

Physical Therapy ADVISOR

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PTs May Treat Without Referrals

The Oklahoma State Legislature amended the Physical Therapy (PT) Practice Act to allow PTs to evaluate and treat most patients for 30 days without a referral from a licensed health care practitioner. Patients with Workers' Compensation claims, however, still require a referral from a medical doctor, osteopath, podiatrist, chiropractor or dentist.

The Oklahoma Physical Therapy Practice Act now reads that: **"Except for workers' compensation claims, any person licensed under the Physical Therapy Act as a physical therapist shall be able to evaluate and treat human ailments by physical therapy on a patient without a referral from a licensed health care practitioner for a period not to exceed thirty (30) days.** Treatment may be provided by a physical therapy assistant under the supervision of a physical therapist. Any treatment provided beyond the thirty (30) day period shall be only under the referral of a person licensed as a physician or surgeon with unlimited license, or the physician assistant of the person so licensed, and Doctors of Dentistry, Chiropractic and Podiatry, with those referrals being limited to their respective areas of training and practice."

Oklahoma House Bill 1020 was authored by State Representatives Arthur Hulbert, Sean Roberts, Bobby Cleveland, Dan Kirby, Anastasia Pittman, and State Senator Kim David. Governor Mary Fallin signed the bill which went into effect on November 1, 2014.

PTs may accept referrals from licensed health care professionals outside Oklahoma. It is the PT's responsibility to insure that the referring provider holds a valid license.



Oklahoma State Board of Medical Licensure & Supervision

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APTA Code of Ethics/ Guide to Professional Conduct

The American Physical Therapy Association (APTA) Code of Ethics is a set of eight principles adopted by the APTA House of Delegates to delineate the ethical obligations of a Physical Therapist (PT).

The APTA Guide for Professional Conduct is a more comprehensive document designed to interpret the Code of Ethics and guide PTs in determining the propriety of their conduct. Both documents are available on the APTA website, www.apta.org.

The APTA **Code of Ethics** and interpretation by the Guide for Professional Conduct state that PTs:

Principle #1: Shall respect the inherent dignity and rights of all individuals. PTs shall act respectfully to all involved in Physical Therapy and not discriminate regardless of age, gender, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.

Principle #2: Shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. PTs shall act in the best interests of patients/clients by providing compassionate care; offering patients all necessary information to make informed decisions about their care; empowering patients to collaborate in decision-making regarding their care; and protecting confidential patient information, disclosing only when allowed by the patient or as required by law.

Principle #3: Shall be accountable for making sound professional judgments. PTs shall demonstrate professional judgment informed by professional standards, evidence, practitioner experience and patient values; make judgments within scope of practice and level of experience; communicate, collaborate and/or refer when necessary to peers or other health care professionals; provide appropriate direction and communication to PT Assistants and other support personnel.

Principle #4: Shall demonstrate integrity in relationships with patients/clients, families,

colleagues, researchers, students, health care providers, employers, payers and the public. PTs shall provide truthful accurate information; discourage and report misconduct, illegal or unethical acts to appropriate authorities; and report cases of suspected abuse involving a child or vulnerable adult; but **shall not** make misleading representations; exploit others over whom they have authority; engage in sexual relations with patients/clients, supervisees or students; nor harass anyone verbally, physically, emotionally or sexually.

Principle #5: Shall fulfill their legal and professional obligations. PTs shall comply with local, state and federal laws; assume primary responsibility for supervision of PTAs and support personnel; abide by accepted standards to protect research participants; encourage colleagues with physical, psychological, or substance abuse issues which may adversely affect professional responsibilities to seek assistance or counsel; report to appropriate authorities colleagues unable to perform their professional responsibilities with reasonable safety and skill; provide notice and information on alternative care opportunities when terminating a provider relationship when the patient/client still needs care.

Principle #6: Shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities and professional behaviors. PTs shall achieve and maintain professional competence; be responsible for professional development based critical self-assessment and reflection on changes in PT practice, education and technology; and cultivate professional environments that support professional development, lifelong learning and excellence.

Principle #7: Shall promote organizational behaviors and business practices that benefit patients/clients and society. PTs shall promote practice environments that support autonomous, accountable practice judgments; seek remuneration deserved and reasonable for PT services; fully disclose any financial interest in products or services they recommend to patients/clients; be aware of charges and ensure that documentation and

coding for PT services accurately reflects the nature and extent of services provided; and refrain from employment or other arrangements that prevent PTs from fulfilling professional obligations to patients/clients; but **shall not** accept gifts or other considerations that may influence or give an appearance of influencing professional judgment.

Principle #8: Shall participate in efforts to meet the health needs of people locally, nationally or globally.

PTs shall provide pro bono services or support organizations that meet the health needs of the economically disadvantaged, uninsured or underinsured; advocate reduction of disparities and health care inequities and improvement of access to health care services; and educate the public about the benefits of Physical Therapy and the unique role of the PT.

Choosing Wisely: Five Treatments to Question

Choosing Wisely is an American Board of Internal Medicine (ABIM) initiative to encourage medical and allied health professional associations and their patients to develop evidence-based lists of tests and procedures to improve health care outcomes that avoid unnecessary and/or harmful interventions while reducing overall health care costs.

The American Physical Therapy Association (APTA) is the first non-physician group to join the Choosing Wisely Campaign.

APTA has identified five physical therapy treatments that may not help a patient; may not be cost effective; and in some cases may delay recovery or even put a patient at risk:

Heat and Cold: Don't waste time in the PT's office on ice and heat treatment, including heat from an ultrasound machine. Reserve ice or heat treatment for the patient's home. While a hot or cold pack may feel good, they will not help the patient recover faster.

Exercise Machines After Knee Replacement: Say no to continuous motion machines after knee replacement. Start exercise-based physical therapy within 24

hours of the operation but, according to APTA, there is no evidence that continuous motion machines control pain or speed recovery. In fact, some patients may use the devices as an excuse to avoid exercises that actually help recovery.

Wimpy Exercise Programs: Prescribe exercise programs that match a patient's abilities, particularly in older patients. Supervise the patient and add weight, repetitions or new exercises as needed. Patients make progress when they are challenged.

Bed Rest For Blood Clots: Research now shows that walking with Deep Vein Thrombosis (DVT) does not pose risks but bed rest can cause new clots to form and make existing clots bigger. PTs should prescribe and monitor the exercise of patients taking anticoagulants.

Whirlpools For Wounds: There is little evidence today that whirlpool baths help wounds heal. Some research suggests that the whirlpool jet can actually damage tissue and even cause infection from bacteria on the body or from a previous patient. Rinse the wound with a salt-water wash or administer the liquid from a sterile, single-use device that is thrown away.

Oklahoma Allied Professional Peer Assistance Program

Oklahoma Physical Therapists (PT) and Physical Therapist Assistants (PTA) have ethical and legal obligations to assist and ultimately report peers whose ability to practice safely is compromised.

The American Physical Therapy Association Guide for Professional Conduct states that PTs “shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.” The code further states PTs “who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill or safety shall report the information to the appropriate authority.”

Oklahoma law is more specific and mandatory. Title 435:20-5-8 (28) of the Oklahoma Administrative Code states a PT or PTA may face disciplinary action up to license revocation for “Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.”

The Oklahoma Allied Professional Peer Assistance Program (APPA), established by the Oklahoma State

Legislature and administered by the Oklahoma State Board of Medical Licensure and Supervision (Board), exists to identify and rehabilitate PTs, PTAs and other allied medical professionals licensed by the Board who are compromised because of drug or alcohol abuse.

Inquiries to APPA are confidential and reviewed by the Program Coordinator who will assess and evaluate the situation and recommend a treatment plan and follow-up monitoring, if necessary. The identity of participants who sign a contract and agree to comply with the treatment and follow-up recommended by APPA remains confidential. Those who refuse participation or are discharged from or leave the program for failure to comply will be reported by APPA to the Board.

Learn more about APPA at: www.okassist.org. To seek assistance or other questions, call 405-962-1450.

PTs may report other illegal or unethical activities by calling 405-962-1400.

Meeting Dates for 2015

PHYSICAL THERAPY (9 AM FRIDAY)

February 13th May 29th
August 14th October 16th
December 11th

MEDICAL BOARD (9 AM)

March 12th – 13th May 14th – 15th
June 25th July 23rd – 24th
September 24th – 25th November 5th – 6th

PT Disciplinary Action 2014

Paul R. Lam, PT, July 17, 2014 - Public Reprimand, Unprofessional Conduct

Thomas K Jenkins, PTA, September 18, 2014 - Five-Year Probation, Unprofessional Conduct

Websites to Remember

Oklahoma Physical Therapists have a wealth of information at their fingertips.

Just about all the information an Oklahoma Physical Therapist or Physical Therapist Assistant will need regarding their licenses, Oklahoma law regarding physical therapy, continuing education requirements and courses, meetings and other resources are available on the Oklahoma State Board of Medical Licensure and Supervision's award-winning webpage. Log on to www.okmedicalboard.org and click on Physical Therapists and Assistants under Boards, Committees and Agencies.

For national news, information on the national exam or obtaining a license in another state, head for the Federation of State Boards of Physical Therapy website, www.fsbpt.org.

The American Physical Therapy Association website, www.apta.org, is an invaluable resource for practice management information, continuing education programs, ethical guidelines and national issues effecting physical therapy.



www.okmedicalboard.org/physical_therapists

PT Interstate Compact for Licensure

Health care delivery systems and technology no longer stop at state borders.

To assist Physical Therapists and Physical Therapy Assistants in providing care for their patients in this new environment, the Federation of State Boards of Physical Therapy with the support of the American Physical Therapy Association created a Task Force to explore the mobility and portability of the practice of Physical Therapy through an interstate licensure compact.

An interstate compact is an agreement between two or more states to enact legislation and enter into a contract for a limited purpose or to address a particular policy issue. Unlike federal mandates which often come with rigid mandates, interstate compacts provide a state-developed structure for collaborative action while building consensus among states and federal partners.

The intent of the PT compact is to increase consumer access to safe and competent Physical Therapy by eliminating licensure barriers to competent Physical Therapists and Physical Therapy Assistants.

The Task Force began meeting in 2014 with the goal of producing final draft of model compact language by October, 2015. It will then be up to each state to decide to seek legislative approval of the PT interstate compact.

Currently, the National Association of Emergency Medical Services Officials and the Federation of State Medical Boards are in the process of establishing licensure compacts. The National Council of State Boards of Nursing began its compact initiative in 2000. Twenty-four states now participate in the nursing interstate compact.

PT Committee

The Oklahoma Physical Therapy Committee makes recommendations to the Oklahoma State Board of Medical Licensure and Supervision concerning regulation of the Physical Therapy profession, licenses for PTs and PTAs, continuing education programs, and adjudication of disciplinary actions.

Members of the PT Advisory Committee are: **Carolyn K. Craven, DPT, PT**, Chair, Oklahoma City, **David E. Haynes, PT, AT**, Vice Chair, Norman, **Randy Titony, PTA**, Edmond, and **Mitsy Martin Davis, PT**, Midwest City. The Public Member position on the Committee currently is vacant.

PTs may nominate lay persons for the Public Member position on the Physical Therapy Advisory Committee

by submitting their names to the Oklahoma Physical Therapy Association (president@okpt.org or director@okpt.org). Bridgit Finley and Mike Osburn are the current President and Executive Director of OPTA respectively.

Nominees are forwarded to the Oklahoma Board of Medical Licensure and Supervision. Public Members of the PTC may not be a Physical Therapist or a licensed health care professional and may not be related by blood, adoption or marriage within the third degree of consanguinity to a Physical Therapist or licensed health care professional. Third degree of consanguinity means great grandparents, great grandchildren, aunts or uncles, nieces or nephews and their spouses.

