



D.C. Board of Physical Therapy

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of
Physical Therapy
Processing Department
717 14th Street, NW
Suite 600
Washington, DC 20005



Government of the District of Columbia
Adrian M. Fenty, Mayor



Winter 2010

LETTER FROM THE CHAIR

ETHICS AND THE LAW: A CALL FOR PROFESSIONAL REFLECTION AND ADHERENCE TO THE 6 R's

What are your New Year's Resolutions? How many do you believe that you will keep? How many of those resolutions concern a change in the way that you will practice Physical Therapy? In 2010, were you satisfied with the quality of care that you provided to each and every consumer? Did you follow the letter of the law of the State or did you do what you knew was right for the situation at hand?

This is a call for each of us to carefully reflect on our professional behavior and commit to the 6 R's of Practice for Physical Therapy. These are really a take-off on the old Social Security mantra, before the days of computers. (Yes, the agency did function quite well with pen and paper, and the goal was always to deliver checks to the right persons, in the right amount and at the right time.) I propose these 6 R's for Physical Therapy Practice:

- The Right patient,
- at the Right time,
- with the Right interventions and documentation,
- treated by the Right level of professional who is
- supervised at the Right level, and
- a patient who is charged the Right amount.

It should not matter what the Law states. Laws are about issues that can be enforced because someone is looking. Ethics are about doing the right thing when no one is looking. State Boards have very limited looking power and it must be retrospective. Your moral compass is always looking at you. The unknowing public trusts that the moral compass, not the law, is on their side. The framers of Health Care reform believe that neither the law nor practitioners' moral compass is serving the public well. They mistrust most of the healthcare delivery system and are rapidly putting measures in place to prove that there is widespread fraud and abuse throughout the system. Therefore, let us ensure that we as Physical Therapists move proactively and protect the integrity of our profession. Let us review the first of the R's:

THE RIGHT PATIENT

Some would argue that we always provide care to the right patient. Do we? If the patient is too ill to benefit from skilled interventions, do we always make that declaration and provide for a lesser level of care, even if we cannot bill for the service? Or do we use creative documentation to ensure payment and meet productivity goals? If the patient clearly has met all functional goals or is ready for a different level of care, do we see them just one or two more times to "reinstruct, review, re-anything" to either use up the allocated number of treatments or to appease the patient or referral source? There are so many right patients who do not receive care because we are providing services to a patient who does not need us.

(continued on page 2)



Senora Simpson, DPH, PT

YOUR LICENSE WILL EXPIRE ON JANUARY 31, 2011

Upcoming Board Meetings

3RD TUESDAY OF THE MONTH

at 717 14th St., NW, 10th Floor
Washington, DC 20005

Open Session is at 3:30 pm.

Please notify the Board in advance
if you plan to attend by sending an
email to HPLA.DOH@DC.GOV.

Verification of Licensure

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing," even though your DC license may have expired.

If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to "DC Treasurer" in the amount of thirty-four dollars (\$34.00) to:

DC Board of
Physical Therapy
717 14th Street, NW
Suite 600
Washington, DC 20005

Be sure to include your name and the address where the form is to be sent on the form.

If the jurisdiction or institution that you wish the letter sent to did not give you a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name, and the name and address of where you want the letter of verification sent.

LETTER FROM THE CHAIR (continued from page 1)

THE RIGHT TIME

Do we see all of our patients at the Right time? Whose time determines the right time? How many patients would you wager had no need for therapy on Friday, December 24, or Friday, December 31? Is a Monday-Wednesday-Friday schedule made for patients because evidence has shown that there is a better outcome for the condition in question? If so, why can they miss treatment on a holiday Monday or Friday, or when a therapist is not available on any one of those days? Most often it is available time, not the right time that drives the schedule.

RIGHT INTERVENTIONS AND DOCUMENTATION

The right interventions and documentation are areas that are most troublesome for the public, for they often have no way of assessing quality or necessity. Patients are at our mercy and must trust that they are indeed receiving the highest quality care which is based on the latest evidence. Do we always provide the most effective interventions or do we provide the ones which we have available in a particular setting or those which take the most or least time, depending on our skill sets or motivation?

While it is admirable to provide students and emerging therapists with opportunities to grow, the patient should not be denied quality care while we address personnel and productivity issues. There are some costs associated with business and patients should not bear all of those costs.

Patients also believe that you document what was actually done and by whom. Creative documentation is not in their best interest, even if it will pass scrutiny if a record is reviewed by any authority. We emphasize the

need for good writing skills to ensure that information is clear and concise for those who must follow a patient, not to obfuscate those who pay the bills.

RIGHT PROFESSIONAL SUPERVISED AT THE RIGHT LEVEL

Patients should receive care from the Right level of professional who will obtain the best outcome in the shortest amount of time. In most instances that is the Physical Therapist. It is easy to follow a law which states that all evaluations must be completed by a licensed Physical Therapist. That requirement is generally, but not always, followed. What happens to a patient after the initial evaluation is often problematic. Routinely, delegating follow-up interventions to a PTA or Aide may not ensure that the highest level of care will always be provided.

State laws often specify levels of supervision. What drives your decision to delegate? Do you delegate only when you believe that there will not be diminution of quality and outcome because you know the skills of the individual to whom you are entrusting care, or do you delegate because is it a policy set to maximize income? Do you supervise based on your assessment of the consumer and ongoing dialogue with the PTA, or because there is a law which may or may not be enforced? Are you rolling the enforcement dice every time that you delegate care?

Patients should have a choice regarding the level of professional that they see. In addition, they should be able to clearly distinguish the skill sets. If not, why should payers pay the same amount for the services of a PT, PTA or even an Aide? It is patently dishonest to creatively document services

which you have delegated as if you provided them. We should not have to make laws to specify exact language for documentation. We must address this issue before others promulgate regulations or directives to address these issues.

BILLING RIGHT AMOUNT

Lastly, billing the Right amount. Here you are on your own. Do you bill what the market will bear or will reimburse (a contradiction in terms), or do you bill based on the amount of time and level of complexity? Do you stretch minutes to make up units or do you withhold interventions that would produce better outcomes because of some artificial cap on services or units? How much *pro bono* service did you provide in 2010? What did it actually cost to provide services to the cadre of patients you saw? There are no laws which really address costs or how healthcare costs will be contained. Charging the right amount is the answer. You and only you know the right amount.

The Six R's are the right thing to do. There are laws which address some issues, but in most instances there are no laws. The Six R's will not be popular and many will declare that they are impossible to achieve in the current environment. I believe that we can come closer than we have been. It would be a pleasure to have State Boards have one role only: Licensing Professionals. Ethical behavior would preclude any need for more specific laws. We can do it, one professional at a time. Let's give it a try. Happy New Year.

—Senora Simpson, DPH, PT
Chairperson
Board of Physical Therapy

IT IS TIME TO RENEW YOUR LICENSE!

All licensees will be able to begin to access renewal forms online beginning in October 2010.

Please remember that only CEUs obtained in the two years immediately preceding the renewal date will be accepted. You are to have completed 40 CEUs at the time of renewal.

CEUs are not required for those who are first-time renewal applicants who were licensed by exam or were enrolled in an approved training program during any part of the two-year period prior to approval.

All licenses expire on January 31, 2011. The renewal period will end midnight January 31, 2011. The Board of Physical Therapy will conduct a random CEU audit immediately following the renewal period.

Paid Inactive Status

If you intend to retire your license, or if you would like to place your license on Inactive Status, you must explicitly inform the Board of your intention before the renewal date expires. If you fail to pay renewal fees on time, your license is not inactive; it is delinquent (expired). It is unlawful to practice as a Physical Therapist while your license is delinquent/expired.

YOU MAY RENEW YOUR LICENSE ONLINE AT WWW.HPLA.DOH.DC.GOV

TO RENEW ONLINE YOU MUST USE INTERNET EXPLORER 6.0 OR HIGHER AND PAY BY MASTERCARD OR VISA. OUR SYSTEM IS NOT COMPATIBLE WITH MOZILLA FIREFOX, GOOGLE CHROME OR SAFARI.

FOR NEW USERS: You must register to select a User ID and Password. In order to uniquely identify yourself to register to use our online application, you need to have your SSN handy and your last name (as it appears on your application/renewal notice or Weblookup) for an easy and quick registration. For existing users, you need to click on the log-in button and proceed from there with your User ID and Password.

Before you log-on to our website, please have these items available:

- ☐ Your Social Security number
- ☐ Your Visa or MasterCard, in order to pay your renewal fee of \$179 online.

WHEN YOU ARE READY TO LOG-ON TO OUR WEBSITE:

- Enter www.hpla.doh.dc.gov into the address field of your web browser
 - ☐ Click on Online License Renewal
 - ☐ Type in your Social Security number and last name and click on "Search" tab
 - ☐ At the Registration page, you must create a User ID and Password
 - ☐ Type in your newly-created User ID and Password and follow the step-by-step instructions to complete the renewal process.
- Please be sure to print out a copy of the "Confirmation Page" for your records.

AFTER YOU FINISH THE ON-LINE RENEWAL AT OUR WEBSITE, SEND US:

- If you do not currently have a photo on your license, you will need to send TWO (2) 2"x2" photos of yourself (identical passport-size photos; plain background, front-view, fade-proof), and write on the back of the photos your full name and license number or Social Security number.

• IF YOU ANSWER "YES" TO THE QUESTION IN "SECTION 6", PLEASE MAIL THE SUPPORTING DOCUMENT(S).

- Mail the items to: HPLA - ATTN: Physical Therapy Renewal
717-14th Street NW, 6th Floor
Washington, DC 20005

- After 24 hours, you may verify your completed renewal at:
<http://hpla.doh.dc.gov/weblookup>

NOTE: You are not required to submit proof of having met your CEU credit requirement with your renewal at this time. CEUs ARE NOT REQUIRED FOR FIRST RENEWAL.

TO REQUEST A PAPER RENEWAL APPLICATION OR APPLY FOR PAID INACTIVE STATUS, PLEASE VISIT OUR WEBSITE AT WWW.HPLA.DOH.DC.GOV OR CALL 1-877-672-2174 BETWEEN THE HOURS OF 8:15 AM AND 4:40 PM EST - MONDAY THROUGH FRIDAY.

HONESTY IS THE BEST POLICY: REPORTING DWIs, DUIs, AND OWIs

by Melissa Musiker, MPP, RD, LD

According to a 2009 National Highway Transportation Safety Administration report, in 2008, an estimated 11,773 people died in drunk driving crashes involving a driver with an illegal (0.08 or greater) Blood Alcohol Content (BAC). These deaths constitute 31.6 percent of the 37,261 total traffic fatalities in 2008. There are increasing reports of people who think “driving while buzzed” is not as dangerous as driving while intoxicated. This is not the case. In Washington, DC any amount of drinking and driving can be cause for legal action.

Washington, DC has three different types of “drunk driving” violations:

1. **Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
2. **Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle “under the influence of alcohol” and this can mean a blood alcohol level as low as 0.05 or if you show that you are impaired by alcohol to an “appreciable degree.”
3. **Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

Most people are probably familiar with DWI and DUI, however they may not be aware of the OWI law in DC. One need not have an illegal BAC or fail a field sobriety test to be convicted of an OWI. OWI is the easiest of the three types of “drunk driving” violations for a prosecutor to prove and as a result the penalties for an OWI conviction are lighter than those for a DUI or DWI.

Question 7b on the application for licensure asks if you have ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations). Despite the low threshold for proof, an OWI conviction or investigation must be reported on your application for licensure. The Board takes an OWI conviction just as seriously as we would a conviction for a DWI or DUI. Answering “yes” to question 7b is not cause for automatic exclusion from licensure. Each application for licensure that has a “yes” to question 7b is reviewed individually. As always, honesty is the best policy.

IMPAIRED OPERATION OF A VEHICLE: PLEASE NOTE THAT, IN ADDITION TO ALCOHOL, IMPAIRMENT CAN ALSO BE CAUSED BY LEGALLY-OBTAINED MEDICATIONS OR ILLEGAL SUBSTANCES.

LICENSEES: HELP US TO STAY IN TOUCH WITH YOU!

THE PT BOARD NEEDS YOUR EMAIL ADDRESS.

Send us your email address so that we will be able to deliver the newsletter electronically.

PLEASE SEND AN EMAIL TO
GABRIELLE.SCHULTZ@DC.GOV

*Please provide your full name and license type.
Place “PT NEWSLETTER” in the subject line.*

APPLY TO SERVE ON THE BOARD

Community service is one of the highest forms of citizenship. Please consider serving on the Board of Physical Therapy. If you are a District of Columbia resident interested in serving on the Board of Physical Therapy, please contact the DC Office of Boards and Commissions (OBC). Go online at:

www.obc.dc.gov

There you may download an application. You may also contact the Office of Boards and Commissions at: (202) 727-1372.

RESPONSIBILITIES OF PHYSICAL THERAPISTS WHEN UTILIZING PHYSICAL THERAPIST ASSISTANTS (PTAs)

According to the APTA HOD P06-05-18-26, Physical Therapists have a primary responsibility to protect public safety when they maximize the availability of their services to the public. Therefore, it is useful to periodically review the responsibilities incumbent upon physical therapists when utilizing physical therapist assistants (PTAs). Inadequate supervision of physical therapist assistants, students and aides can damage the reputation and public trust so integral to the code of ethics for physical therapists.

Direction and supervision are both essential elements of practice and providing high quality care in the provision of physical therapy services. Perhaps most important to note is that supervision and direction of physical therapist assistants can only be provided, under law, by physical therapists. Otherwise, the degree of supervision and the amount of direction is dependent upon many factors including:

- State Statutes – area of jurisdiction
- Setting of care
- Predictability of outcomes and consequences
- Patient criticality, stability and complexity
- Specific education, training, experience and skill level of person being supervised

Likewise, the physical therapist must always bear the sole responsibility for:

- Interpretation of referrals
- Initial evaluation and all re-evaluations
- Development and modification of any treatment plans
- Determining when care must be personally delivered or can be handed over to utilization of students, assistants and aides
- Establishment of discharge plans and status
- Oversight of all documentation related to care and services rendered

Specific to practice in the District of Columbia, physical therapist assistants, aides and first-time applicants are unlicensed and, as such, direct supervision is required. Pursuant to DC Official Code 3-1205.14 (26) (2001) and DCMR 6710.12, all treatment notes for Physical Therapist Assistants, as well as therapy aides and first-time applicants for Physical Therapy need to be co-signed by a licensed Physical Therapist. Failure to be diligent in reviewing and co-signing documentation does not adhere to acceptable standards of conduct and prevailing practice and leaves the licensed Physical Therapist open to the disciplinary process. Co-signing documentation also helps to ensure that the supervising and primary therapist is aware on a daily basis of the status, condition and progress of the therapist's patients and can facilitate the communication and continuity of care process. The therapist has a greater and more real time awareness of the patient's progress or lack thereof, making modifications or adjustments to the plan of care more timely and meaningful. The aide, physical therapist assistant or first-time applicant, being aware that notes are being read and co-signed daily, will be more diligent and thorough in their documentation of treatment rendered, response to treatment and progress being made toward treatment goals. It is believed that the co-signing process will also facilitate the learning process for first-time applicants as well as aides who may be in school working toward advanced degrees in the field.

In summary, it is critical to conform to the standards of acceptable conduct and prevailing practice as set forth in DC Official Code 3-1205.14, and DCMR 6710.12. Not only does adhering to this standard prevent exposure to the disciplinary process pursuant to DC Official Code 3.1205.14 but it enhances the quality of care provided to patients in the District of Columbia. The code as written is meant to also facilitate the education, supervision and professional development of unlicensed physical therapy providers (Physical Therapist Assistants, aides and first-time applicants) in the District of Columbia.

Respectfully submitted by
Jayne Biafore, PT
License number 2508
20 June 2010

2010 PT BOARD FORUM:

STAYING OUT OF TROUBLE— GUIDES TO ETHICAL & PRODUCTIVE PRACTICE



Board Chair Dr. Senora Simpson &
DCAPTA President Allison Lichy.

HAPPY LEGS

Earn CEU Credits at
www.HAPPYLEGS.org

The Saving Legs Project (TSLP) is an initiative of the UNIVERSITY OF THE DISTRICT OF COLUMBIA RESEARCH INFRASTRUCTURE IN MINORITY INSTITUTIONS (RIMI) and the DC Health Professional Licensing Administration.

This course is **FREE**
for all healthcare
clinicians licensed in DC.

Its purpose is to offer an **ONLINE COURSE** to increase clinicians' knowledge and skill regarding use of the **ANKLE BRACHIAL INDEX (ABI)** to identify and guide clinical management of **lower extremity Peripheral Arterial Disease (PAD)**.

In October 2010, the DC Board of Physical Therapy presented its eleventh annual forum and celebration of PT month at the Howard University College of Medicine.

"Happy Legs"

The program opened with professor **Emmanuel B. John, BScPT, PhD**, informing attendees about the "Happy Legs" program (see box at left), a project funded by a research grant from



Emmanuel John,
BScPT, PhD



Sheila Nicholson
& Sherry Pataky

the University of the District of Columbia Research Infrastructure in Minority Institutions (RIMI), and a matching grant from the Health Professional Licensing Administration of the District of Columbia Department of Health.

This program was developed to address health care disparities in DC. Dr. John is a Co-Investigator on the project as well as an Assistant Professor & Director of the Motor Control & Neuromuscular Performance Laboratory within the Howard University Department of Physical Therapy.

Are You Prepared for a Law Suit?

The keynote speakers offered an eye-opening look at PT malpractice cases and how PTs can improve their chances of mounting a good defense by following PT Guidelines. Professional, ethical practice is key; the speakers pointed out that a PT can lose a case even if there is proof that the original malpractice charge was unfounded. If you destroy or falsify documentation, your

credibility is lost.

The speakers were attorney **Sheila K. Nicholson, PT, Esquire, MBA, MA**, who is Partner at the law firm Quintairos, Prieto, Wood & Boyer, P.A. The other keynote was **Shari Pataky**, the Vice President of the Healthcare Division at Aon Affinity Insurance Services.

Atty. Nicholson told attendees: "Documentation is your best friend. When I started in 1984, you didn't hear much of PTs being sued. Now PTs are the named person in the allegation." She reviewed the definition of negligence, and brought home a point by having the audience think about if she was "negligent" as a speaker: No speaker can give an audience the totality of all there is to know about a subject, but it is possible that they could provide false information. As a speaker, she could practice her craft of speaking in a way that is not responsible: "If I throw the microphone at an audience member, I am not acting as a responsible person."



Guide to PT Practice

In deposition, you may be asked: "Have you ever heard of the APTA Guide to PT Practice? If you say 'No,' what does that do for your credibility?"

Professional negligence is not performing your duties within the standard of care. "Not doing what a reasonable prudent PT/PTA would do," Ms. Nicholson said. "The guide is here to stay, you better embrace it." (See www.apta.org)

Ms. Pataky added that if you show total ignorance of the APTA

Guide to PT Practice: "You are not defensible. Your credibility is shot."

She urged PTs to stay abreast of changes in the law. She noted that The Centers for Medicare & Medicaid Services (CMS) has changed the rules (the Long-Term Care assessment tool, the Minimum Data Set form version 3.0, is finally in use after 7 years of development). The new rules say "no more dovetailing of clients" (working with one patient while other patient rests).

The speakers discussed a case in which a PT was

sued for assault and battery when the PT turned an osteo patient in bed and the patient's leg was fractured.

Written Consent and Need for a Witness to Treatment

Ms. Nicholson asked important questions: "Do you get informed consent before every treatment? Do you ask if medications have changed?"

Some audience members balked at getting a written consent at every visit. "It's just not practical," someone said. "It must be written," Ms. Pataky told participants.

"If it is not documented, it didn't happen. When you are in court, and asked if you got permission to do that treatment, you need documentation. At least get an initial."

Ms. Pataky had a particular warning for male PTs: "When there is a malpractice suit involving sexual boundaries, virtually all allegations are filed against men. Guys, you need to be careful. It is the patient's body. If there is any inclination that person is not comfortable—get a 3rd person in there. A witness, to protect yourself."



Delegation

When there is supervision, the PT can be held liable for anything subordinates do.

The speakers discussed a case where a PT paid a \$250,000 settlement because he or she didn't have a defensible case. There was a lack of PTA supervision. The patient was injured during a visit with PTA, and PT was not on the premises.

"Medicaid would not pay—you cannot be open with just a PTA on duty; the PT has to be there." The supervisor knew about it and allowed it.

When an individual files a law suit these days, they don't just sue one person, they sue the PTA, the supervising PT, and the owner of the practice. Likewise, the licensing Board

will investigate up the chain of command. "[As supervisor,] you should have known," Ms. Pataky said.

Timely Documentation

"How many of you like documentation?" Atty. Nicholson asked attendees with a laugh. Not many healthcare professionals actually enjoy the process of documentation. However, it is of paramount importance: "It is what we use to defend you."

Be sure to document in a timely manner. "You've got to do it contemporaneously. Do it today, not when you come in the following morning. Something could happen overnight."

What would happen if you got sued (especially if you didn't have insurance

and had defense lawyers to pay)? What would be the first step in mounting your defense? You would need to provide the lawyers with documentation.

Your attorneys would need documentation, because without it they would not be able to defend you. They also would not be able to defend you if you had poor documentation—or if you altered or destroyed documentation.

Atty. Nicholson said: "Plaintiff's attorneys get paid on contingency." Good documentation can prevent the claim from being filed. The plaintiff's attorney may not want to take a case if the PT in question has professional standards and excellent documentation.

Do The Right Thing

PT Board Chair Dr. Senora Simpson urged participants to take the information presented to heart: "This is information so you can do the right thing," she said. "We see some of this every month." She told attendees that all state Boards, as well as the District's Board, share public board orders with other states, via their website or newsletter. "This is a plea for you to hold our profession high," she said.

She reminded PTs and PTAs to follow the APTA Code of Ethics, and noted that licenses will be audited regarding the continuing education obtained between renewal dates, and she added: "Don't make the Board rich by lying."



WHAT IS MEDICAL MALPRACTICE?

Definition: Negligence or failure to provide the degree of care required of a professional under the scope of license resulting in injury, death or damage.





INDIVIDUAL LIABILITY

- Professional Malpractice
- General Negligence
- Abuse/Neglect
- Assault/Battery
- Informed Consent
- Breach of Confidentiality/Promise (HIPPA)
- Defamation/Slander/Libel
- Discrimination
- Fraud/Misrepresentation



WHAT CONSTITUTES MALPRACTICE?

4 ELEMENTS OF MALPRACTICE

- Duty
 - Standard of care
- Breach of Duty
 - Duty or standard of care not followed
- Cause
 - Role that breach of duty played in the patient suffering harm
- Harm
 - Damages



Visit the Board's webpage.
Go to www.hpla.doh.dc.gov

APTA OFFICERS SPEAK WITH PT BOARD

DISCUSS INTRAMUSCULAR THERAPY (IMT) & ATHLETIC/PERSONAL TRAINING BILL

Jan Dommerholt PT, MS/MPS, DDT, DAAPM gave a presentation to PT Board Members, staff and public attendees on the topic of Intramuscular Therapy (IMT)/"Dry Needling". This presentation provided background information on the practice of IMT and created dialogue with meeting attendees on the education and training that is required for this practice.



Above: Jan Dommerholt, PT, MS/MPS, DDT, DAAPM; Justin Elliot, Government Relations, APTA-DC; Alison Lichy, President of APTA-DC, PT, DDT, NCS; and Kurt Vander Schalie, PT, MS, PT, OCS, Secretary, APTA-DC.



Justin Elliot, Government Relations, and Alison Lichy, President, both of APTA-DC Chapter, presented comment and recommended changes for the Athletic Training and Personal Training Bill.

2009 PT BOARD FORUM: **CONTINUED COMPETENCE—CAN THE PUBLIC DEPEND ON YOU?**

According to speaker Mark Lane, continued competence (CC) is a component of being a professional and the responsibility of every PT. Continued competence and continuing education are not the same thing: CE is just one tool of continued competence. APTA's online tool called "aPTitude" can assist PTs with tracking their CC activities. Use it to search for and find CC offerings, to track status from multiple states and to release your information to your licensing board. (<https://beta.fsbpt.net./aptitude>)



PT Board Leadership Award for Direct Access advocate, DC Councilmember David Catania (accepted by Committee Director Jennifer Hutchinson).



PT Board Member Pamela L. Robinson.



Speaker Mark Lane, PT, VP of the Federation of State Boards of PT.



PT Board Chair Senora Simpson advises members of small group.



PT Board Member Beverly J. Gordon leads small group discussion.

BOARD ORDERS

2010 Orders

Reprimanded

Biafore, Jayne (03/16/2010) - The physical therapist was fined and required to submit an article to the Board due to failure to properly co-sign documentation of a physical therapist assistant.

Co, Christian (12/08/2009) - The physical therapist was fined and required to complete additional continuing education due to failing to comply with the continuing education requirements for renewal of a license.

Eason, Deshon (05/22/2010) - The physical therapist was fined and required to complete additional continuing education due to failing to comply with the continuing education requirements for renewal of a license.

Ogunjuyigbe, Olumide (12/9/2009) - The physical therapist was fined and required to complete additional continuing education due to failing to comply with the continuing education requirements for renewal of a license.

Singh, Sujata (04/07/2010) - The physical therapist was fined and required to complete additional continuing education due to failing to comply with the continuing education requirements for renewal of a license.

PUBLIC VS. NON-PUBLIC BOARD DISCIPLINE

PUBLIC DISCIPLINE

Disciplinary actions that are reported to the National Practitioners Data Bank and viewed at <http://app.hpla.doh.dc.gov/weblookup/>.

NON-PUBLIC DISCIPLINE

Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.

JURISPRUDENCE EXAM

The Federation of State Boards of Physical Therapy (FSBPT) assisted in the development and administers the National Physical Therapy Examination (NPTE) for both physical therapists and physical therapist assistants in 53 jurisdictions— the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. Currently, FSBPT offers jurisprudence exams for Alabama, Arizona, California, District of Columbia, Georgia, Florida and Nebraska.

For more information, go online at:
www.fsbpt.org

WHEN YOU MOVE (OR CHANGE YOUR NAME)

Licensees sometimes forget to inform the Board of Physical Therapy when they move or change names. If we do not have your current address, you may not receive your renewal mailing because we may send it to your former address. **All name and address changes must be submitted in writing to our office within 30 days of the change.** Failure to do so may result in a \$100 fine per section 16A DCMR § 3201.1 (d). Please include your name, address, Social Security number, and license number, if you know it. If you have a name change, you must also enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change. Fax your request to (202) 727-8471, or mail your name and address change to:

DC Board of Physical Therapy
Attn: Processing Department
Address/Name Change
717 14th Street, NW
Suite 600
Washington, DC 20005

GWU GRAD STUDENTS SPEAK WITH BOARD ABOUT PHYSICAL THERAPY PRACTICE & LICENSURE ISSUES



Graduate students from The George Washington University Physical Therapy doctoral program attended the Open Session of the November 2010 meeting of the Board of Physical Therapy. The students had the opportunity to ask Board members about practice issues, the regulatory process and licensure.

BOARD VS. ASSOCIATION

PT Board Chair, Dr. Senora Simpson, began by talking to the students about the difference between an association and a state board. "Know the difference," she said. APTA [American Physical Therapy Association] protects the profession. The Board protects the public. Those are "two different playing fields."

(continued on page 13)

STUDENTS AND MEMBERS OF THE PUBLIC ARE INVITED TO ATTEND THE OPEN SESSION OF PT BOARD MEETINGS



Questions?
Contact Health Licensing Specialist Gabrielle Schultz with your licensure concerns or with suggestions for improving our website. Contact info on back page.

THE BOARD OF PHYSICAL THERAPY REGULATES THE PRACTICE OF PHYSICAL THERAPY IN DC.

The Board advises the Mayor and administers and enforces the law. The Board also evaluates applicants' qualifications, administers exams, and recommends standards and procedures. Moreover, the Board issues licenses, receives and reviews complaints, requests investigations, conducts hearings, issues subpoenas, and examines witnesses and administers oaths, and issues an annual report.

(Source: www.hpla.doh.dc.gov)

Know the regulations of the state in which you practice. Rules differ across state lines (for supervision, for example).

The Board reviews licensure applications, receives complaints and requests investigations when warranted. Board members are PTs currently in practice: "We have our Board meetings late in day so members can practice," Dr. Simpson told students. Board members, not just HPLA staff, review PT licensure applications. Dr. Simpson spoke with the students about the CE requirement and the process of developing new regulations. Executive Director Bonnie Rampersaud spoke about the new Criminal Background Check going into effect (see page 3 of this newsletter).

Dr. Simpson noted that there is a Physical Therapist Assistant vacancy on the Board, and a seat for a Consumer Member. "If you have a client who would like to be a consumer member," she said, that individual may apply through the DC Office of Boards and Commissions (www.obc.dc.gov.)

All Board members serve on a volunteer basis.

STUDENT QUESTIONS

HOW OFTEN DOES THE BOARD COMPEL VARIOUS LICENSEES TO COME BEFORE THE BOARD DUE TO UNETHICAL BEHAVIOR?

Approximately 3 to 4 times a year, someone is asked to appear before the Board due to alleged unethical practice. Board Member Chris Cousins told the students that being called in is not an automatic consequence after a complaint is filed. There will be preliminary Board contact with the PT or PTA (in an attempt to address the matter) before the individual may be requested to speak to the Board in person. In the months of February and March following a renewal deadline, licensees selected during the Continuing Education audit are brought before the Board if they have not submitted documentation when asked to do so.

ARE THE REGULATIONS AVAILABLE FOR REVIEW BY STUDENTS AND PTs?

The regulations are online, on our website, at www.hpla.doh.dc.gov.

HOW DO YOU KNOW WHAT RULES AND REGULATIONS TO CREATE?

Rules are driven by violations of PT ethical standards. If a circumstance is breached and we find it is occurring over and over the Board takes action. We are here to protect the public. For instance, the Board was approached to address the issue of dry needling; a member of the public wanted to ensure that it is being done so in a safe manner. Another example is the ill-defined professional designation of the personal trainer. "Some of them think they are PTs, or imply it," Dr. Simpson said. "Our law says you cannot use PT unless you are licensed."

IMPORTANCE OF DOCUMENTATION

Board Investigator Mark Donatelli informed the students about the mission of the investigative unit: "We are a neutral party. We don't provide opinions; we provide the facts. We subpoena PT records and may act as a witness at a hearing." What do the students need if they ever are under investigation when they begin to practice? "Documentation!" the students said in unison.

VOLUNTEERING: "A MOST REWARDING WAY TO GIVE BACK"

Dr. Simpson, who has been in practice for 52 years, described herself to students as "the oldest practicing therapist." She said the PT profession has changed immensely since she began: "We were a Bachelor's degree level profession. Could not take the patient out of parallel bars without doctor's orders."

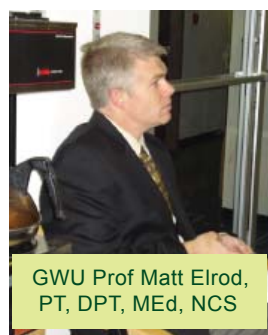
Dr. Simpson has worked for the federal government and in private practice. When she had child with developmental disabilities, she began volunteering in the areas of treatment and access.

"Volunteering leads to more volunteering. It has really been rewarding. If you are interested in being a future board member, begin volunteering. I am still active in APTA, and the Federation to see what other states are doing."

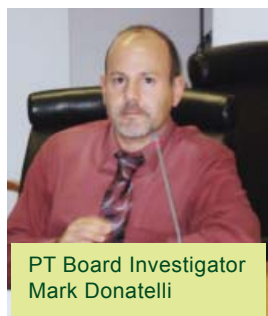
"Students are my passion," Dr. Simpson said; she teaches at Howard University. "You will be on the doctoral level. Stop using those first names. Patients can mix up the PT with the PTAs and aides."



Licensing Specialist
Gabrielle Schultz

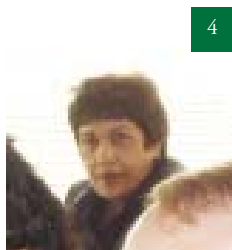


GWU Prof Matt Elrod,
PT, DPT, MEd, NCS



PT Board Investigator
Mark Donatelli

BOARD CHAIRS MEET WITH HOSPITAL ADMINISTRATORS AT DCHA



TO PROTECT OUR CITIZENS AND VISITORS

On July 14, 2010, Board Chairpersons and staff members from the Health Professional Licensing Administration (HPLA) met at the DC Hospital Association (DCHA) office to discuss the changes made in the HORA (Health Occupations Revision Act), and other items, with administrators from District of Columbia hospitals (human resource and compliance departments).

Topics included the DOs and DON'Ts of regulation, the purpose of licensure, the hiring process, in-service/in-house training, what the boards require, and reporting.

HPLA Board attorneys were on hand to answer questions, as well as Senior Deputy Director Feseha Woldu and Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied and Behavior Health.

Bills passed in 2009:

"Practice of Occupational Therapy Amendment Act of 2009"

"Practice of Polysomnography Amendment Act of 2009"

"Practice of Professional Counseling and Addiction Counseling Amendment Act of 2009"

"Practice of Psychology Amendment Act of 2009"

"Practice of Dentistry Amendment Act of 2009"

"Practice of Podiatry Amendment Act of 2009"

"Practice of Massage Therapy Amendment Act of 2009"

"Practice of Nursing Amendment Act of 2009"

"Practice of Medicine and Naturopathic Amendment Act of 2009", and the

"Health Occupations Revision Act General Amendment Act of 2009."

Photos:

- 1) HPLA/DCHA meeting begins at DC Hospital Association Board Room.
- 2) Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied Health and Behavioral Health.
- 3-4) District of Columbia Hospital Representatives.
- 5) HPLA Attorney Van Brathwaite, HPLA Attorney Tonia Bair, Occupational Therapy Board Chair Frank Gainer.

CRIMINAL BACKGROUND CHECK FOR NEW APPLICANTS

Effective February 1, 2011, each new applicant for a health care license, registration or certification needs to obtain a criminal background check as part of the licensure process. The new rules are set forth in Title 17 of the District of Columbia Municipal Regulation Chapter 85. The cost will be fifty dollars (\$50) payable at the time the application is submitted. Applicants will need to start the process by going to the DC Metropolitan Police Department to have their fingerprints taken or, if applying from out-of-state, by obtaining a fingerprint card from the DC Health Regulation and Licensing Administration and having their fingerprints taken at the local or state police agency. The FBI will require 48 hours to conduct the Criminal Background Check. Adverse information will be reviewed by the Board of Physical Therapy.

BOARD CHAIRS MEET AT DCHA (CONTINUED)



6) Chair of the Board of Physical Therapy, Senora Simpson.

7) Chair of the Board of Occupational Therapy, Frank Gainer.

8) Meeting Facilitator, Acting Chair of the Board of Social Work, The Honorable Arlene Robinson (Retired), with HPLA Senior Deputy Director Feseha Woldu.

9) Chair of the Board of Psychology, Barbara Taylor Roberts.

10) Chair of the Board of Respiratory Care, Carolyn Williams.

11) District of Columbia Hospital Representatives.

12) DC Hospital Association Government Relations Analyst, Stephanie Jones.

13) Chair of the Board of Professional Counseling, Victoria Sardi, with Health Licensing Specialist Gabrielle Schultz.

14) Health Licensing Specialist Mavis Azariah, Health Licensing Specialist Fatima Abby, and Assistant Thelma Aboagye.

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed Physical Therapist, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have.

The letter must also include your address, so we may contact you as necessary and notify you of any findings.

PLEASE NOTE: You can print a complaint form from our website at www.hpla.doh.dc.gov

You should mail the complaint to:

DC Board of Physical Therapy
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 724-8471.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.



Government of the District of Columbia
Adrian M. Fenty, Mayor



Health Professional
Licensing Administration

Address

DC Board of Physical Therapy
717 14th Street, NW
Suite 600
Washington, DC 20005

Phone

(202) 724-8739

Webpage

www.hpla.doh.dc.gov

DC Government website

www.dc.gov

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Christopher K. Cousins, MPT, CSCS

Beverly J. Gordon, PT

Pamela L. Robinson, PT

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Pierre N.D. Vigilance, MD, MPH

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