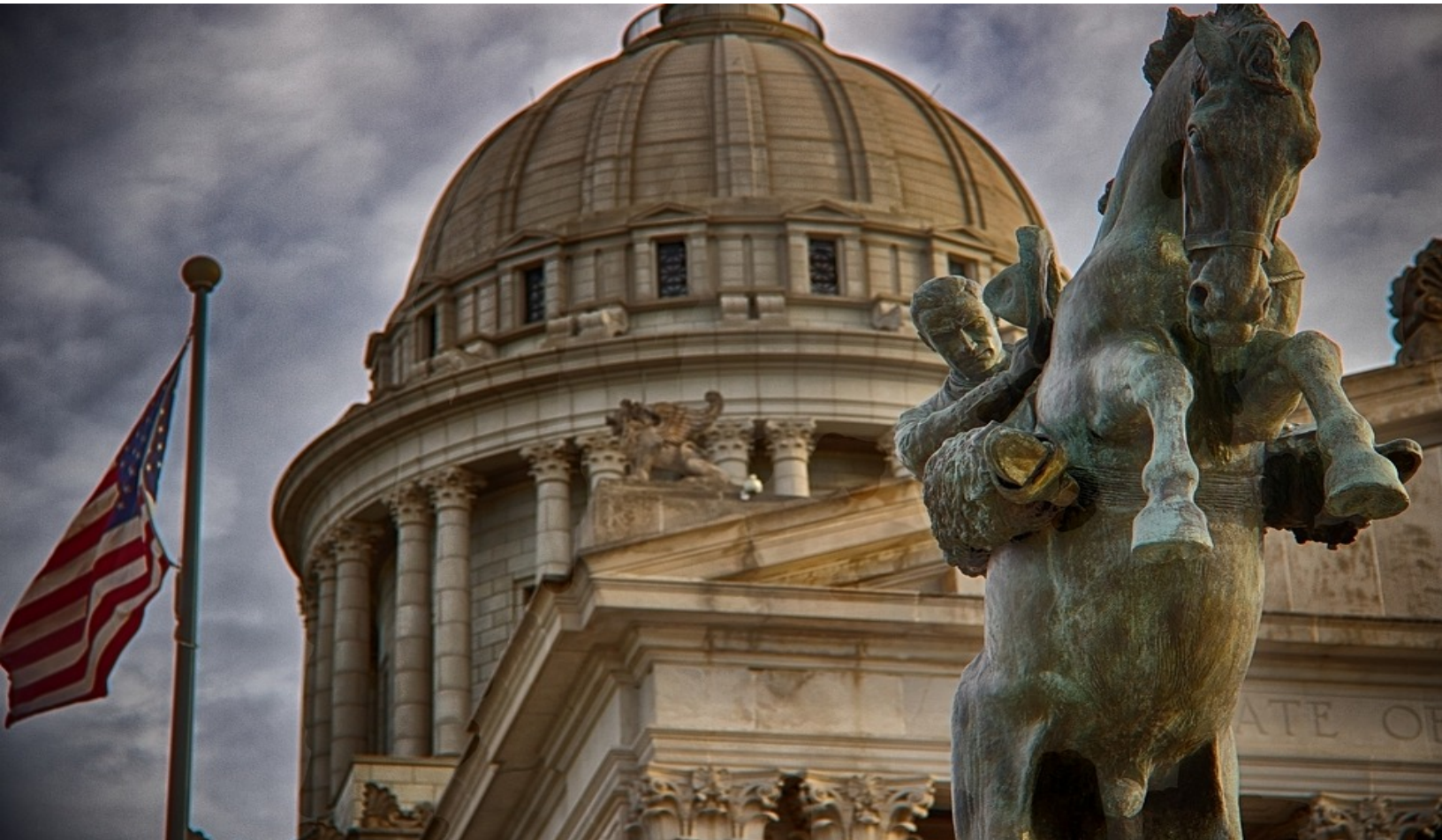
FLEX CEUs

Ethics for the Oklahoma Physical Therapist



Ethics for the Oklahoma Physical Therapist

OUTLINE

Introduction

This course fulfills the 3-hour continuing competency requirements for ethics, laws, and regulations for physical therapists practicing in the state of Oklahoma. The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). Regulations pursuant to the state of Oklahoma will also be reviewed.

Instructor Biography

Michele S. Jang, PT is a course author for Flex Therapist CEUs; providing online continuing education units for physical therapists. She graduated with a degree in physical therapy from California State University, Long Beach. She is an experienced educator and currently manages a private physical therapy practice.

Importance of Ethics

Ethics is defined as "that branch of philosophy dealing with values relating to human conduct, with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such action" (Ethics, 2014). Ethics define what governs our value system and steers our moral compass in any given society or culture. Since the dawn of civilization, societies have had to come to an agreement on what standards they would hold their citizens accountable to; whether that is sanctioned by an aristocracy, religious instruction, or system of government. We can find the beginnings of ethics in the study of the earliest nomadic people and cooperative groups who sought to not only live for today's survival, but also held a vision to building a future, using standards that were agreed upon. The concept of marking time, calendars, and agriculture depended on the cooperation of people working in harmony with one another and following the same guidelines. The Code of the Hammurabi was the earliest Sumerian code of ethics and laws

to be written down for the sake of establishing a standard of morals and consequences. This is where the popular "eye for an eye" concept came from (Hammurabi, 2014). In medicine, there is another defining code of ethics, coined by Hippocrates as the Hippocratic Oath. This is where ethics in medicine begins and is the cornerstone to a physical therapy practice. Though times have changed, the importance of "do no harm" is emphasized.

The Oath
By Hippocrates
Written 400 B.C.E
Translated by Francis Adams

> *I SWEAR by Apollo the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation- to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath un-violated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!*

Ethical Dilemmas

Ethical dilemmas are issues and situations that cause friction against the primary code of ethics physical therapists are required to follow. While most physical therapists would consider themselves highly ethical and may have a hard time imagining themselves acting immorally, an ethical dilemma may emerge from something as innocent as conflicting state

and county guidelines or unknowingly using outdated standards or therapeutic equipment. Physical therapy works specifically in the care and well being of humans. As such, maintaining and keeping healthy and professional boundaries and clear communication are integral to the healthcare field. “Do No Harm” is not a term to throw around lightly, but to hold us firm in our convictions to provide the best possible care, while weighing out carefully all the possible side effects or consequences of our actions, however far reaching. Let’s take a look at a scenario which brings up an ethical dilemma and ask the ethical question of, "What is the right thing to do?"

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

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

Ethical Approaches

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

Utilitarianism:

“Actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness” – John Stuart Mill

Utilitarianism is the ethical approach that promotes the maximum of pleasure and happiness with the minimum of pain and suffering. This sounds pretty reasonable and most people would tend to agree that given a choice between pleasure and pain, most people are going to go with pleasure. Utilitarianism takes this approach a step further in not only seeking benefits of pleasure for oneself, but making decisions that will give the most people benefits, while inflicting suffering as little as absolutely possible (Driver, 2014).

Personalized:

This relatively recent take on ethical responsibility has been brought to light due to medical advances and the ability to personalize a client’s profile in order to

concentrate their treatment or tailor their prescription. Modern science has even mapped the human genome through Whole Genome Sequencing. The original intention is to reduce the amount of mortality and morbidity due to faulty diagnosis or prescription from an adverse drug response. But how much information is too much information? Where does the "right to know" boundary lie? What if we knew an unborn fetus has a grave disorder? What if a new drug was known to treat this disorder but in doing so put the pregnant mother at risk? (Vogenberg, 2018)

Deontologic:

According to the Encyclopedia Britannica, the philosophy of Deontology is derived from the Greek deon, "duty," and logos, "science," focusing on logic and ethics Deontological thought comes from the place that there is definitely a "right" and a "wrong" and that humans should strive to always do the right thing, regardless of the cost ("Deontological ethics," 2014).

Ethical Intuitionism:

Ethical intuitionism relies heavily on our intuitive sense or 'common sense' to guide our moral compass. It supposes that there are certain inherent truths that we can discern without having facts or a formal education on the subject. We don't need a religious teaching or edict from the Queen to tell us that taking care of our young is a good thing or that kicking animals is a bad thing. Sadly, this doesn't mean that everyone is on the same page with these inherent truths, which is where the law of Karma comes in (Stratton-Lake, 2014).

Natural Law Theory:

Natural Law is one of those rare ethics philosophies that both theists and atheists can actually agree on. This law speaks to our common sense approach to basic survival, basic goodness, and basic decency as human beings. It states, "The atheist uses reason to discover the laws governing natural events and applies them to thinking about human action. Actions in accord with such natural law are morally correct. Those that go against such natural laws are morally wrong. For the theists there is a deity that created all of nature and created the laws as well and so obedience to those laws and the supplement to those laws provided by the deity is the morally correct thing to do" (Murray, 2014).

Ethics Versus Morals

While these terms are often used interchangeably, there is a difference between ethics and morals. Morals generally refer to what an individual considers "right" and "wrong" or wrong, whereas ethics are rules that are generally agreed upon by a group of people, such as a workplace, or society at large. ("Ethics vs", 2018) Shared morals may help guide ethical policies, and in turn ethics may help guide morals. However, this distinction is important to make as situations may occur in which a physical therapist's personal morals do not perfectly align with a code of ethics.

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

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

Altruism: Altruism is the practice of acting towards the benefit of another without any regard to benefit for yourself.

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

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

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

Prudence: Caution and discretion in practical manners.

We now have a basic knowledge of some of the foundations of ethical reasoning and how morals can be brought into play. However, what are values and how do they fit in? Values are a way to quantify the worthiness of the principles and morals a group holds dear. “Family Values” encompasses many characteristics that would be thought as the most beneficial way to raise and care for a family. In the same way, ethical values are the pathway that the healthcare field utilizes as their foundation for the success of their patients, colleagues, employees, and research participants.

Values are of great benefit to:

- clients who know their rights and choices will be respected and that they will be treated with dignity as a partner in their path to well being
- employees who know what is expected of them and have the comfort and empowerment of recourse and redress if an issue or concern comes up
- colleagues who will be treated with professional respect for their knowledge and expertise that they bring

- research participants who are empowered by their contribution and autonomy to choose to participate

- the PT, who knows their tradition is from a long line of tried and proven methods that benefit and serve their community with dignity

While we looked at all of the values, the virtues, and the morals of operating within an ethical model, the bottom line is: following the Code of Ethics keeps your patients safe and your business secure. Operating within ethical standards not only ensures that you are serving your patients to the best of your ability, it protects your license and therefore, your livelihood. While you may encounter local, cultural, and practical variations, the standards within the Code of Ethics are recognized throughout the world, and becoming familiar with them will provide knowledge you will use for the rest of your practice.

Bioethical Concerns

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

HIPAA

HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs (HIPAA, 2017).

Licensure and Regulation

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

State Licensure and Regulation

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

continuing competency requirement for renewal. A physical therapist must practice within the scope of physical therapy practice defined by his or her state law governing the licensure and practice of physical therapy (often referred to as the "practice act").

Purpose and Requirements for State Licensure

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

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

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

State Regulatory Boards

Most jurisdictions have independent state boards of physical therapy, but some jurisdictions' physical therapy boards are part of state medical boards or combined with other professions. There are also a few "super boards," under which all regulatory activities are subordinate to one board, with distinct committees or commissions for the various

professions. Independent licensing boards are preferred because they provide the necessary expertise specifically for regulation of physical therapy practice. Most jurisdictions have licensing board members who are appointed by an elected official, usually the governor. Often they include 1 to 2 public members. Smaller jurisdictions may have fewer than 5 total board members, while larger ones have far greater numbers. When a state's practice act is silent on an issue or intervention, the determination of what constitutes practice "beyond the scope" of physical therapy is predominantly the responsibility of licensing board members. Scope of practice changes as contemporary practice evolves, and boards need the latitude to determine the appropriateness of physical therapy procedures as they relate to both established and evolving scope of practice.

The Model Practice Act for Physical Therapy

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

Terms and Titles of the Physical Therapy Profession

State regulation restricts how licensees represent themselves, including their use of titles and/or letters, so that they do not mislead the public. For example, a medical or osteopathic physician practices and represents to the public that he or she practices medicine but not dentistry. When practitioners other than physical therapists represent that they are providing "physical therapy" or "physiotherapy," they are violating the very spirit and core of licensure law by misrepresenting themselves to the public. A claim that "physical therapy" or "physiotherapy" is a generic term is misleading to the public. The protection of these terms is not referring to protection against the use of various physical agents, modalities, or procedures by others, but rather is against the inappropriate labeling of those modalities and procedures as physical therapy. In addition the title "PT" is the professional

and regulatory designation that practice acts require physical therapists (and no others) in the United States to use to denote licensure. The use of the initials "DPT" by physical therapists indicates that they have obtained a doctoral degree in physical therapy (DPT). Use of the initials "DPT" should be used in conjunction with the licensure designation of "PT."

Direct Access to Physical Therapist Services

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

Physical therapists diagnose impairments, functional limitations, and disabilities related to medical conditions, movement dysfunction, and other health-related disorders. Physical therapists do not provide a medical diagnosis. However, they are well-prepared to identify when a patient's signs and symptoms potentially lie outside the scope of the physical therapist's diagnosis and require a referral to a physician for further diagnostic work-up and identification of underlying pathology. The examination process, routinely employed by physical therapists, ensures that direct access to physical therapists also allows referral to physicians when indicated. With more than 30 years of experience with direct access in the states that permit it, physical therapists have not been noted to misinterpret a patient's signs and symptoms as non-pathological leading to serious injury or death. Physical therapist malpractice rates do not differ between states with patient direct access and those with a physician referral requirement. Furthermore, when the number of complaints filed against physical therapists with state licensure boards were examined prior to and after elimination of the physician referral requirement, no increase of complaints centered on patient harm was found. In a study from 2017 entitled "The Influence of Patient Choice of First Provider on Costs and Outcomes: Analysis From a Physical Therapy Patient Registry," outcomes from direct access care and physician referral were compared. No difference in care or outcomes were found, and additionally the direct access group was noted to spend $1,543 less on average on total treatment costs, indicating that direct access is equally as safe and potentially more cost-efficient. (Denninger, 2017). Most referrals from physicians are written as "evaluate and treat." Medical "diagnoses" may be non-specific terms such as "low back pain." Even if a specific medical diagnosis is provided along with an "evaluate and treat" referral, it is incumbent upon the physical therapist to identify the rehabilitation diagnosis. Physical therapists independently design the plan of care and the schedule of implementation. It is the physical therapist who has ultimate responsibility for what interventions will be provided, how

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

Oklahoma Regulations

*OKLAHOMA ADMINISTRATIVE CODE TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS SUBCHAPTER

1. General Provisions
3. Licensure of Physical Therapists and Assistants
5. Regulation of Practice
7. Supervision of Physical Therapist Assistants
9. Continuing Education

*This is an unofficial copy of Chapter 20 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS

Subchapter	Section
1. General Provisions	435:20-1-1
3. Licensure of Physical Therapists and Assistants	435:20-3-1
5. Regulation of Practice	435:20-5-1
7. Supervision of Physical Therapist Assistants	435:20-7-1

[Authority: Title 59 O.S., Section 887.5]
[Source: Codified 12-30-91]

SUBCHAPTER 1. GENERAL PROVISIONS

Section
435:20-1-1. Purpose
435:20-1-1.1. Definitions
435:20-1-2. Interpretation of rules and regulations
435:20-1-3. Removal from Committee - quorum

435:20-1-1. Purpose

The rules in this Chapter provide requirements for licensure as a physical therapist/physical therapy assistant and regulation of practice.

435:20-1-1.1. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Alternate Supervising Physical Therapist" means the physical therapist who temporarily provides direct or general supervision of a physical therapist assistant or applicant for licensure in the absence of the supervising physical therapist and who will be identified in the medical record as the therapist of record.

"CAPTE" means the Commission on Accreditation of Physical Therapy Education. "Examination/Evaluation" means a comprehensive visit by the physical therapist, in the presence of the patient, to determine the plan of care, based on the physical therapist's clinical judgments, which are supported by the data gathered during the examination.

"Foreign-educated physical therapist" means a physical therapist who graduated from any physical therapy education program outside the United States.

"General supervision" means the responsible supervision and control of the practice of the licensed physical therapist assistant by the supervising physical therapist. The supervising therapist is regularly and routinely on-site, and every three months will provide a minimum of one (1) co-treatment of face to face, real time interaction with each physical therapist assistant providing services with his/her patients These co-treatments will be documented in the medical record and on a supervision log, which is subject to inspection. When not on-site, the supervising therapist is on call and readily available physically or through direct telecommunication for consultation.

"Group Setting" means two or more physical therapists providing supervision to physical therapist assistants in the same practice setting or physical facility.

"Immediate Supervision" means the supervising physical therapist or physical therapist assistant is on the premises and in attendance when patient care is being delivered.

"On-site supervision" or **"Direct supervision"** means the supervising physical therapist is continuously on-site and present in the department or facility where services are provided, is immediately available to the person being supervised and maintains continued involvement in appropriate aspects of each treatment session in which assistive personnel are involved in components of care.

"Physical Therapist" means a licensed professional health care worker who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who provides physical therapy services including evaluation, treatment program design/management/ modification, and supervision of delegated portions of a treatment program.

"Physical Therapist Assistant" means a licensed technically educated health care provider who is a graduate of a program accredited by an agency recognized by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

"Physical Therapist of Record" means the physical therapist who assumes the responsibility for the provision and /or supervision of physical therapy services for a patient, and is held accountable for the coordination, continuation and progression of the

plan of care.
"Physical Therapy Aide" means a person on-the-job trained and working under the immediate supervision of a physical therapist or physical therapist assistant who performs designated and supervised routine tasks as outlined in 435:20-7-1.
"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.
"Practice Setting" means the type of service delivery such as acute care, outpatient, inpatient rehabilitation, long term care, home health, educational settings or DDSD. **"Re-examination/Re-evaluation/Assessment"** means visits by the physical therapist, in the presence of the patient, to assess the patient's current status, gather additional data, and update the plan of care.
"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.
"Supervision" means the physical therapist is delegating portions of the patient's care to licensed personnel or applicants for licensure but remains accountable for the coordination, continuation and progression of the care of the patient.
"Supervising Physical Therapist" means the physical therapist of record who provides either direct or general supervision for a physical therapist assistant or applicant for licensure and delegates components of patient care to that person.

435:20-1-2. Interpretation of rules and regulations
(a) The rules and modes of procedures contained in this Chapter are adopted for the purpose of simplifying procedure, avoiding delays, saving expenses and facilitating the administration of the Medical Practice Act and the Physical Therapy Act. To that end, the rules of this Chapter shall be given a fair and impartial construction.
(b) Effective date of the rules of this Chapter shall be the 4th day of February, 1980. These rules shall apply to all proceedings after the effective date and all previous rules are repealed.
(c) If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reason of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

435:20-1-3. Removal from Committee - quorum
(a) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of duty, for incompetency, or for unethical or dishonorable conduct.
(b) Three members of the Committee shall constitute a quorum and a majority of the required quorum shall be sufficient for the Committee to take action by vote.
(c) At the first meeting held after July 1 of each year, the advisory committee shall elect by

a majority vote of those members present a chair and vice-chair.

SUBCHAPTER 3. LICENSURE OF PHYSICAL THERAPISTS AND ASSISTANTS

435:20-3-1. Qualifications of applicants

(a) Physical therapy school. A qualified physical therapist must have graduated from a school of physical therapy accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization.

(b) Evaluation of credentials for applicants trained outside the U.S. The credentials of an individual who has received training outside the United States of America will be evaluated on individual merits for the purposes of:

(1) Issuance of a Letter Granting Permission to Practice Temporarily

(2) Permission to take the licensure examination

(3) Being issued a permanent license contingent upon meeting the experience requirements set out in (b) of 435:20-3-1 and all qualifications for licensure as cited in 59 O.S. ss 887.6.

(c) Physical therapist assistant program. A qualified Physical Therapist Assistant must have graduated from a program for Physical Therapist Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization. Such a program shall have been completed in a college which is accredited by the regional accrediting agency for higher education. In no event shall the requirements for training of Physical Therapist Assistants be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(d) Statutory requirements. Any person making application to the State Board of Medical Licensure and Supervision for a license as a Physical Therapist or a Physical Therapist Assistant shall be eligible for the appropriate license if he/she meets the requirements as provided in the Oklahoma law relating to the practice of Physical Therapy, 59 O.S. 1971, Sections 887.5 through 887.11, as amended.

435:20-3-1.1. Training outside the U.S.

(a) Pursuant to requirements set out in Title 59 O.S. § 887.6, a foreign-educated physical therapist whose native language is not English shall submit evidence of having passed the:

(1) Test of:

(A) English as a Foreign Language (TOEFL) with a score of at least 560 or 220 computer equivalent; and

(B) Spoken English (TSE) with a score of at least 50; and

(C) Written English (TWE) with a score of at least 4.5 or

(2) Test of English as a Foreign Language Internet-based Test (TOEFL iBT) with a total score of at least 89 and:

(A) a score of at least 24 on the Writing section

(B) a score of at least 26 on the Speaking section
(C) a score of at least 21 on the Reading section
(D) a score of at least 18 on the Listening section.

(b) A foreign-educated physical therapist applying for licensure in the State of Oklahoma shall submit verification of the equivalency of the applicant's education to that attained by entry-level graduates training the United States at the time of graduation.

(c) Assessment of equivalency may be performed by a professional education credentials service approved by the Board using the following standards:

(1) Graduation on or before May 31, 2001:

(A) The minimum equivalent education credentials of a foreign educated physical therapist should be a bachelor's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a bachelor's degree in physical therapy which is approved by the country's Ministry of Education/Health.

(B) The minimum number of semester hour credits should be one-hundred twenty (120). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour 6 credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

(i) Fifty (50) semester hour credits shall be the minimum number required in general education.

(ii) The applicant has the opportunity to meet the objective of one hundred twenty (120) semester hour credits by utilizing additional elective credits in either general or professional education beyond the minimal requirements.

(iii) Sixty (60) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

(2) Graduation after May 31, 2001:

(A) The minimum equivalent education credentials of a foreign educated physical therapist should be a master's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a master's degree in physical therapy which is approved by the country's Ministry of Education/Health.

(B) The minimum number of semester hour credits should one-hundred-seventy (170). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

(i) Ninety (90) semester hour credits shall be the minimum number required in general education.

(ii) The applicant has the opportunity to meet the objective of one hundred-seventy (170) semester hour credits by utilizing additional elective credits in either general or professional education beyond

the minimal requirements.

(iii) Eighty (80) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

(3) Minimum course requirements.

(A) General education. A minimum of one semester course must be successfully completed in each category of general education unless otherwise noted.

(i) Humanities

(I) English
(II) English composition
(III) Speech or oral communication
(IV) Foreign language (other than native language)
(V) Literature
(VI) Art
(VII) Music

(ii) Physical science: A one semester course in chemistry and a one semester course in physics must be successfully completed.

(I) Chemistry with laboratory (Organic or Inorganic)
(II) Physics with laboratory
(III) Geology
(IV) Astronomy

(iii) Biological science

(I) Biology
(II) Anatomy
(III) Physiology
(IV) Zoology
(V) Kinesiology
(VI) Neuroscience
(VII) Genetics

(iv) Social science

(I) History
(II) Geography
(III) Sociology
(IV) Economics
(V) Government
(VI) Religion

(v) Behavioral science

(I) Psychology
(II) Anthropology
(III) Philosophy
(IV) Ethics

(vi) Mathematics

(I) Statistics
(II) Algebra
(III) Pre-calculus

(IV) Calculus
(V) Trigonometry
(VI) Geometry

(B) Professional education.

(i) Basic health sciences: A minimum of one semester course is required in each of the following topics.

(I) Human anatomy (specific to physical therapy)
(II) Human physiology (specific to physical therapy)
(III) Neurological science
(IV) Kinesiology or functional anatomy
(V) Psychology
(VI) Pathology

(ii) Clinical sciences: The essential element of physical therapy education is teaching the student to assess and treat appropriately across the spectrum of age. Therefore any education course work should contain all of the following:

(I) Clinical medicine pertinent to physical therapy. This should include but not be limited to: neurology, orthopedics, pediatrics, geriatrics.

(II) Physical therapy course work to include but not limited to: physical agents, musculoskeletal assessment and treatment, neuromuscular assessment and treatment, cardiopulmonary assessment and treatment.

(iii) Clinical education: Clinical education must include physical therapist-supervised demonstrated application of physical therapy theories, techniques, and procedures. The applicant must have a minimum of two (2) clinical affiliations of no less the 800 hours total which are supervised by a physical therapist.

(iv) Related professional course work: A minimum of three (3) semester courses are required from the following topics in related professional course work - professional ethics, administration, community health, research, education techniques, and medical terminology.

(d) Pursuant to 59 O.S. § 887.6, foreign-educated physical therapists applying for licensure must submit verification of having successfully completed an eight-hundred (800) hour (at least 120 days) interim supervised clinical practice period under the continuous and immediate supervision of an Oklahoma licensed physical therapist. The Board will issue an interim permit to the applicant for the purpose of participating in the supervised clinical practice period. The time period of an initial interim permit shall not exceed six (6) months.

(1) The interim supervised clinical practice period must be completed in Oklahoma at a facility that serves as a clinical education facility for students enrolled in an accredited program education physical therapists or physical therapist assistants in Oklahoma.

(2) The supervising physical therapist shall submit an evaluation of the applicant's performance at the end of four-hundred (400) hours of supervision. A final report will be submitted at the end of the second four-hundred (400) hours of supervision.

These reports will be submitted on forms or evaluation tools determined by the Board.

(3) If the applicant's performance is unsatisfactory during the supervision period, or the applicant ceases working at the training facility for any reason, the supervising physical therapist must notify the Board in writing within five (5) working days.

(4) If the interim supervised clinical practice period is not satisfactorily completed within a six-month period, the Board may issue a second interim permit for an additional six month period. A third permit will not be issued.

(e) The interim supervised clinical practice period may be waived for foreign-educated physical therapists at the discretion of the Board, if:

(1) the applicant for licensure is able to verify the successful completion of one (1) year of clinical practice in the United States or the District of Columbia, or

(2) the applicant is able to document exceptional expertise acceptable to the Board in the fields of research, education, or clinical practice.

(f) The interim supervised clinical practice period may be shortened for foreign-educated physical therapists at the discretion of the Board.

435:20-3-2. Criteria for disqualification as a physical therapist

No license will be issued to a Physical Therapist who has:

(1) Provided Physical Therapy treatment other than upon referral of a duly licensed physician or surgeon, dentist, chiropractor or podiatrist.

(2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;

(3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;

(4) Been adjudged mentally incompetent unless competency has been legally reestablished;

(5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

435:20-3-3. Criteria for disqualification as a physical therapy assistant

No license will be issued to a Physical Therapy Assistant who has:

(1) Practiced other than under the direction and supervision of a licensed Physical Therapist;

(2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;

(3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;

(4) Been adjudged mentally incompetent unless competency has been legally reestablished;

(5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

435:20-3-4. Licensure by endorsement

(a) Any person who is currently registered or licensed by examination as a Physical Therapist or Physical Therapy Assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided by the written examination and grade standard, upon which such license is based, is acceptable to the Board. In the event the examination was that of the recognized examination service providing a nationally accepted standardized examination, scores must be submitted through the Interstate Reporting Service, or other recognized reporting service. All such applicants must have Oklahoma passing score on the examination or they must re-take the examination. Failure to achieve Oklahoma passing score on a re-take of the examination, in Oklahoma or elsewhere, shall be considered as an additional failure. If the applicant has not been employed as a Physical Therapist during the year prior to application, such applicant may be required to present himself/herself for a personal interview with a member or members of the Board or Committee.

(b) Applications for licensure by endorsement from another state must be on file in the office of the State Board of Medical Licensure and Supervision at least 30 days prior to an examination or prior to a meeting of the Physical Therapy Committee for consideration of applications.

(c) A temporary License may be granted to an out of state licensee to conduct continuing education instruction within the State of Oklahoma under the supervision of a Physical Therapist who is a holder of a current and unrestricted license to practice as a Physical Therapist in the State of Oklahoma. The temporary license may be issued by the Board Secretary after verification that the licentiate is the holder of a current and unrestricted license from another state of the United States of America, District of Columbia or Puerto Rico. The Temporary License may be granted for a period not to exceed ninety (90) days.

435:20-3-5. Licensure by examination

(a) Qualifications.

(1) Any applicant for licensure as a Physical Therapist by examination must meet the criteria of qualifications outlined in (a) through (c) of 435:20-3-1.

(2) Any applicant for licensure as a Physical Therapist Assistant by examination must be a graduate of a program for education of Physical Therapy Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, provided in no event shall the qualifications for licensure be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(b) Admittance. No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.

(c) Examination dates. Examinations must be taken by the applicant within sixty (60) days of receiving written notice of eligibility to sit for the examination.

(d) Passing score. In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total

examination fell within 1.50 standard deviation below the National Average for the particular examination.

(1) Applicants who do not pass the examination after the first attempt may retake the examination one additional time without re-application for licensure. This must occur within six months of the Board's receipt of notification of the first failure. Prior to being approved by the Board for subsequent testing beyond two attempts, individuals shall reapply and present evidence satisfactory to the Board of having successfully completed additional clinical training and/or course work as approved by the Board.

(2) In the event of failure to pass the first examination, the applicant may work under the direct, on the premises supervision and direction of a licensed physical therapist for a period not to exceed six months.

(3) In the event of failure to pass the second examination, the applicant:

(A) may not practice;

(B) must meet with the Committee; and

(C) must submit a new application. 11

(4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.

(5) The applicant may re-take the examination in another state, if the examination is one provided by the Professional Examination Service or another recognized examination service providing a nationally accepted standardized examination and is the same examination service then providing the examination being given in Oklahoma. All scores must be submitted to the Oklahoma Board for evaluation by the Interstate Reporting Service or another nationally recognized reporting service. Failure to make passing scores accepted in Oklahoma on such re-takes will be considered as having failed the retake examination in Oklahoma.

(6) Any applicant may be required to make a personal appearance before the Board to discuss individual circumstances at any time.

435:20-3-6. Requirements for renewal and re-entry

(a) Renewal of license. In order to renew the license, each Physical Therapist and Physical Therapist Assistant shall:

(1) complete the renewal application;

(2) pay the required fee as set out in OAC 435:1-1-7(a)(2);

(3) complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code;

(4) and meet requirements for continuing education as set out in Subchapter 9 of this Chapter.

(b) Re-entry requirements. Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses lapsed more than three months wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

(1) Personal appearance before the Advisory Committee;

(2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
(3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
(4) Achieve a passing score on an examination approved by the Board.
(5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

SUBCHAPTER 5. REGULATION OF PRACTICE
Section

435:20-5-1. Display certificate
All persons licensed under Title 59 O.S., Sections 887.1 through 887.17 and practicing in the State shall prominently display the certificate of licensure and evidence of a current renewal in the primary place of practice.

435:20-5-2. Working under supervision
Recent physical therapist or physical therapist assistant graduates who have completed eligibility requirements for examination and submitted all required forms and fees for examination may work in a Physical Therapy facility under the direct, on the premises, supervision and direction of a licensed Physical Therapist.

435:20-5-3. Aiding and abetting the unlicensed practice
It shall be unlawful for any person to aid or abet, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of Oklahoma.

435:20-5-4. Titles used for physical therapist assistants
Any person holding a license as a Physical Therapist Assistant may use the title "Physical Therapist Assistant", "Registered Physical Therapist Assistant" or "Licensed Physical Therapist Assistant", or the letters "PTA", "RPTA", or "LPTA".

435:20-5-5. Screening and educational procedure; statutory terms defined
Screening and educational procedures as described in the Physical Therapy Practice Act

are defined as follows:

(1) "To educate" means to train by formal instruction and supervised practice.

(2) "To screen" means to examine methodically in order to separate into different groups to identify problems which can be managed within the expertise of a licensed physical therapist.

435:20-5-6. Physical therapists under probation Physical therapists on probation shall not supervise physical therapy assistants or new graduates who require supervision under 435:20-5-2.

435:20-5-7. Emeritus status

(a) Individuals who hold or have held a full and unrestricted license to practice as a physical therapist or physical therapist assistant may choose at any time to apply for emeritus (fully retired) status by notifying this office and paying a $50.00 processing fee. There will be no renewal fee.

(b) Physical therapists or physical therapist assistants in this status may continue to use the title or append to their name the letters PT, RPT, LPT, PTA, RPTA, LPTA or any other title, letters or designation which represents that such person is a physical therapist or physical therapist assistant, followed by (Ret.) or (Retired). Service on boards, committees or other such groups which require that a member be a physical therapist or physical therapist assistant shall be allowed.

(c) Once this status is acquired the physical therapist or physical therapist assistant shall not practice physical therapy in any form, as defined in 887.2.

(d) When a physical therapist or physical therapist assistant has been granted the emeritus status and subsequently chooses to return to active practice from emeritus status within 12 months of the date of expiration of full licensure, the physical therapist or physical therapist assistant shall:

(1) Pay required fees;

(2) Complete required forms; and,

(3) Resume responsibility for compliance with continuing education requirements.

(e) When a physical therapist or physical therapist assistant has been granted emeritus status and chooses to return to active practice from emeritus status more than 12 months after date of expiration of full licensure, in addition to the requirements set out in subsection (d) of this section, the physical therapist or physical therapist assistant may be required to meet one or more of the following:

(1) Personal appearance before the Advisory Committee;

(2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervise practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;

(3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;

(4) submit to a physical examination, psychological and/or psychiatric examination;

(5) Achieve a passing score on an examination approved by the Board.

435:20-5-8. Unprofessional conduct – Grounds for disciplinary action

(a) The Physical Therapy Advisory Committee may recommend to the Board to revoke or take other disciplinary action against a licensee or deny a license to an applicant for unprofessional conduct.

(b) Acts that constitute unprofessional conduct include, but are not limited to:

(1) Procuring aiding or abetting a criminal operation.

(2) Habitual intemperance or the habitual use of habit-forming drugs.

(3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude of a felony or of any offense involving moral turpitude.;

(4) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.

(5) Aiding or abetting, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of this state.

(6) Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient.

(7) Participation in fraud, abuse and/or violation of state or federal laws.

(8) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.

(9) Verbally or physically abusing patients.

(10) Discriminating in the rendering of patient care.

(11) Negligence while in practice of physical therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.

(12) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of physical therapy and the responsibilities of the licensee.

(13) Unauthorized possession or use of illegal or controlled substances or pharmacological agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.

(14) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.

(15) Improper management of medical records, inaccurate recording, falsifying or altering or failing to complete documentation of patient records.

(16) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.

(17) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a physical therapist or physical therapist assistant.

(18) Being judged mentally incompetent by a court of competent jurisdiction.

(19) Failing to timely make application for license renewal.

(20) Falsifying documents submitted to the Physical Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision.

(21) Obtaining or attempting to obtain a license, certificate or documents of any

form as a physical therapist or physical therapist assistant by fraud or deception.
(22) Cheating on or attempting to subvert the national physical therapy examination or skills assessment tests.
(23) Leaving a patient care assignment without properly advising the appropriate personnel.
(24) Violating the confidentiality of information or knowledge concerning a patient.
(25) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature.
(26) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.
(27) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.
(28) Failure to cooperate with a lawful investigation conducted by the Board.
(29) Violation of any provision(s) of the Physical Therapy Practice Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.
(32) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by an court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(c) A physical therapist or physical therapist assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other physical therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

435:20-5-9. Standards of Ethics and Professional Conduct

In the conduct of their professional activities, the physical therapist and physical therapist assistant shall be bound by the following ethical and professional principles. Physical therapists and physical therapist assistants shall:

(1) Respect the rights and dignity of all individuals and shall provide compassionate care.
(2) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
(3) Comply with state and/or federal laws that govern and relate to physical therapy practice.
(4) Exercise sound professional judgment and perform only those procedures or functions in which they are individually competent and that are within the scope of accepted and responsible practice. A physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of the physical therapist. A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of the evaluating physical therapist. A physical therapist assistant shall make judgments that are commensurate with their education and legal qualifications as a physical therapist assistant.

(5) Actively maintain and continually improve their professional competence and represent it accurately.
(6) Maintain high standards by following sound scientific procedures and ethical principles in research and the practice of physical therapy.
(7) Seek reasonable remuneration for physical therapy practice.
(8) Provide and make available accurate and relevant information to patients about their care and maintain patient confidentiality.
(9) May provide information to the public about societal benefits of physical therapy services. A physical therapist may advertise his/her services to the public.
(10) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
(11) Endeavor to address the health needs of society through pro bono services and/or community health services.
(12) Respect the rights, knowledge and skills of colleagues and other healthcare professionals.

435:20-5-10. Referrals

(a) A licensed physical therapist who has received a referral from a person licensed as an allopathic physician, osteopathic physician, physician assistant, dentist, chiropractor or podiatrist may extend or reinstitute physical therapy for the patient named on the referral for a time period not to exceed ninety (90) days after the origination of the referral, unless a longer duration of physical therapy services is requested by the referring health care professional, provided that:

(1) the diagnosis or symptom listed on the referral is the same as the reason for the extension or reinstitution of the physical therapy treatment;
(2) the referring health care professional is notified of the extension or reinstitution of the treatment within five (5) business days of the date of the extension or reinstitution of the physical therapy treatment; and
(3) the patient involved has made or is making sufficient improvement in symptoms or function to warrant the extension or reinstitution of the physical therapy treatment without first being seen or re-evaluated by the by the referring health care professional.

(b) The physical therapist may not make a medical diagnosis or diagnosis of disease.
(c) If the physical therapist determines, based on the physical therapy screening and evaluation, that the patient's condition is outside the scope of the physical therapy practice, the physical therapist may not initiate, extend, or reinstitute treatment and must immediately refer the patient to a licensed health care professional.
(d) If the physical therapist determines, based on reasonable evidence that appropriate improvement in symptoms or function has not been made within 60 days of the date on the referral, the physical therapist shall consult with or refer the patient back to the health care professional who originated the referral.
(e) The provisions of paragraphs (a) – (d) of this section do not apply if the patient is receiving physical therapy services pursuant to the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and the Rehabilitation Act of 1973, Section 504, as may be amended.

SUBCHAPTER 7. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS

Section

435:20-7-1. Direction and supervision of Physical Therapist Assistants

435:20-7-1. Direction and supervision of Physical Therapist Assistants

(a) Responsible supervision.

(1) Physical therapists have a duty to provide therapy services that protect the public safety and maximize the availability of their services. The physical therapist assistant is the only individual permitted to assist in selected treatment interventions. A physical therapist assistant shall be supervised by a specific physical therapist or group of physical therapists working in the same practice setting or physical facility. A physical therapist assistant may not be supervised by any other person including those licensed in other professions. The physical therapist of record is accountable and responsible at all times for the direction of the actions of the physical therapist assistant when treating his/her patient. When determining the extent of assistance the physical therapist assistant can provide, the physical therapist should consider:

(A) the physical therapist assistant's experience and skill level

(B) the patient/client criticality and complexity

(C) the setting in which the care is being delivered

(D) the predictability of the patient/client outcomes

(E) the needed frequency of re-examination

(2) A physical therapist shall not delegate to a less qualified person any service that requires the skill, knowledge and judgment of a physical therapist. For each date of service, a physical therapist shall provide all therapeutic interventions that require the expertise of a physical therapist and shall determine when assistive personnel may be used to provide delivery of services in a safe, effective, and efficient manner for each patient.

(A) A physical therapist assistant shall work under a physical therapist's direct or general supervision. A physical therapist assistant may document care provided without the co-signature of the supervising physical therapist. The physical therapist assistant will respond to acute changes in the patient's physiological state and report these findings promptly to the physical therapist. Contact, or attempts to contact the physical therapist of record, will be documented in the medical record.

(B) A physical therapist and a physical therapist assistant may use physical therapy aides for designated and immediately supervised routine tasks. The physical therapist shall not delegate the same type and level of duties to the physical therapy aide as are delegated to the physical therapist assistant. A physical therapy aide shall work under immediate supervision of the physical therapist or physical therapist assistant who is continuously on-site and present in the facility.

(b) Patient Care Management. Upon accepting a patient for provision of services, the physical therapist becomes the Physical Therapist of Record for that patient and is solely responsible for managing all aspects of the physical therapy plan of care for that patient. The Physical Therapist of Record shall:

(1) Perform the initial examination and evaluation

(2) Establish a plan of care and remain responsible to provide and/or supervise the appropriate interventions outlined in the plan of care.

(3) Perform the re-examination/re-evaluation of the patient in light of their goals and revision of the plan of care when indicated. This will be performed no less frequently than:

(A) every 30 days in acute care, outpatient, inpatient rehabilitation and long term care settings with documented case consultation no less frequently than every 15 days;

(B) every 60 days in home health settings with documented case consultation no less frequently than every 30 days;

(C) every 90 days in consultative DDSD with documented case consultation no less frequently than every 45 days;

(D) very 10th visit for DDSD for patients under 21 years of age with documented case consultation no less frequently than every 5th visit;

(E) every 60 days in educational settings with documented case consultation no less frequently than every 30 days;

(4) Establish the discharge plan and provide or review the documentation of the discharge summary prepared by the physical therapist assistant.

(5) A physical therapist's responsibility for patient care management shall include oversight of all documentation for services rendered to each patient, including awareness of fees charged or reimbursement methodology used. A physical therapist shall also be aware of what constitutes unreasonable or fraudulent fees.

(c) Designation of a new Physical Therapist of Record. In the event that the Physical Therapist of Record can no longer assume these responsibilities, care must be turned over to another physical therapist who will become the new Physical Therapist of Record. The Therapist of Record must make sure that the new Physical Therapist of Record is authorized and qualified to receive the patient, must obtain acceptance from the receiving physical therapist, document the hand-over of the patient and maintain the care and responsibility of the patient until the new Physical Therapist of Record is acknowledged in the documentation.

(d) Designation and responsibilities of Supervising Physical Therapist and Alternate Supervising Physical Therapist. Both the physical therapist and physical therapist assistant are responsible for completion of the Form #5, Verification of Supervision.

(1) A Form #5, Verification of Supervision must be completed annually for each clinical practice setting in which the physical therapist assistant works, identifying the supervising physical therapist for the physical therapist assistant. The physical therapist assistant will be responsible to inquire of their supervising physical therapist(s) or the Board, the number of persons being supervised by that physical therapist. If responsible supervision is not practiced, both the supervising physical therapist and the physical therapist assistant are in violation of this rule. Any revised or new Form #5 for a physical therapist assistant at a clinical practice setting will supersede the existing Form #5 for that setting. A physical therapist assistant will not practice in any clinical setting without the necessary Form #5. It is the responsibility of both physical therapists and physical therapist assistants to notify the Board of any changes to a Form #5 that they have signed.

(2) A physical therapist will not supervise and utilize more than four (4) licensed personnel or applicants for licensure. Only three (3) may be physical therapist assistants or applicants for physical therapist assistant licensure. Any of the four (4) may be applicants for physical therapist licensure. This total is inclusive of all geographic locations or employing agencies.

(3) For each practice setting in which he or she works, the physical therapist assistant and the supervising physical therapists must indicate on the Form #5, Verification of Supervision which of the method of supervision described in (A) or (B) below will be 19 employed in that practice setting.

(A) A physical therapist will provide direct or general supervision of a physical therapist assistant and will be listed on the Form #5 as the supervising physical therapist. In the event that he or she is unable to provide supervision, a supervising physical therapist may:

(i) temporarily delegate the supervision of up to three licensed physical therapist assistants to an alternate supervising physical therapist who agrees to provide consultation to the physical therapist assistant(s) for existing plans of care for a period of time not to exceed thirty (30) days. In this event, a new Form #5 is not required, but the alternate supervising physical therapist must be identified as the Therapist of Record in the documentation.

(ii) designate a new Therapist of Record, as in 435:20-7-1-(c) above, to assume full responsibility of the plan of care who may, if they so chose, delegate to a physical therapist assistant under their supervision as listed on their Form #5.

(B) A group of physical therapists, working in the same practice setting may provide supervision to a physical therapist assistant providing the following conditions are met:

(i) all supervising physical therapists are listed on a Form #5 for the physical therapist assistant.

(ii) the ratio of physical therapists to physical therapists assistants in that practice setting does not exceed the ratio of one (1) physical therapist to three (3) physical therapist assistants or applicants for licensure at any given time.

(iii) The group director, who must be a licensed physical therapist or physical therapist assistant, is identified and assumes responsibility for accurate information on the Form #5 and the appropriate ratio of physical therapist to physical therapist assistants. The Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules.

(e) Supervision of additional physical therapist assistants. In unique cases, a physical therapist may petition the Chair of the Physical Therapy Committee to receive permission to supervise additional physical therapist assistants or applicants for licensure, but this decision to supervise additional assistive personnel must be reviewed and approved by the committee at the next scheduled meeting..

(f) Limits of practice for the physical therapist assistant. The physical therapist assistant

may not:

(1) Specify, other than to the Physical Therapist of Record, perform or interpret definitive (decisive, conclusive, final) evaluative and assessment procedures. Definitive evaluation procedures may not be recommended to anyone other than the patient's physical therapist, unless previously approved by the physical therapist.

(2) Alter overall treatment, goals and/or plan.

(3) Recommend adaptive equipment, assistive devices, or alterations to architectural barriers to persons other than a physical therapist.

(4) File discharge documents for permanent record until approved by a physical therapist.

(5) Perform duties or tasks for which he/she is not trained.

SUBCHAPTER 9. CONTINUING EDUCATION

Section

435:20-9-1. Definitions

The following words and terms, when used in this SubChapter, shall have the following meaning, unless the content clearly indicates otherwise:

"APTA" means the American Physical Therapy Association.

"Asynchronous instruction" means instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback.

"Board" means the Board of Medical Licensure and Supervision.

"Compliance period" means the initial compliance period from February 1, 1998 through January 31, 2000 and each successive two calendar year period from January 1, 2000 to December 31, 2002.

"Continuing education" means those appropriate learning experiences physical therapists and physical therapist assistants undertake to expand their scope of knowledge beyond the basic preparation for the profession of physical therapy and these experiences should be referenced to one of four areas: administration, education, patient care, or research.

"One (1) contact hour" means one sixty (60) minute instructional period.

"One (1) Continuing Education Unit or CEU" means ten (10) contact hours.

"OPTA" means the Oklahoma Physical Therapy Association.

"Pre-approval" means the continuing education experience has received approval prior to the end of the compliance period.

"Synchronous instruction" means instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with an immediate opportunity for instructional feedback.

435:20-9-2. Continuing education requirements for renewal

(a) Beginning with the renewal period ending January 31, 2000 and every two years

thereafter, the applicant for renewal of licensure shall sign a statement indicating whether or not continuing education requirements have been fulfilled for the preceding two-year period.

(b) Effective January 1, 2004 and every two years thereafter, physical therapists will be required to show proof of forty (40) approved contact hours and Physical Therapist Assistants will be required to show proof of thirty (30) approved contact hours.

(1) At least half of the required hours must be Category A as set out in subsection 435:20-9-3(b) except as provided in 435:20-9-3(a)(3).

(2) Three of the required hours must contain ethics education that includes the APTA Guide for Professional Conduct and the APTA Code of Ethics.

(3) No continuing education hours may be carried over from one compliance period to another.

(c) Any applicant for renewal who cannot meet the requirements for continuing education may not renew until deficient hours are obtained and verified. Additionally, within the next compliance period the licensee will be required to obtain double the required hours of approved continuing education. At least half of the required hours must be Category A. Proof of meeting the additional requirements, as verified by an audit, will be required in order to renew at the end of the next compliance period. Failure to meet these additional requirements will result in disciplinary action.

(d) Each licensee is responsible for maintaining evidence/proof/record of participation in a continuing education experience for a minimum of four years. Copies of such proof shall be submitted to the Board upon request. Such proof shall include:

(1) date, place, course title, schedule, presenter(s), etc.,

(2) number of contact hours for activity,

(3) proof of completion, such as abstracts, certificates of attendance, or other certification of completion.

(e) Any physical therapist or physical therapist assistant initially licensed in Oklahoma during the second year of an accounting period shall be exempt from the continuing education requirements for that first renewal period.

(f) The Physical Therapy Committee shall conduct random audits of the continuing education records of the number of licensees that time and resources permit. The Physical Therapy Committee may appoint a sub-committee to review audits and requests for approval of continuing education experiences and make recommendations to the Physical Therapy Committee for disposition.

(g) Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education contact hours, probation of license, suspension of license, or revocation of license.

(h) Failure to maintain records of continuing education rebuts the presumption that continuing education requirements have been completed.

(i) Misrepresenting compliance with continuing education requirements constitutes a fraudulent application.

435:20-9-3. Continuing education categories

(a) Approval for continuing education.

(1) To receive initial approval for a continuing education offering of either

category, submission of an Application for Approval of Continuing Physical Therapy Education form is required. The application must include the following information:

(A) Course title with an abstract, summary or course syllabus.

(B) A program agenda complete with a breakdown of all time spent in instructional and non-instructional periods to include break time, meals, etc. (Contact hours will be awarded for instructional hours only.) (If a course is six hours or longer the agenda must include at least a 30 minute lunch and two 15 minute breaks.)

(C) The course or program's goals and objectives sufficient to provide information for evaluation of relevance and practical application to the field of physical therapy beyond basic preparation of the licensee.

(D) Documentation of instructor background/expertise relevant to the field of physical therapy.

(E) Location of the program, including the address, city, state, and zip, or Internet site.

(F) Contact name, phone number and address of course sponsors or publishers;

(G) Specific date(s) of course participation.

(H) Method of certifying attendance and contact hours. (Adjustment of contact hours may occur within the approval process.)

(2) Individual participants are responsible for maintaining these records.

(3) Physical therapists and physical therapist assistants working less than 250 hours per year may request permission from the to earn all contact hours from Category B and/or Category C.

(4) Pre-approval is required for guaranteed credit under either Category.

(b) Category A – synchronous educational opportunities. At least half of the required contact hours must be acquired from Category A.

(1) Synchronous education – Attendance at a synchronous education course with real-time interaction between the course instructor and physical therapists or physical therapist assistants, with opportunity for immediate feedback.

(2) Presentation of program - A licensee who presents an original continuing education program targeted towards peers and other health care professionals may receive continuing education credit once per compliance period.

(3) Post Graduate Studies - Successful completion of post graduate education course work related to physical therapy will be awarded continuing education credit of up to 16 contact hours for each college credit hour.

(c) Category B – other.

(1) Opportunities under Category B continuing education include:

(A) Publication - Writing for professional publication may be awarded continuing education credit. Actual number of contact hours granted will be determined by the Committee. Acceptance for publication must occur within the current compliance period. Contact hours will not be approved for repeat publication of the same material.

(i) Each published paper/book and/or chapter/or case study may receive a maximum of fifteen (15) contact hours.

(ii) Each published book review may receive a maximum of ten (10) contact hours.

(B) Study groups - A series of synchronous or asynchronous meetings designed for intense study in a physical therapy related topic. A minimum of four participants and four hours of participation are required for continuing education eligibility. Those seeking approval for a group study project shall submit a full description including an outline of the topics and subtopics, references, or copies of the printed materials, a time and place of study, the methods to be used, the number of hours of credit sought, and any other information relevant to the evaluation of the proposed projects.

(C) Individualized instruction - This includes home study or Internet courses relating to physical therapy practice extending beyond basic preparation of the licensee. In order to count any individualized instruction toward Category B hours, the licensee must submit proof of a passing score on a post test and a certificate of completion.

(D) Learning opportunities not listed above may be considered for continuing education credit, but will require pre-approval.

(E) Activities not accepted - Examples of activities that will not be accepted include but are not limited to:

(i) Regularly scheduled education opportunities provided within an institution, such as rounds or on-the-job required in-service training such as CPR, blood-borne pathogens, equipment or procedural updates.

(ii) Staff meetings.

(iii) Meetings, workshops or seminars held by personnel with less medical training than registered physical therapists or physical therapist assistants.

(iv) Publications for the lay public.

(v) Presentations to lay groups and non-professionals.

(vi) Teaching personnel, students or staff within one's job requirement.

(vii) Non-educational meetings, entertainment or recreational activities at professional meetings.

(viii) APTA, chapter or section offices or committee appointment.

(d) Category C. - Federation of State Boards of Physical Therapy's Practice Review Tool. Actual number of contact hours granted will be determined by the Committee. Pre approval required for credit.

435:20-9-4. Guidelines for the audit process

(a) The Physical Therapy Committee will, each compliance period, randomly or for cause select licensees for verification that all continuing education requirements have been met.

(b) Those being audited have thirty (30) calendar days from the date of the letter of notification to submit proof of continuing education to the Committee.

(c) The Physical Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established continuing education standards.

(d) Those found to be in compliance shall be notified.
(e) Those found not to be in compliance shall be notified, by certified mail, within (5) working days following the determination of non-compliance. They will be given specific information concerning areas of deficiency, what further information is needed to bring them into compliance, given opportunity to submit additional documentation and/or appear in person at the next Physical Therapy Committee meeting.
(f) A summarized report shall be submitted to the Physical Therapy Committee listing the names of those audited who are in compliance with continuing education requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendations.

(Oklahoma Administrative Code, 2016)

APTA Code of Ethics

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Preamble

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

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

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

("Code ", 2013)

APTA Guide for Professional Conduct

Purpose

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

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general

ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve. This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code The Preamble states as follows:

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

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

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

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

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

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and

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

Topics

Respect

Principle 1A states as follows:

> **1A.** Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
>
> **Interpretation:** Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A states as follows:

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

Patient Autonomy

Principle 2C states as follows:

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

Professional Judgment

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

> **3.** Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)
>
> **3A.** Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
>
> **3B.** Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
>
> **Interpretation:** Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice.
>
> With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make

independent judgments regarding that care consistent with accepted professional standards. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner.

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

Supervision

Principle 3E states as follows:

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

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the APTA Web site. See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

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

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

Reporting

Principle 4C states as follows:

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

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

Exploitation

Principle 4E states as follows:

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

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

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

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

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

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible. The Committee imagines that in some cases a

romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

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

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

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

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

Professional Competence

Principle 6A states as follows:

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

Interpretation: 6A requires a physical therapist to maintain professional

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

Professional Growth

Principle 6D states as follows:

> **6D.** Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.
>
> **Interpretation:** 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E states as follows:

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

Pro Bono Services

Principle 8A states as follows:

> **8A.** Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
>
> **Interpretation:** The key word in Principle 8A is "or." If a physical therapist is

unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled Guidelines: Pro Bono Physical Therapy Services. Additional resources on pro bono physical therapy services are available on the APTA Web site.

Principle 8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. (APTA, 2013)

Case Examples

- During a continuing education course, a fellow physical therapy participant tells a story about trying an untested ointment modality on a patient with some success. Upon returning to work, you find that you have a similar patient. What do you do?
    - Though the modality tried by the fellow colleague appeared to have positive results, you should choose to use equipment, techniques, and data that have been evidence-based and recognized within the field of physical therapy.

- A PT is planning on taking a vacation with plans for the PTA to cover her patients while she is gone. While reviewing her files, she notices that a patient will be due for a re-evaluation during the time she is scheduled off. What should be done?
    - The PT will need to complete the re-evaluation before her vacation as this is a task that the PTA is unable to do. Best practice will be getting the re-evaluation done before it is overdue.

- A famous hockey player has just been admitted to your practice. Everyone in the office is buzzing with excitement. “What room is he in?” “What are his injuries?” “I wonder if he will be able to finish this season?” Should you engage in the discussion?
    - Engaging in discussions that disclose a person's identity, as well as condition, are clear contradictions to the principle of 2E, which states physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed as required by law. Any behavior similar to this example should be avoided.

- A physical therapist owns a clinic and supervises 3 physical therapy assistants. A new physical therapist who is applying for licensure would like to work at the clinic as well. Is the PT permitted to supervise the new applicant while they apply for permanent licensure?
    - Yes. A PT may supervise up to 4 physical therapy assistants and applicants for licensure, but only 3 of these 4 may be physical therapy assistants. The

PT would still be compliant.

- A physical therapist has completed 30 contact hours of continuing education in the past year. Are they able to renew their license?
    - No. Physical therapists must complete 4 CEUs, or 40 contact hours, to be eligible to renew their license, so they are not yet eligible.

- You've recently registered a new patient who no longer drives. In order to come to his visits, he must arrange rides through a service that offers rides for disabled clients. What APTA core value does this uphold?
    - Coordinating appointment dates and times with the ride service and completing the paperwork they require is an example demonstrating the APTA's core value of social responsibility by advocating for patients' rights to access necessary transportation services.

- A new patient comes in for an evaluation. The patient is in severe pain. Should the physical therapist start treating the pain or complete the evaluation first?
    - Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT. Despite how much pain the patient is in, the physical therapist must attempt to complete as much of the evaluation as possible to understand the condition they are dealing with.

- You are a licensed PT in Oklahoma. During the course of your practice, you receive a conviction for a crime. Do you stop practicing?
    - You are required to report any convictions to the licensing board. However, a misdemeanor will be grounds for disciplinary action only if the crime demonstrated moral turpitude. A felony conviction will only prohibit licensure if the crime was substantially related to the profession of physical therapy or if it poses a reasonable threat to public safety.

- A child has been receiving physical therapy for 5 years for a brain trauma injury. The parents want the child to continue physical therapy services although clearly the progress notes and records do not reflect significant improvement the past 6 months. Should the PT continue treating the patient?
    - Recording or documenting improvements such so that continued care will be authorized and reimbursed is in contradiction to principle 3A and 3B, demonstrates poor professional judgment, and has subsequent legal ramifications.

- You are providing physical therapy services in a home health setting. With what frequency must you perform a re-evaluation or re-examination?
    - Oklahoma requires re-examination/re-evaluation of the patient in light of their goals and revision of the plan of care when indicated every 60 days in home health settings. This number varies between 30 and 90 days depending on setting.
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- One of your patients frequents a chiropractor for a condition unrelated to the carpal tunnel syndrome you are treating. This clinic utilizes a modality that you are not familiar with. How should you address this with your patient?
    - Rather than expressing your doubts regarding this modality; honor the patient's autonomy (principle 2C) and right to make treatment decisions on their own behalf and respect the chiropractor's treatment as valid and complementary.

REFERENCES

- "APTA Guide for Professional Conduct." *Core Ethics Documents.* American Physical Therapy Association. Retrieved June 12, 2018, http://www.apta.org/Ethics/Core/

- Denninger, Cook, Chapman, McHenry, and Thigpen. "The Influence of Patient Choice of First Provider on Costs and Outcomes: Analysis From a Physical Therapy Patient Registry." *Journal of Orthopedic and Sports Physical Therapy* 2017 Feb

- "Code of Ethics for Physical Therapist." *Core Ethics Documents.* American Physical Therapy Association. 2013, http://www.apta.org/Ethics/Core/

- "The Code of Hammurabi." *Artsy for Education.* THE ART GENOME PROJECT. 2014, https://www.artsy.net

- "Deontological ethics." *Encyclopaedia Britannica*. Encyclopaedia Britannica. Retrieved May 21, 2014 from http://www.britannica.com.

- Driver. "The History of Utilitarianism." *Stanford Encyclopedia of Philosophy*, Stanford Center for the Study of Language and Information, http://plato.stanford.edu. 2014, September 22

- "Ethics." *Dictionary.com*. Dictionary Online. http://dictionary.reference.com. 2014, May 12

- "Ethics vs Morals." *Diffen*. Diffen. https://www.diffen.com/ 2018, June 12

- "The Oath." *The Internet Classics Archive*. Retrieved May 27, 2015 from http://classics.mit.edu.

- "Morality." *Dictionary.com*. Dictionary Online. Retrieved May 21, 2014 from http://www.dictionary.reference.com.

- Murray. "When Judges Believe in 'Natural Law'." *The Atlantic*. 2014, Jan 27

- "TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS" *Oklahoma Administrative Code*. 2016, September 12. Retrieved October 9, 2018 http://www.okmedicalboard.org/download/456/PTRULES.pdf

- Stratton-Lake, Philip. "Intuitionism in Ethics" *Stanford Encyclopedia of Philosophy* 2014

- F. Randy Vogenberg, Carol Isaacson Barash, Michael Pursel "Personalized Medicine Part 2: Ethical, Legal, and Regulatory Issues." *National Center for Biotechnological Information.* National Center for Biotechnological Information. Retrieved June 11, 2018 from https://www.ncbi.nlm.nih.gov

- "What is the Purpose of HIPAA" *HIPAA Journal.* Compliancy Group. 2017 https://www.hipaajournal.com/purpose-of-hipaa/