Credentialing*** <sup>10</sup>

Foreign-educated applicants must complete 60 hours of general education and 90 hours of professional education, totaling 150 hours, as per the Board's requirement. Additionally, the Board allows the use of FSBPT Retro Tools for

applicants educated before 1997. The approved foreign credentialing agencies by the Board are the International Consultants of Delaware (ICA), the International Education Research Foundation (IERF), and the Foreign Credentialing Commission on Physical Therapy (FCCPT).

### ***Policy #15 - Residency/Internship Programs*** <sup>10</sup>

The Board will evaluate educational institutions seeking approval to offer programs for enhancing advanced physical therapy skills. Before allowing unlicensed residents/fellows to practice in Georgia as part of these programs, educational institutions must seek approval from the Board.

### ***Policy #16 - Telehealth*** <sup>10</sup>

This policy establishes guidelines for telerehabilitation practices using various interactive technologies. Telehealth is defined as using electronic means to deliver health-related information and services, including physical therapy, over long distances. It encompasses a range of activities like education, advice, interventions, and monitoring. Telehealth practices in physical therapy must comply with all Georgia statutes, rules, and policies. Individuals providing physical therapy via telehealth in Georgia must hold a Georgia license. Physical therapists licensed in other US jurisdictions may provide telehealth consultations to Georgia-based physical therapists.

### ***Policy # 17 - Physical Therapist and Physical Therapist Assistant Relationship***

Physical therapists may delegate physical therapy treatments to physical therapist assistants (PTAs) within the first 21 days or eight visits of a treatment plan, at their discretion and before discharge or referral from the patient's provider. The responsibility for the care quality provided by supportive personnel lies with the

Physical Therapist. While technology allows for supervision in new methods, PTAs, Trainees, and Students should be aware of their supervising PT and how to contact them. PTs should not supervise no more than three other supportive clinicians concurrently, defined as PTAs, Trainees, and PT/PTA students. Care coordination discussions are expected in all settings, documented in the patient's medical record, with frequency based on patient condition and progression.

## **Section 2 Key Words**

Georgia Physical Therapy Practice Act - A state law that governs the practice of physical therapy within the state of Georgia that outlines the scope of practice for physical therapists and physical therapist assistants, establishes licensing requirements and procedures, defines the responsibilities and obligations of licensees, and sets forth regulations aimed at ensuring the safety and welfare of patients receiving physical therapy services

Georgia General Provisions - Includes laws related to the practice of physical therapy, such as licensure requirements, scope of practice guidelines, and disciplinary procedures for violations of professional standards

Georgia Physical Therapy Policy Statements - Official positions or guidelines established by the Georgia State Board of Physical Therapy regarding various aspects of physical therapy practice, licensure, continuing education, and regulatory oversight

## **Section 2 Summary**

For physical therapists and physical therapist assistants, a thorough understanding of the regulatory landscape is essential for maintaining ethical and legal practice. Georgia's specific provisions and laws, encompassed in statutes like Georgia Rules

490-1 through 490-11 and Georgia Laws 43-33, establish the framework for professional behavior, standards of patient care, and the broader legal parameters that delineate the scope of practice. This section dove into the nuances of the Georgia Physical Therapy Practice Act and provided comprehensive definitions related to ethical concepts applicable to therapists practicing in the state of Georgia.

## **Section 3: The Georgia State Board of Physical Therapy**

The Georgia State Board of Physical Therapy assumes a pivotal role in the regulation and oversight of physical therapy practice statewide. The Board has responsibilities spanning licensing, regulation, discipline, continuing education oversight, and policy development. It serves as an institution guiding the professional conduct of physical therapists and assistants in Georgia. This section serves to provide a comprehensive overview of the resources available to PTs and assistants through the Georgia State Board of Physical Therapy website. It will explore navigating the website to access essential information, delve into the online continuing education system offered by the Board, and examine proposed rules and regulations outlined on the website. By familiarizing themselves with these resources, PTs and assistants can navigate the regulatory landscape effectively, stay up-to-date with developments in the field, and ensure compliance with the standards of practice mandated by the Board, thus upholding the integrity and quality of physical therapy services across the state.

### **Georgia State Board of Physical Therapy Website <sup>10</sup>**

The purpose of the Georgia State Board of Physical Therapy website is to serve as a comprehensive resource for physical therapists, physical therapist assistants,

and the public regarding the practice of physical therapy in the state of Georgia. It provides information on licensing, regulation, discipline, continuing education requirements, policy development, and more. The website serves as a central hub for accessing important forms, guidelines, rules, and regulations governing the practice of physical therapy in Georgia. Additionally, it offers online services such as license renewal, license verification, and access to educational resources to ensure compliance with state laws and regulations.

### ***Navigating the Website***

The Georgia State Board of Physical Therapy site is found on the Georgia Secretary of State (SOS) website. The Georgia Secretary of State website is the official online platform of the Office of the Secretary of State of Georgia. It serves as a centralized hub for various government services, resources, and information related to elections, corporations, licensing, and government publications in the state of Georgia. Visitors to the website can access online services, forms, and resources, as well as find information about voter registration, business registration, professional licensing, and more. Additionally, the website provides updates on news, announcements, and events from the Secretary of State's office.

The Georgia State Board of Physical Therapy website is found at this link:

<https://sos.ga.gov/georgia-state-board-physical-therapy>

The homepage of the site brings up several menu options, the first set being "SOS Office", "Business", "Charities", "Elections", "Securities", "Licensing", and "Search". These options are uniform throughout all profession pages on the Georgia Secretary of State page. The "SOS Office" tab provides information about the SOS, about the Secretary of State, staff directory, internship and employment opportunities, proof of citizenship information, and all of Georgia's public records. The tab "Business" provides information on corporations, searching for registered

Georgia businesses, how to create a domestic entity, business FAQs, annual registration, registering a foreign entity, and filing fees. The “Charities” tab provides information, how to register or withdraw a charity in Georgia, a complaint filing tool, and verifying permits. The “Elections” tab provides information on elections in Georgia, results, methods of voting, voter’s registration, verify registration, election timelines, and voter lists. The “Securities” tab provides information on securities, cemeteries, and methods to submit complaints to the securities division. The “Licensing” tab provides information on the licensing division including licensing boards per profession, a guide on how to apply for a license online, a link to file complaints about those with or without a license, how to renew a license, a license search tool, a list of active licenses by the board, and a list of all Georgia licensing boards.

The second layer of menu options is geared toward physical therapy and not general information on the general SOS site. This layer of menu options includes “Board Information”, “Forms”, “Licensing Services”, “Rules and Regulations”, and “FAQs”.

### **Board Information**

This section is broken down into first an “About the Board” tab, where information about the State Board of Physical Therapy is found. The Georgia State Board of Physical Therapy comprises eight members who are appointed by the Governor, to be entrusted with protecting the public health, safety, and welfare of Georgia citizens. Meeting around six times annually, the Board oversees and regulates the practice of over 7500 licensed physical therapists and 2500 licensed physical therapist assistants in the state. This section of the website includes a list of board members, which evolves overtime as members serve their terms. The “Board Information” section has information on all board meetings and events as well. It

also has a link to the following resources, which are professional organizations in physical therapy.

American Academy of Physical Therapy<sup>15</sup>: <https://www.americanacademypt.com/>

American Physical Therapy Association<sup>16</sup>: <https://www.apta.org/>

APTA Georgia<sup>17</sup>: <https://aptageorgia.org/>

Federation of State Physical Therapy Boards<sup>18</sup>: <https://www.fsbpt.org/>

### **Forms**

The forms section of the board website includes resources on all aspects of navigating obtaining and renewing a license, rules and regulations in physical therapy, and updates on evolving matters like dry needling and the physical therapy compact. There is a search tool to look up by license in the state, which forms are relevant for each profession. The section also contains a fee schedule, where PTs and PTAs can view every fee, they will need to pay to apply, renew, renew late, verify licenses, and PT compact fees.

### **Licensing Services**

This section of the PT board website includes a step-by-step guide on how to apply for PT or PTA licenses. It includes information on licensing by examination, foreign trained licenses, reciprocity, reinstating licenses, inactive status, and how to file.

After applying for a license, professionals in Georgia may expect the following:

Application processing typically takes about 20 business days from the date of receipt, excluding weekends and holidays. Each application is individually assessed in the order it is received, and processing times may vary based on factors such as individual circumstances and volume. If deficiencies are identified in your



application, the 20-day count starts again once the Board receives the correct and complete documentation. Incomplete applications may be withdrawn if deficiencies are not addressed within 60 days of notification. In such cases, applicants must restart the entire application process, including the submission of all required documents and fees. Completed applications undergo initial review by Board staff and may be further evaluated at an upcoming Board Meeting. Applicants/licensees should regularly update their email address with the Board, similar to updating physical and mailing addresses, to ensure timely delivery of updates regarding applications.

The Licensing Services tab also contains information on the process of applying for dry needling approval for those who are Georgia PT license holders and compact privilege holders. There is a “Check Application Status”, “License Search”, and a “Renew Your License” tab which allows physical therapists and assistants to check the status of applications, search for their license to be active on the board site, and renewal options online. The last feature of the Licensing Services tab is a list of each profession regulated by the Georgia SOS and the number of licensees of each profession. As of early 2024, there were around 8,300 physical therapists and 2,800 active physical therapist assistant licensees in the state of Georgia.

### ***Rules and Regulations***

This tab provides information on the Board Rules and Laws and access to search rules, laws, PT board policies, and proposed rules at any point in time. The tab also has a section on how to file a petition for a rule waiver or variance. Any applicant, licensee, or entity can file a petition to modify or forgo part of or an entire board rule. This is true only if the individual filing the petition can prove the rule leads to “unreasonable, uneconomical, and unintended results”<sup>19</sup> related to the matter of the petition. The last section of “Rules and Regulations” is a Cease and Desist Order and a record of public disciplinary action. It allows anyone to

check whether PTs or PTAs have discipline or an order to stop practicing physical therapy for any reason, such as being unlicensed.

## **FAQs**

The FAQ section provides a list of commonly asked questions in the state of Georgia for physical therapists and physical therapist assistants. There is a “general questions” and a “physical therapy compact questions” section to help navigate both categories.

**A few common FAQs are listed below with answers.** <sup>20</sup>

*“I hold a current license in another state. Am I eligible for licensure in Georgia?”*

The Georgia State Board of Physical Therapy does not currently have reciprocal agreements with other states. However, individuals with a current license from another state can apply for licensure in Georgia through reciprocity or endorsement/reciprocity under certain conditions:

Applicants must have practiced in another state, territory, or jurisdiction within the past 2 years. Otherwise, they must apply through application/examination. The state, jurisdiction, or territory where the individual is currently licensed must have licensure requirements that are equal to or greater than Georgia's and must be able to submit verification of licensure. Applicants must be graduates of a school accredited by CAPTE or have their education reviewed by a credentialing agency recognized by the Board. The individual must download and submit a paper application for licensure by reciprocity, along with required documents, such as transcripts, continuing education records, fingerprint background checks, and passing scores from the NPTE/NPTAE and GAJAM. Applications are void after 60 days if all required documents are not received, necessitating reapplication. Holding a valid license issued by the Georgia State Board of Physical Therapy is

necessary to practice as a PT/PTA in the state, unless otherwise stated in O.C.G.A. § 43-33-11.

*“What do I need to know about the GA JAM?”*

Licensees have the option to take the GA JAM instead of completing a Georgia jurisprudence course. However, the same GA JAM test score used for initial licensure cannot be used to meet ethics and jurisprudence renewal requirements; a separate examination must be completed. Test takers must correctly answer 80% of the questions to pass the GA JAM. Applicants have up to four attempts to pass the exam. Additional attempts require proof of extensive further study, potentially including additional coursework on Georgia laws, rules, and regulations. No, individuals will register for the GA JAM through FSBPT. A Social Security Number (SSN) is required for registration, although an Alternate Identification Number (AIN) can be requested if an SSN is not available. Registration must be completed within 96 hours, and failure to take the exam within this timeframe results in forfeiture of the registration fee. Most browsers are compatible with the GA JAM, though compatibility may vary. Recommended browsers include Internet Explorer 10 or 11, the latest versions of Firefox, Chrome, and Safari on PC. Updates regarding browser and operating system compatibility will be provided as available. The current examination fee is \$65.00, though pricing may vary based on applicant volume throughout the year. Upon completion, GA JAM takers receive an immediate detailed score report indicating PASS or FAIL, total and percentage of questions answered correctly, and breakdowns by content area. The report includes links to relevant sections of laws, rules, and regulations for incorrect answers.

*“Can I apply for a provisional or temporary licenses?”*

The state of Georgia does not allow physical therapists and physical therapist assistants to practice with provisional or temporary licenses. It does issue Training Permits, however.

*"When does my license expire?"*

All licenses expire on the last day of each odd numbered year. For example, all licenses will expire on December 31, 2025.

*"Can I practice as a resident/fellow in Georgia?"*

The Board will review and approve educational institutions offering programs to enhance advanced physical therapy skills. Institutions providing such training must seek approval from the Board before allowing residents/fellows, who are not licensed in Georgia, to practice as part of their program.

*"How do I obtain a letter of good standing or license verification from the Board?"*

The Georgia State Board of Physical Therapy does not provide letters of good standing. Instead, if another licensing authority or employer requires official verification of a license's status, licensees can request an Online License Verification through the Board's website. A \$35 fee is necessary for the verification to be issued. The request will be processed and sent to the designated entity. If multiple verifications are needed or to be sent to different locations, separate orders and fees are required. For those unable to pay online, requests can be submitted by mail with a check or money order using the downloadable order form.

*"If I am a Compact Privilege holder practicing in Georgia, can I practice dry needling?"*

Compact privilege holders are required to obtain approval from the Georgia State Board of Physical Therapy before practicing dry needling in Georgia. To obtain

approval, individuals must send an email to [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov) expressing their intention to be granted dry needling privileges. Along with the email, applicants must attach PDFs demonstrating their education in OSHA Blood Borne Pathogen Standards and completion of a minimum of 50 hours of dry needling instruction, including a competency assessment

The FAQs section also contains a link to the Continuing Education requirements, including access to the CE Broker account to report and track continuing education hours. This is explained in more detail in the next section of the course.

Lastly, the FAQ section includes a link for anyone to file a complaint about a licensee or business in the state of Georgia. To file a complaint against a licensed individual or facility, one must submit it in writing, including specific details. If unsure of the individual's or facility's information, individuals can search for it on the Board's website. The complaint should contain the complainant's contact details, the name and address of the individual or facility being reported, and any applicable license number. Additionally, a detailed description of the violation and any supporting documents, such as business or patient records, cancelled checks, or billing statements, should be included to substantiate the complaint. There are online options to file a complaint against a licensed individual or facility or an unlicensed individual or facility.

## **CE Broker – Online Continuing Education Tracking** <sup>10, 21</sup>

The purpose of CE Broker in Georgia is to provide a centralized platform for physical therapists and physical therapist assistants to manage their continuing education (CE) requirements. It allows individuals to report their CE activities, track their compliance status, and search for courses relevant to their profession. CE Broker helps ensure that professionals meet the mandatory CE requirements set forth by the Georgia State Board of Physical Therapy for license renewal.

To establish a CE Broker account, the steps below should be followed.

The individual should visit <https://www.cebroke.com> and choose "Account Options." "Georgia" must be selected as the state, and registration for the preferred account type should be completed. The individual can opt for the No Cost, Basic Limited Access Account using only their license number. This account allows for reporting of continuing education activities, viewing of the current Compliance Status, and course searches. While CE Broker offers paid Concierge and Professional Account services, they are optional and not mandated by the Board. After creating the account and logging in, the individual should click "Report CE" and select the relevant option for the activity being documented. A few questions must be answered, and the required documentation specified by the Board should be attached. If using the mobile app, pictures of the documents can be taken and uploaded directly from the phone. It's essential to note that credit for listed courses will not be received without uploading supporting documents demonstrating participation and completion. To prevent delays or potential disciplinary measures due to noncompliance, individuals should avoid waiting until the last minute to register or familiarize themselves with the new continuing education requirements.

For any inquiries, individuals can contact the CE Broker Support Center Monday to Friday from 8 am to 8 pm Eastern Time at 1-877-434-6323. Alternatively, they can engage in an online chat with a representative and gather more information about the registration process at <https://www.cebroke.com>.

### ***Documenting CEU's***

Individuals are advised to review Board Rule 490-4 and Policy #7 and consider downloading the Guide for Continuing Competence Activities & Documentation Requirements. While not exhaustive, this guide serves as a useful reference tool to help applicants and licensees identify documentation required by the Board to

demonstrate completion of specific continuing competency activities. It also includes references to the number of hours that may be awarded for each activity and where to find related information within the continuing competency rule.

Additionally, it's important to note that the Commission on Accreditation in Physical Therapy Education (CAPTE) does not accredit transitional Doctor of Physical Therapy (DPT) programs or post-professional programs typically intended for licensed physical therapists. Applicants must graduate from an educational program accredited by a recognized accrediting agency and approved by the board. Those who have completed such programs must apply for licensure by physical therapy foreign examination and fulfill all requirements outlined in the law and board rule.

### **Section 3 Key Words**

Georgia State Board of Physical Therapy Website - The official online platform provided by the state government for the Georgia State Board of Physical Therapy that is a comprehensive resource offering information and services related to licensing, regulation, discipline, continuing education requirements, policy development, and more for physical therapists, physical therapist assistants, and the general public in the state

CE Broker - A centralized platform designed to manage continuing education requirements for physical therapists and physical therapist assistants; it allows individuals to report their CE activities, track compliance status, and search for relevant courses necessary for license renewal

Physical Therapy Compact - An agreement among participating states that allows licensed PTs and PTAs in member states to practice in other compact states without having to obtain additional licenses, streamlining the process for professionals seeking to work across state lines

## Section 3 Summary

The Georgia State Board of Physical Therapy stands as a crucial governing body responsible for the oversight and regulation of physical therapy practice throughout the state. Through its provisions including licensing, regulation, discipline, continuing education, and policy development, the Board offers guidance to physical therapists and assistants, shaping their professional endeavors. This section has explored the intricacies of navigating the Georgia State Board of Physical Therapy Website, accessing the online continuing education system, and reviewing proposed rules available on the Board's website. By equipping practitioners with the tools and resources necessary for informed decision-making and adherence to regulatory standards, this overview empowers PTs and assistants to navigate the complexities of their profession effectively. Moving forward, practitioners can review these insights to foster continued growth, uphold professional integrity, and ensure the delivery of high-quality physical therapy services across the state.

## Section 4: Delivery of Physical Therapy

The delivery of physical therapy has undergone significant transformations throughout history. In modern times, changes are driven by advancements in technology, changes in healthcare policy, and the evolving landscape of patient care needs. Physical therapists, as integral members of the healthcare team, play a crucial role in promoting health, preventing injury, and restoring function in individuals of all ages and backgrounds. This section will explore key aspects of the delivery of physical therapy, including direct access, telehealth, social media, texting, the physical therapy compact, dry needling, and the impact of the COVID-19 pandemic on practice.



## **Direct Access** <sup>10, 22, 23</sup>

Direct access in physical therapy refers to the ability of patients to directly seek and receive physical therapy services without first obtaining a referral or prescription from a physician or other healthcare provider. This means that individuals can initiate physical therapy care independently, without the need for an intermediary healthcare provider. There are many benefits to direct access to physical therapy services. First of all, direct access enables patients to promptly access physical therapy services when they need them, without the delay of waiting for a referral from another healthcare provider. This is crucial for addressing acute injuries or conditions that require immediate attention. Additionally, direct access empowers patients to take control of their healthcare decisions and choose when to seek physical therapy services. It eliminates barriers to access and allows patients to be proactive in managing their musculoskeletal health and wellness. By bypassing the need for an initial physician visit for a referral, direct access can potentially reduce healthcare costs for patients. It eliminates unnecessary appointments and associated expenses, making physical therapy more financially accessible. Direct access also streamlines the healthcare delivery process by optimizing the use of resources. It allows physical therapists to focus on providing timely and appropriate care to patients without the administrative burden of waiting for referrals. Direct access enables physical therapists to engage in preventive care activities, such as wellness screenings, injury prevention programs, and fitness assessments. By addressing musculoskeletal issues early on, physical therapists can help patients prevent injuries and maintain optimal physical function and mobility.

All states have direct access to a degree, with some rules and guidelines to abide by. The guidelines for direct access to physical therapy in Georgia are governed by state statutes, rules, and policies established by the Georgia State Board of Physical Therapy. Under Georgia's direct access laws, patients have the right to

seek physical therapy services without a referral or prescription from a healthcare provider. This allows individuals to receive evaluation, treatment, and preventive care for physical impairments, functional limitations, and disabilities directly from a licensed physical therapist.

However, Georgia's direct access regulations come with specific limitations and considerations. Physical therapists must follow the scope of practice guidelines and refer patients to appropriate healthcare professionals if their condition exceeds the scope of physical therapy practice or requires further medical assessment or intervention. The physical therapist must hold a master's or doctorate degree and possess a minimum of two years of licensure experience. The patient must not have received therapy for the same condition from another therapist within the past 90 days. PT services can be provided for up to 8 visits or 21 days without a physician's referral. Physical therapy is employed as a preventive measure for wellness, encompassing injury prevention, conditioning, fitness promotion, and stress reduction. Improvement in the patient's condition must be observed within 90 days of the initial visit; failure to improve necessitates a referral to a licensed healthcare provider by the PT.

Moreover, insurance coverage for direct access physical therapy services may vary among different insurance plans. Patients are encouraged to verify coverage with their insurance providers to determine eligibility for direct access physical therapy services in Georgia.

In essence, direct access to physical therapy in Georgia empowers patients by providing them with autonomy and prompt access to musculoskeletal and rehabilitative care. Nonetheless, physical therapists are obligated to uphold professional standards and collaborate with other healthcare providers as needed to ensure comprehensive patient care.

## The Use of Telehealth <sup>10, 24</sup>

In the state of Georgia, telehealth services have emerged as a vital component of modern healthcare delivery, facilitated by communication technologies such as video conferencing. This innovative approach allows patients to access medical care remotely, overcoming geographical barriers and enhancing convenience. However, the utility of telehealth services necessitates adherence to specific protocols and regulations to ensure patient safety and effective care delivery. Patients engaging in telehealth care in Georgia are required to provide consent, affirming their understanding and acceptance of this mode of care delivery. To navigate the landscape of telehealth effectively, it is imperative to understand key terms and concepts associated with this emerging field, ensuring compliance with regulatory requirements and creating optimal patient outcomes. This section aims to provide a comprehensive overview of telehealth in Georgia, delving into essential terminology, regulatory considerations, and best practices to equip healthcare providers with the knowledge and tools needed to deliver telehealth services effectively and ethically.

"Synchronous delivery" involves live video interactions between patients and healthcare providers, while "asynchronous store and forward" entails remote review of case information by specialists for diagnosis or consultation. The "originating site" refers to where the patient or initial provider is located, while the "distant site" is where the specialist is situated. "Remote patient monitoring" involves tracking a patient's physiological data remotely, typically performed by physicians rather than physical therapists.

Telehealth practices in physical therapy in Georgia must adhere to all relevant statutes, rules, and policies governing the profession. Under the Georgia Telehealth Act (Code 33-24-56.4), insurers are required to cover the cost of telehealth services and reimburse providers for services provided through

telemedicine on par with in-person consultations. Patients cannot be denied coverage or subjected to additional costs solely because they opt for telemedicine services. Moreover, insurers are prohibited from imposing utilization review on telemedicine services, ensuring equitable access to care. The Act also safeguards patient privacy rights and prohibits insurers from restricting coverage to specific vendors or electronic platforms. It mandates that healthcare providers maintain comprehensive documentation of telemedicine services, consistent with in-person consultations, and comply with applicable state and federal laws. Anyone delivering physical therapy services via telehealth in Georgia must hold a valid license in the state. However, there are exceptions to the licensure requirement. Physical therapists licensed in other U.S. jurisdictions are permitted to offer consultations to Georgia-based physical therapists via telehealth. This provision allows for collaboration and expert advice exchange across state borders, enhancing the quality of care provided to patients.

Telehealth platforms must comply with state and federal privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). They must implement measures to safeguard patient health information and ensure secure transmission and storage of data. Telehealth platforms should be compatible with existing healthcare systems and electronic health records to facilitate seamless communication and information exchange between healthcare providers and patients. Telehealth platforms should be accessible to patients, including those with disabilities, to ensure equitable access to healthcare services. This may involve providing alternative communication methods or accommodations for patients with specific needs. Telehealth platforms should meet technical standards set forth by regulatory bodies to ensure reliability, security, and functionality. This may include requirements related to data encryption, connectivity, and user authentication.

Regarding appropriate patients for telehealth physical therapy services, it is generally suitable for individuals who require non-emergency care, rehabilitation, or ongoing management of chronic conditions. Telehealth can effectively serve patients with musculoskeletal injuries, neurological disorders, post-operative rehabilitation needs, and other similar conditions. However, the appropriateness of telehealth for each patient should be determined on a case-by-case basis, considering factors such as the nature of the condition, patient preferences, and technological accessibility.

Overall, telehealth services allow providers and patients to provide and access care more easily. All telehealth services should be reimbursed equally by insurers in Georgia and compliant EHR should be used to ensure patient confidentiality.

## **The Use of Social Media** <sup>25</sup>

In recent times, social media has emerged as a prominent advertising platform for various businesses, including those in the field of physical therapy. Utilizing social media offers several advantages, such as reaching a vast audience, educating the public about the roles of physical therapists, and overcoming barriers to accessing information. Popular platforms like Facebook, Instagram, and Twitter boast billions of users collectively, with a significant portion of Americans relying on social media for news updates. However, it's important to recognize that relying solely on one source for news can introduce bias. While social media presents significant benefits for sharing information about physical therapy, it also comes with potential drawbacks that must be considered.

Social media offers numerous advantages for physical therapists in advertising their services and conveying essential information to patients. Unlike traditional methods like journal articles or books, social media allows for the immediate dissemination of clinical information as it evolves, reducing the delay typically

associated with research reaching clinical practice, which can sometimes take up to 17 years. Moreover, social media's extensive reach extends to diverse populations, including those in rural areas with limited access to resources, as well as fellow clinicians, researchers, and policymakers. Additionally, social media facilitates engagement with audiences through comments and sharing, enabling discussions and debates that can lead to improvements in existing research. For physical therapists, leveraging social media can help in educating the range of services they offer, as well as engaging with prospective patients and followers on topics related to movement and its benefits. However, the effectiveness of this strategy depends on building a substantial following and creating engaging content.

Social media, despite its numerous benefits, also presents several drawbacks that warrant attention. One significant concern is the inherent bias that social media users often exhibit, as they tend to follow and engage with sources and individuals who echo their existing beliefs and opinions. This bias can lead to closed-mindedness and a lack of exposure to diverse perspectives, hindering opportunities for balanced learning and growth. Additionally, the credibility of information shared on social media platforms can be questionable, especially when posted by individuals or organizations lacking the necessary qualifications. For example, content related to knee rehabilitation would carry more weight if shared by a licensed physical therapist rather than a personal trainer. Moreover, misinformation can easily proliferate on social media, particularly when disseminated by influential figures with large followings, leading to widespread acceptance of unreliable information. Furthermore, the lack of rigorous review processes for content shared on social media contributes to the challenge of distinguishing credible information from misinformation. Negative interactions and bullying behavior are also prevalent on social media platforms, often targeting content creators and professionals. To navigate social media effectively,

consumers should seek balanced information, engage in constructive critique, and verify the qualifications of content creators. Similarly, content creators in the field of physical therapy should strive to avoid biased information, address inconsistencies in colleagues' posts, and utilize social media as a platform for education and credible information dissemination. While social media usage in physical therapy poses challenges, it also offers opportunities for easy access to information and the widespread dissemination of credible content when utilized appropriately.

## **The Use of Texting <sup>16</sup>**

Texting has become an integral part of patient management in physical therapy clinics, offering numerous benefits when used appropriately. Patients appreciate the convenience and quick response time of text messages, particularly for appointment reminders and scheduling, resulting in high response rates close to 100%. Moreover, texting serves as a motivational tool, allowing healthcare facilities to send reminders and encouragement to patients regarding their care goals and tasks. This approach can effectively motivate patients to adhere to their treatment plans, including exercise routines and recommendations.

Additionally, texting facilitates patient education after visits, enabling clinics to provide essential information such as diagnosis, treatment plans, and strategies for self-care. This post-visit communication reduces miscommunication between patients and healthcare providers and supports faster recovery. However, despite its advantages, there are notable drawbacks to using texting in physical therapy clinics, primarily concerning patient privacy and HIPAA compliance. Healthcare providers must prioritize HIPAA compliance and avoid including patient identifiers or sensitive health information in text messages, as texting is a non-secure platform. Patients should explicitly opt-in to receive text messages for scheduling

and other purposes, and clinics should utilize HIPAA-compliant software to automate text reminders and protect patient information. Personal phones should never be used to text patients, and providers must adhere to the "minimum necessary standard" to avoid disclosing protected health information.

To ensure compliance and security, clinics should implement secure messaging features within HIPAA-compliant software, accessible through monitored internet networks. These features should include the ability to delete information remotely in case of lost devices, automatic logout functionalities, and robust encryption to safeguard patient data. By implementing these measures, clinics can leverage the benefits of texting while maintaining patient privacy and regulatory compliance.

### **The Impact of Covid-19** <sup>26, 27</sup>

The emergence of COVID-19 fundamentally transformed the landscape of physical therapy practice, ushering in a new era of telehealth while imposing significant challenges on traditional in-person care delivery. Initially declared a global health crisis, the pandemic prompted widespread lockdowns, social distancing measures, and disruptions to regular healthcare services, impacting outpatient clinics and hospital-based therapy settings alike. As the pandemic strained healthcare resources, physical therapists were often called upon to expand their scope of practice and assume new roles to meet the evolving needs of patients. Ethical considerations arose regarding competency, professional boundaries, and the potential for scope creep as therapists navigated unfamiliar clinical scenarios and interdisciplinary collaborations. Physical therapists encountered complex ethical dilemmas in prioritizing patient care, allocating limited resources, and balancing competing interests during the pandemic. Ethical decision-making frameworks, such as those based on beneficence, non-maleficence, autonomy, and justice,



guided therapists in navigating these challenging scenarios while upholding ethical principles and professional integrity.

Telehealth emerged as a crucial lifeline for physical therapy services during the pandemic, enabling clinics to continue providing care remotely and patients to access rehabilitation from the safety of their homes. Various telehealth platforms and applications were swiftly adopted, offering HIPAA-compliant video streaming, chat features with therapists, and integrated home exercise programs. These technologies facilitated seamless communication between patients and therapists, minimizing missed appointments and enhancing patient engagement in their rehabilitation journey. However, the adoption of telehealth was not uniform across all practice settings, and faced challenges. The implementation of telehealth services created various ethical considerations related to privacy, informed consent, and the quality of care provided remotely. Physical therapists had to ensure that telehealth platforms complied with privacy regulations, obtain informed consent from patients for virtual sessions, and maintain high standards of care despite the remote delivery format. In settings where telehealth was not an option, physical therapists working in long-term care facilities, skilled nursing homes, and hospitals faced unique challenges, including heightened safety concerns, evolving PPE guidelines, and workforce reductions.

The delivery of in-person physical therapy sessions also faced significant disruptions due to infection control measures, PPE requirements, and patient isolation precautions. Evaluations and treatment sessions were shortened, and therapists had to adapt their care plans to prioritize respiratory status and deconditioning management, particularly for patients under isolation protocols. Physical therapists had to balance the need to provide essential rehabilitation services with the safety of both patients and healthcare providers. This involved implementing stringent infection control measures, ensuring adequate personal protective equipment (PPE), and adhering to public health guidelines to minimize

the risk of virus transmission during in-person sessions. The pandemic exacerbated existing disparities in access to healthcare services, with marginalized communities facing greater challenges in accessing physical therapy. Physical therapists had to consider how to ensure equitable access to care for all patients, including those from underserved populations, while navigating limitations such as technology access and transportation barriers.

The COVID-19 pandemic brought personal challenges for many physical therapists and assistants, beyond ethical and practical care of patients. Many therapists experienced burnout as they navigated the uncertainties of their profession amidst the pandemic, often prioritizing patient care over their own well-being. The psychological and socioeconomic impact of the pandemic extended beyond patient care, affecting the morale and job security of therapists. Layoffs, resignations, and increased workloads strained the healthcare workforce, compromising the quality of care delivered to patients. The COVID-19 pandemic reshaped the practice of physical therapy, accelerating the adoption of telehealth while exacerbating challenges in traditional care settings. Therapists navigated unprecedented uncertainties and workforce challenges, striving to maintain high-quality care amidst evolving healthcare landscapes.

## **Physical Therapy Compact** <sup>28, 29</sup>

The PT Compact aims to enhance accessibility to physical therapy services nationwide by allowing therapists and assistants to obtain immediate compact privileges to practice in other member states. These privileges are contingent upon their home state's membership in the compact. The compact also facilitates streamlined communication among member states regarding disciplinary actions and investigations involving license holders.

Therapists with compact privileges must adhere to the practice acts and jurisprudence laws of the state where they are practicing, rather than their home state. Member states, like Georgia, utilize the Physical Therapy Compact Commission system to manage complaints and conduct background checks on compact privilege holders. Additionally, individuals seeking compact privileges must meet certain requirements, including maintaining a clean disciplinary record, holding licensure in their home state, and paying applicable fees.

Compact privileges remain valid until the expiration date of the licensee's home state license. However, they can be revoked or suspended if the therapist fails to comply with state laws or poses a risk to patients. In cases of disciplinary action in the home state, compact privileges may be suspended until the matter is resolved. If privileges are lost while practicing in a remote state, they may be reinstated after payment of fines and a two-year waiting period.

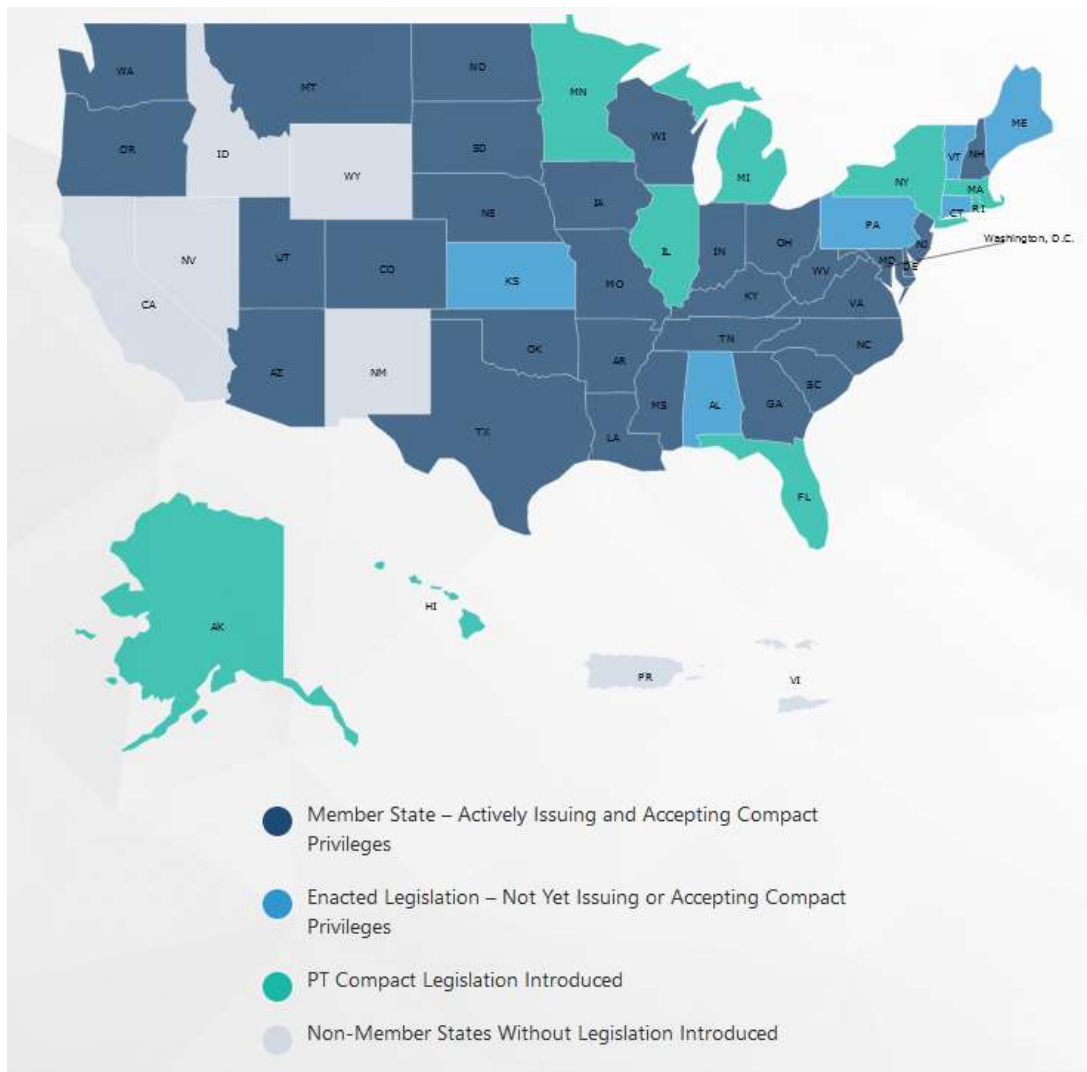
To maintain Compact Privileges, it's essential to ensure that the home state license is renewed before renewing any compact privileges. Once a home state license is renewed, therapists can proceed to renew their compact privileges through the PT Compact dashboard. If one changes their permanent residence to a new home state that is part of the PT Compact, they must obtain a license in the new state and update their address with the PT Compact Commission within 30 days. This can be done by logging into the dashboard and completing a change of address form. Compact privileges will then align with the expiration date of the new home state license.

Each participating state appoints a representative to consult with the PT Compact Commission, which oversees rule changes, fee adjustments, and financial matters. Meetings of the commission are generally open to the public, except for discussions involving disciplinary actions. States have the flexibility to join or withdraw from the compact as they see fit.

Detailed information about the PT Compact, including the process for purchasing privileges and a list of participating states, can be found on the PT Compact website: <https://ptcompact.org/>.

Georgia has had active physical therapy compact privileges since March of 2021, after legislation was passed and approved. The Georgia PT Compact fee is \$65 for physical therapists and \$65 for physical therapist assistants. The Commission Compact privilege fee in Georgia is \$45 as well. The total cost is \$110 to obtain a compact license in Georgia. Georgia requires a jurisprudence assessment as well, which is available on the Federation of State Boards of Physical Therapy (FSBPT) website. All applicants for a compact license and compact license renewal must take and pass the Georgia Jurisprudence Assessment Module (GA JAM) before obtaining a compact license. The GA JAM is an online tool created in collaboration with the Georgia State Board of Physical Therapy to fulfill the Jurisprudence Assessment Module (JAM) requirement for obtaining or renewing physical therapy licenses in Georgia. It provides the necessary 4 credits in jurisprudence and ethics for license renewal. Participants must answer at least 80% of the questions correctly to pass, with up to four attempts allowed. However, additional attempts require evidence of significant further study on Georgia's physical therapy laws and regulations.

## Physical Therapy Compact Map As of February 2024:



<https://ptcompact.org/ptc-states>

The physical therapy compact map allows those with home state licenses to determine what other states they can easily obtain compact privileges and practice physical therapy. This is particularly useful for therapists who pursue travel physical therapy outside of their home state of Georgia, and for those who provide Telehealth services outside of Georgia. Those moving to other states should pursue a home license in the new state, rather than using compact privileges in that state, however. Therapists should reference the PT Compact website to view the newest states to join the Compact. Once legislation is

introduced in a state, it can take months to years for the state to actively issue compact privileges.

## **Dry Needling Update** <sup>30, 31</sup>

Dry needling is allowed in Georgia for both license holders and PT compact privilege holders. Starting from September 1, 2012, physical therapists seeking authorization for dry needling in Georgia must demonstrate completion of training in OSHA Blood Borne Pathogens Standard and undergo dry needling education totaling at least 50 hours, along with competency evaluation. Dry needling techniques cannot be practiced in Georgia without approval from the state board. Permission for dry needling is granted exclusively to licensed physical therapists in Georgia and those with PT Compact Privileges.

### ***Georgia PT License Holders - Steps to Dry Needling Approval***

Georgia PT license holders seeking permission to practice dry needling in the state must fulfill specific requirements and submit documentation to the Georgia State Board of Physical Therapy. These requirements include providing proof of education in the OSHA Blood Borne Pathogens Standard and completing a minimum of 50 hours of dry needling education, along with competency assessment, as outlined in Board Rule 490-9-.05. Additionally, applicants must email [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov) to express their intent to obtain dry needling privileges and confirm the entry of relevant education details into their CE Broker account. Upon completion of the documentation review, applicants will receive email correspondence regarding the status of their request from the Georgia State Board of Physical Therapy. If approved, the designation for dry needling practice will be appended to their license, visible through the "License Search" feature on the Board's website. In case of disapproval due to noted deficiencies, applicants

will be notified accordingly. They must rectify the deficiencies, update their CE Broker account, and inform the Board via email to [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov).

### ***PT Compact Privilege Holders – Steps to Dry Needling Approval***

Physical Therapy Compact Privilege holders seeking to practice dry needling in Georgia must obtain approval from the Georgia State Board of Physical Therapy. Required documentation includes a PDF copy of OSHA Blood Borne Pathogen Standards education, proof of at least 50 hours of dry needling instruction with competency assessment, and a statement expressing the desire for dry needling privileges in Georgia. These documents should be submitted via email to [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov).

Upon reviewing submitted documentation, the Georgia State Board of Physical Therapy will communicate via email regarding the approval status. Approved applicants will have their names listed under Compact Privilege Dry Needling Approvals on the Board's website. If the application is not approved, deficiencies will be communicated, and corrections must be submitted to the Board for reconsideration via email to [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov).

The following tool allows PT Compact Privilege holders in Georgia to view their dry needling certification on the Georgia State Board website: <https://sos.ga.gov/page/pt-compact-privilege-holders-dry-needling-certification>.

If a physical therapist practices dry needling without obtaining approval from the Georgia State Board of Physical Therapy, they may face disciplinary action. This action could include penalties such as fines, suspension of their license, or even revocation of their license to practice physical therapy in the state. It's essential for physical therapists to adhere to state regulations and obtain proper approval before engaging in any new practice, including dry needling, to avoid potential disciplinary measures.

## Section 4 Key Words

Direct Access - The ability of patients to directly seek and receive physical therapy services without first obtaining a referral or prescription from a physician or other healthcare provider

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

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

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

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

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

## Section 4 Summary

The field of physical therapy has experienced profound changes over time, catalyzed by technological advancements, advancing healthcare regulations, and through the demands of patient care. As essential contributors to healthcare teams, physical therapists are pivotal in fostering wellness, injury prevention, and restoring function across populations. This section has delved into physical therapy delivery in modern times, encompassing direct access, telehealth, social media, texting, the physical therapy compact, dry needling, and the transformative effects of the COVID-19 pandemic on practice. Through adaptation



of the delivery method of care and intervention types, physical therapists and assistants continue to meet the evolving needs of their patients and communities.

## Case Study 1

Sarah is a licensed physical therapist practicing in Georgia for the past five years and works in a busy outpatient clinic that serves a diverse population of patients with various musculoskeletal conditions. One afternoon, Sarah's last patient of the day, Mr. Johnson, arrived for his scheduled appointment. Mr. Johnson, a 65-year-old retiree, had been receiving treatment for chronic lower back pain resulting from a work-related injury. During the session, Mr. Johnson confided in Sarah that he had been experiencing severe financial difficulties due to his inability to work and pay for his medical expenses. He mentioned that he was struggling to afford his physical therapy sessions and was considering discontinuing treatment.

Sarah empathized with Mr. Johnson's situation and felt torn between two ethical principles: beneficence and justice. On the one hand, Sarah recognized her duty to prioritize the well-being of her patient and provide the necessary care to alleviate his pain and improve his quality of life. On the other hand, Sarah was mindful of the legal and ethical implications of offering discounted or pro bono services to patients, especially in a commercial healthcare setting governed by strict regulations and billing practices.

### Reflection Questions

1. How might Sarah demonstrate empathy and compassion towards Mr. Johnson's financial struggles while maintaining professionalism in her role as a physical therapist?

2. What ethical principles should Sarah consider when faced with the dilemma of providing discounted or pro bono services to Mr. Johnson?
3. How should Sarah approach the conversation with Mr. Johnson about his financial challenges?

## Responses

1. To address the situation ethically and responsibly, Sarah could explain to Mr. Johnson the importance of completing his prescribed physical therapy sessions for his recovery and offered to explore alternative options to mitigate his financial burden. Sarah should discuss the possibility of adjusting his treatment plan to accommodate his budget constraints, such as spacing out appointments or providing exercises for home management. Additionally, Sarah could encourage Mr. Johnson to seek financial assistance programs or community resources available to support patients in need.
2. Sarah should weigh the principles of beneficence and justice in her decision-making process. She should recognize her duty to prioritize Mr. Johnson's well-being while balancing the need to adhere to ethical guidelines and legal regulations governing financial arrangements in healthcare.
3. Sarah should approach the conversation with empathy, honesty, and transparency. She should discuss the importance of completing his prescribed treatment plan while exploring alternative options to accommodate his budget constraints, such as adjusting appointment schedules or providing home exercises. Additionally, encouraging Mr. Johnson to seek external financial assistance resources is critical to provide patient-centered care.

## Case Study 2

John is a PTA working in a skilled nursing rehabilitation center in Georgia. Despite having completed his education and licensing requirements, John has been displaying signs of incompetence in his practice. Recently, during therapy sessions, several patients have reported feeling increased pain and discomfort after John's interventions. Additionally, his documentation has been incomplete and inconsistent, making it difficult for supervising therapists to track patients' progress accurately. Concerns about John's competence and its potential impact on patient safety have been raised by both colleagues and patients.

### Reflection Questions

1. What are the signs of incompetence that have been observed in John's practice?
2. How might John's incompetence be affecting the quality of care provided to patients?
3. What could be the underlying reasons for John's lack of competence, and could they be addressed?
4. How have John's colleagues and supervisors responded to the concerns raised about his practice?
5. What steps should be taken to ensure patient safety and address John's incompetence?

### Responses

1. The signs of incompetence observed in John's practice include patients reporting increased pain and discomfort following his interventions,

incomplete and inconsistent documentation, and difficulty tracking patients' progress accurately.

2. John's incompetence is likely affecting the quality of care provided to patients by potentially causing harm or exacerbating their conditions. Inadequate documentation also hinders effective communication and coordination of care among healthcare providers.
3. The underlying reasons for John's lack of competence could vary and may include insufficient training, lack of experience, personal issues affecting his performance, or burnout. Addressing these issues may involve additional training, supervision, mentorship, or support services.
4. John's colleagues and supervisors should respond to the concerns raised about his practice by conducting a thorough assessment of his competence, providing feedback and guidance, and implementing corrective actions as needed. They may also need to document and report their observations to the appropriate regulatory bodies if patient safety is at risk.
5. To ensure patient safety and address John's incompetence, immediate steps should be taken to evaluate and monitor his practice closely. This may involve providing additional training and supervision, implementing performance improvement plans, or, if necessary, suspending his clinical privileges until competency can be demonstrated. Patient safety should always be the top priority, and any concerns about incompetence should be addressed promptly and effectively.

### Case Study 3

Emily is a dedicated acute care physical therapist who has been practicing in Georgia for five years. She finds herself facing a challenging situation during the

renewal of her physical therapy license. Despite her commitment to providing quality care and no prior history of misconduct, Emily receives a notification from the Georgia State Board of Physical Therapy regarding a patient complaint filed against her, alleging misconduct during a recent therapy session.

## Reflection Questions

1. What could have led to the patient's complaint against Emily?
2. How might Emily have handled the situation differently to prevent the complaint?
3. What are the potential consequences of the complaint for Emily's career and reputation?
4. What steps can Emily take to address the allegations and demonstrate her commitment to professional standards?
5. How can Emily ensure similar incidents are avoided in the future?

## Responses

1. The patient's complaint against Emily might stem from various factors, such as dissatisfaction with treatment outcomes, miscommunication during therapy sessions, or the patient perceiving professional misconduct. Emily should carefully review the details of the complaint and reflect on her interactions with the patient to identify any potential issues.
2. Emily could have taken proactive measures to prevent the complaint by ensuring clear communication with the patient, discussing treatment plans and goals in detail, and addressing any concerns or questions the patient might have had during the therapy session. By actively engaging with the

patient and seeking feedback, Emily could have potentially mitigated any misunderstandings or dissatisfaction.

3. The complaint could have significant consequences for Emily's career and reputation. If found guilty of misconduct by the Board, Emily may face disciplinary action, including fines, suspension, or revocation of her license. Moreover, the complaint could tarnish Emily's professional reputation and affect her standing within the clinic and the broader healthcare community.
4. To address the allegations, Emily should fully cooperate with the Board's investigation, provide any relevant documentation or evidence supporting her actions during the therapy session, and prepare to present her case effectively at the hearing. Additionally, Emily may need to undergo additional training or education as directed by the Board to address any deficiencies identified in her practice.
5. Moving forward, Emily can take proactive steps to prevent similar incidents by focusing on improving communication with patients, actively listening to their concerns, and ensuring clarity and transparency in all aspects of patient care. Emily should also prioritize ongoing professional development and seek opportunities to enhance her skills and knowledge in areas relevant to her practice as a physical therapist.

## Conclusion

In conclusion, the Georgia Ethics and Jurisprudence course is designed to help physical therapists and assistants handle tough ethical situations in the workplace. The main goal is to make sure they understand what is ethical and legal, helping them make the best decisions for optimal patient care. Specifically focused on Georgia, the course covered the state's rules and laws for physical therapy,

including the Georgia Board's policies. It also explains the online CEU system and includes practical examples through case studies to help practitioners understand how to respond in different situations. This course also explored how communication and modern issues like COVID-19 and newer practices like dry needling affect physical therapy. By the end of the course, participants should be well-prepared to follow ethical guidelines and navigate the changing landscape of physical therapy in Georgia.



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