

# Arizona State Board of Physical Therapy



# Newsletter

December 2000

## 2000 Board of Physical Therapy

### President

Lynn M. Carlson, PT  
Physical Therapist, Tucson  
Term Expires: 1-15-01

### Secretary

Helene M. Fearon, PT  
Physical Therapist, Phoenix  
Term Expires: 1-19-03

### Treasurer

Larry Autrey, PT  
Physical Therapist, Yuma  
Term Expires: 1-21-02

### Don Farris

Public Member, Glendale  
Term Expires: 1-17-04

### Executive Director

Dolores C De Baca

### Licensing Administrator

Janice Stille

### Investigator

Peggy Hiller, PT

### Educational Consultant

Joan Knapp, PT

### Asst. Attorney General

Nancy Beck, Esq.

### Board of Physical Therapy

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## BOARD PRESIDENT'S PRESPECTIVE

Greetings! It's been several years since the last newsletter from the Board and so much has happened in that time.

Ms. Jan Stille has been with the Board for many years and is now our licensing administrator. The State is fortunate to have her experience and expertise. As the number of licensees continued to climb, it became necessary to hire additional staff to support the load. For years, Jan handled the difficult and challenging work load singularly. The Board was extremely lucky to find and hire Dolores C De Baca, who was already responsible for several boards for the State. Dolores joined us as our new Executive Director and has been doing a fabulous job.

The Task Force began working on our new rules package and through their hard work and diligence the rules package was approved and went into effect in July 2000. Included in the new rules package is the continuing competence section. This is a very labor-intensive component that necessitated hiring a physical therapist to give it the attention it needs. The Board hired Peggy Hiller, P.T. to assume the duties necessary to monitor continuing competence. She also has been invaluable with the complaint investigative work for the Board. Ms. Hiller and Nancy Beck, our Assistant Attorney General, have written new protocols impacting how the Board deals with the process of handling complaints. These new protocols have streamlined the procedure greatly, decreasing the workload of the Board members tremendously! Ms. Hiller is an asset to the State and the Physical Therapy Board.

Over the years the Board has had several Assistant Attorney Generals. Our current Assistant Attorney General, Nancy Beck, has proactively educated us in the law. She is concerned not only that the laws are upheld, but that the licensees and the citizens of Arizona are treated justly and fairly. The State of Arizona is fortunate that the Physical Therapy Board has such competent and compassionate staff.

Joan Knapp, P.T., our educational consultant for many years, continues to be invaluable to us when looking at the foreign-trained applicant. She was instrumental in helping to develop our new credentials review form currently being used.

To the licensees of Arizona, please read the statutes and our new rules. So many times our licensees get into difficult situations just because they didn't know the law. Save yourself a lot of pain, embarrassment and humiliation by reading your laws! Please remember, the number one priority of the Physical Therapy Board is not our licensees but the people of Arizona to whom we deliver treatment. As licensed physical thera-

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# PRESIDENT'S PERSPECTIVE Continued from Page 1

pists in the State of Arizona, we have the opportunity to change and impact the lives of many people in a very positive way. We may get off-course when we fail to follow the laws by which we practice, and perhaps begin putting our own needs and conveniences ahead of those of our patients.

Serving on the Physical Therapy Board for the past 10 years has truly been one of the most challenging and rewarding aspects of my professional tenure. I am very grateful for the opportunity. The current members, Larry Autrey, P.T., Helene Fearon, P.T. and Don Farris, our public member, are extremely capable, compassionate and diligent people. They will do a great job in the years to come.

If I can impart one final principle to you, remember: your patient comes first!!!  
Lynn M. Carlson, P.T.

## The State Board of Physical Therapy

### Role of the Board of PT

State licensing laws are enacted for the purpose of protecting the public health, safety, and welfare. These laws are established to set forth standards for the practice of a particular discipline, and include education and testing requirements, definition of the scope of and limitations of practice, and penalties for violation of these provisions. The Arizona State Board of Physical Therapy is established to administer these laws by interpreting and enforcing the practice act through the licensure and certification process, by receiving, investigating and adjudicating complaints against licensees and certificate holders, and by applying applicable advisory or disciplinary measures as set forth in the law.

### Composition of the Board

A.R.S. §32-2002 establishes the composition of the Board. The Board consists of five members appointed by the Governor of Arizona. Three members must be physical therapists who have been practicing in Arizona for at least five years before appointment. Two members are Arizona citizens who are not affiliated with and do not have a financial interest in any health care profession but who have an interest in consumer rights. Members serve for staggered four year terms, with a limit of two successive terms or a maximum of ten consecutive years.

Currently the Board has one vacancy for a lay member. Anyone who knows of a willing and qualified applicant for this position should contact the Board or Governor's office to obtain a nomination form. In January 2001 there will be an opening for a professional member and interested applicants should submit their name to the Governor for consideration.

### Meetings of the Board

Meetings of the Board are open to the public and must, according to law, be noticed by having an agenda posted at least 24 hours prior to the meeting. All state laws concerning public meetings must be upheld. In general, the Board meets monthly with a combined meeting during the summer and occasionally at the end of the year. Board meetings are usually held in the basement conference room at the Board's office, 1400 West Washington, in Phoenix.



Board of PT (left to right): Lynn Carlson PT, Don Farris (standing), Helene Fearon PT, Larry Autrey PT

# SUPERVISION UNDER ARIZONA LAW

The Board receives many inquiries concerning appropriate supervision of assistive personnel. While the practice act and rules don't contain a "laundry list" of tasks which may be performed by assistive personnel, they do contain clear guidelines for the therapist's decision to utilize the assistance of others in the provision of physical therapy services.

A.R.S. §32-2043 Supervision establishes that the physical therapist has ultimate responsibility for physical therapy services. The physical therapist may delegate and supervise selected acts, tasks or procedures based upon two criteria: the acts must fall within the scope of physical therapy practice; and the acts must not exceed the education or training of assistive personnel. The remainder of this section establishes the requirement for the physical therapist's "on site" supervision of PT Assistants, aides and other assistive personnel.

The definition of "on site" is found in A.R.S. §32-2001 Definitions. There are three components to "on site" supervision: (1) The supervising PT must be present in the facility (building) or on the campus (the immediately adjacent buildings); (2) the PT must be immediately available to assist; and (3) the PT must maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel. The language describes delegation of tasks rather than delegation of patients, once again reflecting the physical therapists primary responsibility to the patient.

The section of rules titled Patient Care Management (A.C.C. R4-24-303) goes into greater detail about both the patient care and personnel management aspects of supervision. There are certain things that the physical therapist must do: perform and document an initial evaluation, perform and document periodic re-evaluations, and perform and document all therapeutic interventions that require the expertise of a physical therapist. Only the PT can document a discharge summary and the patient's response to treatment. And, for each date of service, the physical therapist must "determine whether the use of assistive personnel to deliver services is safe, effective and efficient for each patient."

This section further describes other obligations of supervision. Before delegating to assistive personnel, the PT must determine and document the individual's education and training. The physical therapist can concurrently supervise 3 assistive personnel, and if there are 3, at least one must be a PTA. Documentation must be signed manually or electronically by either the physical therapist or physical therapist assistant. Although this does not preclude other assistive personnel from making notations in the patient record, these entries must be co-signed by the PT or the PTA. Lastly, the PT must provide oversight of all documentation for services rendered to each patient, which includes awareness of reimbursement methodology used and avoidance of unreasonable or fraudulent fees.

Who is the "supervising" physical therapist? Whoever is on-site when the patient or client is seen for physical therapy care. It is the physical therapist who has assumed the responsibility for the patient's care for that date of service, regardless of whether the on-site PT is the physical therapist who performed the initial evaluation or customarily provides care to this patient

The law holds the physical therapist responsible for adhering to the recognized standards of ethics of the PT profession (A.R.S. §32-2041) and the Definition section of the rules defines these standards as the APTA's Code of Ethics (amended 1991) and Guide for Professional Conduct (amended 1999). Principle 3 of the Code addresses the physical therapist's responsibility for the exercise of sound judgment, and section 3.2 of the Guide discusses delegation of responsibility. The importance of clear and consistent communication is stressed, as well as performance assesment of all personnel.

The Board is available to respond to questions concerning interpretations of the law. Requests for interpretations of specific sections of law should be made in writing, and will be discussed in public session at a Board meeting.

# DISCIPLINARY ACTION

The following is an explanation of the actions the Board may take when adjudicating a complaint:

## Non-disciplinary actions:

If the Board finds that the information received in a complaint or an investigation is not of sufficient seriousness to merit direct action against the licensee or certificate holder it may take either of the following actions (A.R.S. §32-2045):

- Dismiss the complaint if it is without merit.
- File a letter of concern, which may be used in future disciplinary actions against a licensee or certificate holder.

## Disciplinary actions:

If at an informal interview the Board finds a violation that constitutes grounds for disciplinary action, it may take the following actions (A.R.S. §32-2046 and 2047):

- Issue a decree of censure, which is an official reprimand against a physical therapist or physical therapist assistant.

- Place a physical therapist or physical therapist assistant on probation. The Board can prescribe a licensee's or certificate holder's scope or place of practice, supervision of practice, or the type or condition of patient or client served.

If the results of an informal interview indicate that more serious action might be in order, the Board will refer the matter to a formal hearing (A.R.S. §32-2046 and 2047) to consider the following actions:

- Suspend a license or certificate for a period prescribed by the Board.
- Revoke a license or certificate.
- Refuse to issue or renew a license or certificate.
- Impose a civil penalty of at least \$250 dollars but not more than \$10,000 for each violation of the law.
- Accept a voluntary surrendering of a license or certificate.

Final disciplinary actions taken by the Board January 1998—November 2000:

<u>Name</u>	<u>License #</u>	<u>Complaint #</u>	<u>Violation</u>	<u>Action</u>
Elizabeth Watts, P.T.	#1192	#98-02	•§32-2001(A.8.a.)Commission of a felony •§32-2044(23) Failing to comply with a Board order	Suspension 3/26/98 Revocation 6/27/00
Randolph Mann, P.T.	#0598	#98-12;	•§32-2044(1) Violating statute or rule •32-2044(4) Substandard care •§32-2044(12) Unethical conduct	Probation—1 year 1/13/99
Peter Colla, P.T.	#1712	#98-14; #99-03; #99-04	•§32-2044(4) Substandard care •§32-2044(12) Unethical conduct •§32-2044(13) Charging unreasonable fees •§32-2044(20) Inadequate records	Probation—2 years 8/30/99
Carol Diehl, P.T.	#1526	#98-15	•§32-2001(8.j.) Unethical conduct •§32-2041(F) Inadequate supervision	Probation—2 years 12/2/99
Honani Polequaptewa, P.T.	#3780	#99-01	•§32-2044(10.a.) Sexual misconduct •§32-2044(12) Unethical conduct	Probation—1 year 6/9/99
James Beebe, P.T.	#2048	#99-10	•§32-2044(10.a.) Sexual misconduct •§32-2044(12) Unethical conduct •§32-2044(19) Breach of confidentiality •§32-2044(20) Inadequate records •§32-2044(22) Treatment beyond benefit	Probation—2 years 3/10/00
Anthony Prochnow, P.T.	#1244	#99-12	•§32-2044(14) Misleading representations •§32-2044(23) Violating statute or rules	Probation—6 months 2/16/00
David Gipe, P.T.	#3277	#00-06	•§32-2044(12) Unethical conduct	Decree of Censure 8/15/00

# DOCUMENTATION...

## It's the Law!

Many questions come to the Board concerning the legal aspects of documentation. The most salient factor when considering the standards contained in the practice act is that the legal requirements establish the minimum standards for physical therapy documentation, and reflect not best practice but rather minimum standards for acceptable record keeping. With that in mind, the following is a summary of the language in the law regarding documentation.

Three sources of information about record keeping are found in the Board's statutes and rules. The first is in A.R.S. §32-2044 Grounds for Disciplinary Action (20) "Failing to maintain adequate patient records. For the purposes of this subsection, 'adequate patient records' means legible records that contain at a minimum an evaluation of objective findings, a diagnosis, the plan of care, the treatment record, a discharge summary and sufficient information to identify the patient."

The other references to documentation are contained in the rules promulgated by the Board. A.A.C. (Arizona Administrative Code) R4-24-301 requires that the PT provide the referring practitioner, if any, with information from the patient assessment, diagnosis, and plan of care. This information must be provided, verbally or in writing, after a patient is initially evaluated. Furthermore, a PT must obtain a patient's informed consent before treatment, which "shall be in writing or documented in the patient chart." The rule goes on to qualify that informed consent must include the nature of the proposed intervention, risk of harm or complication, reasonable alternatives to the proposed intervention and the goal of treatment.

A.A.C. R4-24-303 describes the physical therapist's responsibility for the scope of patient management, which includes the requirement that the PT must perform and document the initial evaluation, periodic re-evaluation, and "all therapeutic interventions that require the expertise of a physical therapist." The PT must also document a discharge summary and the patient's response to treatment at discharge. Documentation for each treatment session must be signed by either the PT or the PTA. The PT's oversight of documentation for services rendered to each patient includes awareness of fees charge or reimbursement methodology used, and what constitutes an unreasonable or fraudulent fee.

Another Arizona statute which addresses medical records and pertains to physical therapist's documentation is A.R.S. §12-2291. This statute states that the information in medical records is privileged and confidential, and must be released to a patient upon request but cannot be released to anyone (except as authorized by law) without the patient's prior authorization. Failing to maintain patient confidentiality without the prior written consent of the patient is grounds for disciplinary action under the physical therapy practice act [A.R.S. §32-2044 (19)].

Ronald W. Scott, J.D., M.S.P.T., in Legal Aspects of Documenting Patient Care, summarizes the patient care record as follows: "From business and clinical perspectives, as well as from a legal standpoint, documentation of patient care is as important as the rendition of care itself. This axiom holds true for the protection of patients and health care professionals alike. For health care providers, patient care documentation is substantive evidence of the nature, extent, and quality of care rendered to patients; while for patients, it serves as a permanent record of their health status, which may, among many other purposes, serve as a historical record for future lifesaving intervention." Each PT and PTA must take seriously their obligation for adequate documentation under the law.



# CONTINUING COMPETENCE

The rules about continuing competence activities (Article 4 in rules, pp. 27-30 in the Revised Statutes and Rules published by the State Board of PT) establish 3 categories of activities that can fulfill the requirement for license renewal, which is 20 hours every two years. At least 10 hours must be from Category A, although all 20 hours can come from this category. Because of the variety of scales and conversions used for determining CEUs by different organizations, the Board will use "hours" rather than "CEUs" as the measurement of continuing competence activities. Physical therapist assistants are not required to obtain continuing competence hours for renewal.

What distinguishes Category A activities is that they are approved for contact hours by one of the following: 1) an accredited medical, PT or health care educational program; 2) a national or state medical, PT or health care association; or 3) a national medical, PT or health care specialty society. You may need to contact the course, home-study or workshop sponsor to find out exactly what organization has approved the credit hours awarded for completion of the program if the course brochure doesn't clearly identify the approval organization. No more than half of the credit hours may be from non-clinical (not related to direct patient care) activities.

Categories B and C include a variety of activities not approved for contact hours by any of the above organizations or groups. Thus Category B includes study groups (with a minimum of 3 people), self-instruction if not approved by one of the Category A groups, and attendance at in-service education programs at hospitals, group practices, etc. These activities must relate to the practice of PT. Category C activities include teaching or lecturing, PT practice management (ethics, administration, law and regulation, professional responsibilities), and publication. A maximum of 10 hours credit is acceptable from Categories B and C, with no more than 5 hours from non-clinical coursework.

The Board will not pre-approve any activities for continuing competence credit, but a licensee can determine the acceptability of a course or activity based upon the Category descriptions contained in the rules. Excluded from credit for continuing competence activities are staff meetings, presentations/publications to lay groups, routine teaching as part of a job requirement, and regularly scheduled institutional activities such as rounds or case conferences. Licensees will submit a signed statement to the Board with their renewal application stating whether the required continuing competence hours have been fulfilled. Only those licensees who are randomly selected for audit will need to provide evidence of compliance with the requirement of 20 hours. Licensees should retain evidence of continuing competence activities for the preceding 2 compliance periods.



## 2001 MEETING CALENDAR

The Arizona Board of Physical Therapy will hold its monthly Regular Session Meetings on the 4th Tuesday of each month at 10:00 a.m. at 1400 W. Washington, Room B-1 (Basement) unless otherwise noted. Note: Location, Date and Time subject to change.

January 23  
February 27  
March 27  
April 24  
May 22  
June 26  
July 24  
August 28  
September 25  
October 23  
November 27  
December 25 no meeting

**CONTINUING COMPETENCE ACTIVITIES**

<u>Category</u>	<u>Sub-category</u>	<u>Sponsor</u>	<u>Activity</u>	<u>Contact Hours</u>	<u>Documentation</u>
A (Minimum 10 hours, No more than 5 hours non-clinical)	PT Con Ed Course (Class, home study, internet, etc.)	Accredited PT, Medical Health Care School, Association or Specialty Society	Course Participation	Each 60 minutes of instruction equals one credit hour (not including breaks).	Photocopy of certificate of completion or attendance OR sign-in log OR other proof of completion.
A	PT Clinical Specialty Certification	As above	As above	As above	As above
A	PT Clinical Residency	As above	As above	As above	As above
A	PT Post-Graduate	As above	As above	As above	As above
B (Maximum 10 hours total B & C; No more than 5 hours non-clinical)	Study Group 5 hours Maximum	-----	Structured study of one clinical PT topic; minimum 3 participants.	2 hours participation equals one credit hour.	Photocopy of sign-in log with date, location topic, hours, names of participants.
B	Self-instruction 5 hours Maximum	May be directed by video, internet, correspondence but may be self-directed.	Structured study of one clinical PT topic.	Each 60 minutes of instruction equals one credit hour.	Photocopy of registration, course outline, study notes, certificate of completion or participation.
B	In-service Education 5 hours Maximum	PT, Medical, Health Care organization, facility, group practice, etc.	Attendance at presentation pertaining to clinical practice, patient safety or welfare.	As above	Photocopy of registration, course outline, certificate of completion or attendance.
C (Maximum 10 hours total B & C No more than 5 hours non-clinical)	Practice Management 5 hours Maximum	-----	Study of administration, professional, ethical or legal obligations related to PT.	Each 60 minutes equals one credit hour; Must "pass" in pass/fail or "C" in graded course	Photocopy of registration, course outline, certificate of completion or attendance.
C	Teaching or Lecturing 5 hours Maximum	-----	Presentation of original program dealing with research, clinical skills or practice management.	Must be accompanied by written materials; One instructional hour equals 2.5 credit hours.	Photocopy of written materials, course outline or abstract, sign-in log.
C	Publication 5 hours Maximum	-----	Writing for professional publication or abstracts.	Minimum of 1500 words in 3rd party publication Refereed=10 credit hours; Non-refereed=5 hours	Photocopy of published article or book chapter.

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## ARIZONA RESIDENTS OF RECORD EXPIRED LICENSES/CERTIFICATES

The following individuals have not renewed their licenses/certificates for the 2000-2002 renewal period and should not practice or work in physical therapy in Arizona until reinstated. If you are aware of an individual listed below who is currently working in Arizona, please notify the Board. Appropriate action will be taken following investigation.

Brunuel-Jordana, Leo PT #2120	Prall, Jane PT #0919
Cosenza, Kathy PT #4482	Pretti, Mark PT #3842
Deopere, Denise PT #5012	Prusacki, Stacey PTA #0059A
DuBon, Gladys PT #0047	Rich, Angela PT #3559
Eckerman, Bonnie PT #5171	Robertson, Clayton PTA #0089A
Fangmeier, Susan PT #1433	Roser, Lori PT #4256
Goff, Julianne PT #1406	Ruth, Jean PT #0293
Gordon, Joanne PT #3575	Schumacher, Stephanie PT #2082
Heinz, Sharon PT #0775	Shaw-Weber, Karen PT #0934
Hribar, Michael PT #5027	Smelt, Kellie PTA #0091A
Journey, Thomas PT #0102	Sutton, Michael PT #0914
Kenney, Michael PT #5082	Swaney, Eric PT #4032
Keyes, Lisa PT #4394	Taylor, Donald PTA #0158A
Kittock, Eileen PT #0309	Thomas, Bonnie PTA #0219A
Larson, Christina PTA #0141A	Toppin, Steffany PT #5106
Leone, Lauren PT #5125	Tretter, Susan PT #4034
Lomnicki, Lori PT #4166	Wasson, Richard PT #0145
Meeuwisse, Johannes PT #2236	Whaley, Jolene PT #1907
Miller, Maureen PT #1549	Wieland, Alyson PT #4000
Nicewander, Gail PTA #0048A	Williams, Jeremy John PTA #0106A
O'Connell, Shannon PT #4353	Yearout, Mistie PT #3509
Orjebo-Andersson, Ewa PT #3554	Youberg, Linda PT #4439
Phoenix, LeeAnn PTA #0011A	Youngdahl, Rebecca PT #3691
Podzielny, Steven PTA #0205A	