

# **BOARD OF PHYSICAL THERAPY**

Department of Health Professions

Perimeter Center

9960 Mayland Drive, Suite 300

Henrico, Virginia 23233

Board Room #2, Second Floor

Friday, May 1, 2015

**10:00 a.m.**

## **AGENDA**

### **CALL TO ORDER**

### **ORDERING OF AGENDA**

#### **ACCEPTANCE OF MINUTES – Tab 1**

- Board Meeting – November 21, 2014
- Formal Hearing – November 21, 2014
- Formal Hearing – November 21, 2014

#### **INFORMAL CONFERENCES HELD – (Informational Purposes Only)**

- November 21, 2014

### **PUBLIC COMMENT**

#### **AGENCY DIRECTORS REPORT – Dr. David Brown, DC**

#### **EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn - Tab 2**

### **NEW BUSINESS**

- Legislative/Regulatory Reports– **Elaine Yeatts – Tab 3**
- Guidance Document for Auditing CE/Active Practice – **Tab 4**
- Licensure Compact Update – **Lisa R. Hahn**
- NC Dental Board vs. FTC Supreme Court Decision - **Discussion**

# Tab 1

**UNAPPROVED  
BOARD OF PHYSICAL THERAPY  
MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a board meeting on Friday, November 21, 2014 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #2, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Peggy Belmont, PT, President  
Melissa Wolff-Burke, PT, EdD, Vice-President  
Sarah Schmidt, PTA  
Michael Styron, PT, MBA  
Dixie Bowman, PT, DPT, EdD  
Dr. Allen R. Jones, Jr., PT, DPT  
Steve Lam, Citizen Member

**DHP STAFF PRESENT FOR THE MEETING:**

Lisa R. Hahn, Executive Director  
Lynne Helmick, Deputy Executive Director  
Missy Currier, Deputy Executive Director  
Jaimie Hoyle, Chief Deputy Director  
Elaine Yeatts, Senior Policy Analyst

**BOARD COUNSEL**

Erin Barrett, Assistant Attorney General

**QUORUM:**

With 7 members present, a quorum was established.

**GUEST PRESENT**

Heidi Herbst Paakkonen, MPA, FSBPT  
Ronald J. Seymour, PT, Ph.D., FSBPT  
Bunny May – VPTA, Ethics Committee

**CALLED TO ORDER**

Ms. Belmont, President, called the meeting to order at 9:05 a.m.

**ORDERING OF THE AGENDA**

The agenda was accepted as re-ordered.

**ACCEPTANCE OF MINUTES**

Upon a motion by Dr. Allen R. Jones, Jr. and properly seconded by Sarah Schmidt, the Board voted to accept the minutes of the August 6, 2014 board meeting. The motion passed unanimously.

## **PUBLIC COMMENT**

There was no public comment.

## **CHIEF DEPUTY DIRECTORS REPORT – Jaimie Hoyle**

Ms Hoyle shared that DHP had outsourced their Human Resource Department to the Department of Human Resource Management (DHRM) in an effort to streamline HR functions while realizing a significant cost savings to the Agency.

Ms. Hoyle spoke about the Governor's Task Force addressing the epidemic of overdose deaths in Virginia caused by prescriptions drugs and Heroin. She stated that several work groups will be meeting over the next month in order to adopt recommendations for the 2015 General Assembly.

Ms. Hoyle stated that Dr. Brown hopes to meet with all Agency Board members in an effort to become better acquainted in a one on one setting. She indicated that Peggy Belmont and Sarah Schmidt had the opportunities to meet with Dr. Brown prior to the board meeting.

## **PRESENTATION —aPTitude - Tracking Continuing Competence Heidi Herbst Paakkonen & Ron Seymour, FSBPT**

Heidi and Ron provided an overview on the FSBPT Continuing Competence (CC) Initiative and aPTitude and how it works and benefits the users. They demonstrated the licensee user experience and explained how Virginia might benefit from implementing aPTitude.

They explained that aPTitude is an online system to share CC information to Licensees; Vendors (providers of CC activities) and Jurisdiction boards. It provides and verifies current requirements, options and related information for any State that they are licensed; maintains records of completed activities; stores documentation for those activities; sets email reminders for due dates and license renewals.

For use by Jurisdictions; it was explained that they can run a custom Licensee Compliance Report at any time which would include:

- A report on licensees who have granted board access to records
- The report can be used for the entire audit/ compliance verification process
  - Reduce administrative burden for staff
  - The more **aPTitude** is utilized by licensees, the more effective it will be for audits/verifications
  - Other states are considering making compliance reporting mandatory through **aPTitude**

FSBPT offered to send a draft informational letter about aPTitude for the board to review. Once approved, FSBPT would email the letter to our licensees on behalf of the Board.

The Board responded very favorably to aPTitude and requested Erin Barrett, Board Council; review the wording in the regulations to see if any changes would be required in order to incorporate the tool. Ms. Hahn concluded that the board could pursue legislation if necessary.

## **BREAK**

The Board took a recess at 10:20 a.m. and reconvened at 10:30 a.m.

## **EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn**

### **FY15 Budget**

Ms. Hahn stated that the cash balance as of June 30, 2014 was \$288,153; the revenue for FY15 was \$37,895; the direct and allocated expenditures were \$149,288; the ending cash balance on September 30, 2014 was \$176,760. Ms. Hahn concluded that FY14 was a renewal year for revenue purposes and that the board was in good financial shape.

### **Licensee Statistics**

Ms. Hahn gave the following two year comparison and reported that the number of licensees increased by approximately 1000 during that time.

	<b>November 2014</b>	<b>November 2012</b>
■ PT's	<b>7,508</b>	<b>6,621</b>
■ PTA's	<b><u>3,012</u></b>	<b><u>2,619</u></b>
■ Total	<b>10,520</b>	<b>9,240</b>
■ DAccess	<b>992</b>	<b>697</b>

### **Discipline Statistics**

Ms. Hahn reported that as of November 6th, there were 19 open cases; 11 were in Investigations; 4 were at the probable cause level; 1 case was at the APD level; 1 case was at the Informal Conference level; and two cases were at the Formal level; and that 17 cases were being monitored for compliance.

**Virginia Performs (Q1 2015)**

Ms. Hahn reported the clearance rate was 73%. The age of our pending case load over 250 days was at 7%; the time to disposition is at 100% of cases closed within 250 days. The licensing standard of less than 30 days for issuance has been met 100% of the time, and the customer satisfaction rating was 94.3%.

**October 2014 NPTE Exam Results:**

**PT's**

	# took exam	# Passed	<sup>st</sup> 1 time test takers	Repeat test takers	# Failed	<sup>st</sup> 1 time testers
<b>US Applicants</b>	222	200	195	5	22	14
<b>Foreign applicants</b>	6	2	1	1	4	0
<b>Totals</b>	228	202	196	6	26	14

**2014 YTD Results:**

- Total of 490 US Applicants 2014 – 86.53% pass rate (424)
- Total of 18 Foreign Applicants – 22.22% pass rate (4)

**PTA's**

	# took Exam	# Passed	<sup>st</sup> 1 time test takers	Repeat test takers	# failed	<sup>st</sup> 1 time testers
<b>US applicants</b>	27	18	13	5	9	1
<b>Foreign applicants</b>	0	0	0	0	0	0

<b>Total</b>	27	18	13	5	9	1
<b>Pass Rate</b>	66.7%			33.33%		

**2014 YTD Results:**

- Total of 227 US Applicants – 83.7% pass rate (190)
- Total of 1 Foreign Applicant – 100% pass rate (1)

**VA PT and PTA Schools**

As promised during the last meeting Ms. Hahn disseminated a copy of the Jurisdiction School Report to the board members.

**Board Business**

**Share Point**

Ms. Hahn shared that the Pilot program has been discontinued as the process was not an effective and efficient way of sharing electronic information with board members. IT will continue to find alternative solutions.

**National Governor's Association (NGA) Policy Academy**

Ms. Hahn shared that she is still participating with the National Governor's Association (NGA) Policy Academy regarding Virginia Veterans Licensing and Certification regarding physical therapist assistants. They are focusing on streamlining the process by which veterans, transitioning from the military can convert the skills they have acquired in the military into various civilian occupations.

**Detailed Offenses**

Ms. Hahn provided information to the board as requested during the last meeting. Ms. Hahn explained that Ms. Helmick is tracking the information manually because the Licensing Software does not allow for maintaining the specific detailed records that the board would like to have. Ms. Hahn concluded that we would provide the list each quarter for the next year to determine if the information is helpful to the board but requested that they let the staff know if the information is no longer useful.

- For the 1<sup>st</sup> fiscal quarter (July-Sept) there were 3 PT cases closed with disciplinary action: 1 case involving breach of confidentiality, 1 involving CE, and 1 from an out of state order regarding aiding & abetting unlicensed activity.

- There were two cases closed at IFC with no disciplinary action. 1 case involved noncompliance with an out of state order relative to impairment monitoring. The other case involved records fraud.
- No cases were closed in October.

### **Miscellaneous Board Business**

Ms. Hahn shared the following information:

- The Board of Nursing (BON) is seeking legislation to require fingerprint background checks.
- Dr. Brown, Agency Director as well as the OAG and our IT Department are all in favor of the addition of a criminal history question on renewal forms. Although we missed the December 2014 renewal cycle, we will include the question during 2016 renewals.
- Department of Health Professions Biennial Report has been completed and is available on the website.
- Missy attended the VPTA meeting in October and presented to about 350 attendees, many students. Ms. Hahn heard that she did a great job!
- VPTA is making big efforts to eliminate Direct Access CE Renewal Requirement.

### **FSBPT**

Ms. Hahn shared the following information regarding FSBPT with the board:

- The lifetime test limit will go into effect as of January 1, 2016 (maximum of 6 times). All candidates who have not yet passed will receive a notice. An Appeal Process will be in place.
- The low score will go into effect as of January 1, 2016. The letter two scale scores at 400 or under will not be allowed to test again.
- She presented the following two sessions at FSBPT Annual Meeting in September:
  - FSBPT Performance Evaluation Tool (pilot) (Currently have 12 trainees participating)
  - Session regarding expanding scope of practice (Direct Access)
- Peggy Belmont and Sarah Schmidt will also give a report on the FSBPT Annual meeting later in the meeting.
- The initial work on the Licensure Compact Task Force is completed and the work has been given to the drafting team to develop the final report. Once this is drafted, Ms. Hahn will be reviewing the final report with the board.

### **Calendar**

Ms. Hahn provided the members with the 2015 meeting calendar:

- February 11<sup>th</sup>; May 8<sup>th</sup>; August 11<sup>th</sup>, and November 13<sup>th</sup>

## **NEW BUSINESS**

### **Regulatory Report – Elaine Yeatts**

Ms. Yeatts stated that the board had no regulatory actions pending.

### **Legislative Report – Elaine Yeatts**

Ms. Yeatts provided handouts summarizing 14 DHP Bills being sent to the 2015 General Assembly Session. She concluded that DHP should know the following week which ones would be approved to move forward.

### **FSBPT Annual Meeting Report – Peggy Belmont & Sarah Schmidt**

Ms. Belmont congratulated Ms. Hahn on receiving an Outstanding Service Award from the National Federation of State Boards of Physical Therapy (FSBPT) and shared how proud the Board was for all the hard work she does on the National Level as well as for the Board. Ms. Belmont stated how important it is to keep informed on what is going on nationally and shared some of the following topics discussions at the Annual Meeting:

- 1) **Telehealth** - This advancement in practice is imminent and the board needs to be prepared for it. Erin Barrett, Board Counsel stated that telehealth does exist in Virginia in certain practices and suggested that the board put the topic on a future agenda.
- 2) **Bridging Traineeships** - They are looking into schools offering refresher courses for someone coming back into the practice.
- 3) **Jurisprudence Assessment Tool** - Ms. Belmont shared her concern for therapists not knowing the Laws and Regulations and would like the board to consider if online jurisprudence testing would be reasonable. She stated FSBPT has the necessary tools.
- 4) **Dry Needling** - While other states seem to be struggling with the procedure, Virginia is on the leading edge.
- 5) **Criminal Background Checks** - Sarah Schmidt shared statistics regarding PT licensees having criminal history but who failed to disclose the information to their Boards.

### **Board of Health Professions Report – Dr. Allen R. Jones, Jr**

Dr. Jones stated that he was very impressed with the Board of Health Professions Staff and that he had attended two meetings; September 25<sup>th</sup> and November 6<sup>th</sup>. He stated that BHP is working

on a study for mid-level practitioners; military credentialing (transitioning into Virginia); and Telemedicine.

### **Elections**

Upon a motion by Dr. Allen R. Jones, Jr. and properly seconded by Michael Styron, the board voted to accept Michael Styron and Sarah Schmidt as the slate of Officers. The motion passed unanimously.

Upon a motion by Michael Styron and properly seconded by Dixie Bowman, the board voted on the election of Sarah Schmidt as Board President. The motion passed unanimously.

Upon a motion by Sarah Schmidt and properly seconded by Dixie Bowman, the board voted on the election of Michael Styron as Board Vice President. The motion passed unanimously.

### **ADJOURNMENT**

With all business concluded the meeting was adjourned at 12:00 p.m.

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Peggy H. Belmont, PT, President

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Lisa R. Hahn, MPA, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**DRAFT UNAPPROVED**

**VIRGINIA BOARD OF PHYSICAL THERAPY  
FORMAL ADMINISTRATIVE HEARING  
MINUTES**

**Friday, November 21, 2014  
12:30 P.M.**

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**Department of Health Professions  
9960 Mayland Drive, Suite #300  
Henrico, Virginia 23233**

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**CALL TO ORDER:** The Formal Hearing of the Board was called to order at 12:42 p.m.

**MEMBERS PRESENT:** Peggy Belmont, PT, Chair  
Michael Styron, PT, MBA  
Sarah Schmidt, P.T.A  
Melissa Wolff-Burke, PT, EdD  
Dixie Bowman, PT, DPT, EdD  
Allen Jones, Jr., PT, PhD.  
Steve Lam, Citizen Member

**BOARD COUNSEL:** Erin L. Barrett, Assistant Attorney General

**DHP STAFF PRESENT:** Missy Currier, Deputy Executive Director  
Lynne Helmick, Deputy Executive Director  
Kathy Petersen, Discipline Operations Manager

**COURT REPORTER:** Angela Pegram Court Reporting Services, LLC

**PARTIES ON BEHALF OF COMMONWEALTH:** David Kazzie, Adjudication Specialist

**COMMONWEALTH WITNESS:** Gayle Miller, Senior Investigator, DHP

**MATTER SCHEDULED:** Douglas Palmer, P.T. Reinstatement Applicant  
License No.: 2305-006111 - Suspended  
Case No.: 159156

**ESTABLISHMENT OF A QUORUM:**

With seven (7) members of the Board present, a quorum was established.

**DISCUSSION:**

Mr. Palmer appeared before the Board via video conference in accordance with the Board's Notice of Formal Hearing dated November 10, 2014. Mr. Palmer was not represented by counsel.

Mr. Palmer acknowledged he understood of the Order of Proceedings and stated it was his intent to proceed without counsel.

The Board received evidence and sworn testimony from the witness called by the Commonwealth, regarding the matters as set forth in the Statement of Particulars.

**CLOSED SESSION:**

Upon a motion by Dixie Bowman, and duly seconded by Michael Styron, the Board voted to convene a closed meeting at 1:46 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Douglas Palmer. Additionally, she moved that Ms. Barrett, Ms. Helmick, Ms. Petersen and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

**RECONVENE:**

Upon a motion by Dixie Bowman, and duly seconded by Michael Styron, the Board voted to reconvene at 2:55 p.m.

**CERTIFICATION:**

Dixie Bowman certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

**DECISION:**

Upon a motion by Sarah Schmidt and duly seconded by Michael Styron, the Board moved to continue this matter to a later date, so that all evidence may be adequately reviewed for consideration in this case.

**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The Board adjourned at 2:59 p.m.

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Peggy Belmont, PT, Chair

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Lisa R. Hahn, Executive Director

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Date

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Date

*DRAFT UNAPPROVED*

**VIRGINIA BOARD OF PHYSICAL THERAPY  
FORMAL ADMINISTRATIVE HEARING  
MINUTES**

**Friday, November 21, 2014  
2:00 P.M.**

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**Department of Health Professions  
9960 Mayland Drive, Suite #300  
Henrico, Virginia 23233**

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**CALL TO ORDER:** The Formal Hearing of the Board was called to order at 3:10 p.m.

**MEMBERS PRESENT:** Peggy Belmont, PT, Chair  
Sarah Schmidt, P.T.A  
Melissa Wolff-Burke, PT, EdD  
Allen Jones, Jr., PT, PhD.  
Steve Lam, Citizen Member

**BOARD COUNSEL:** Erin L. Barrett, Assistant Attorney General

**DHP STAFF PRESENT:** Missy Currier, Deputy Executive Director

**COURT REPORTER:** Angela Pegram Court Reporting Services, LLC

**PARTIES ON BEHALF OF COMMONWEALTH:** David Kazzie, Adjudication Specialist

**COMMONWEALTH WITNESS:** Lynne Helmick, Deputy Executive Director

**MATTER SCHEDULED:** Glenn A. Lucy, PTA  
License No.: 2306-001397  
Case No.: 153973

**ESTABLISHMENT OF A QUORUM:** With five (5) members of the Board present, a quorum was established.

**DISCUSSION:** Mr. Lucy did not appear before the Board in accordance with the Board's Notice of Formal Hearing dated October 23, 2014, and was not represented by counsel. Ms. Belmont noted that proper and adequate notice was given, the time was

3:10 p.m. and Mr. Lucy was not present. The Board proceeded with the hearing, they received evidence and sworn testimony from the parties called by the Commonwealth regarding the matters as set forth in the Statement of Particulars.

**CLOSED SESSION:**

Upon a motion by Melissa Wolff-Burke, and duly seconded by Allen Jones, Jr., the Board voted to convene a closed meeting at 3:20 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Glenn A. Lucy. Additionally, she moved that Ms. Barrett and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

**RECONVENE:**

Upon a motion by Melissa Wolff-Burke, and duly seconded by Sarah Schmidt, the Board voted to reconvene at 3:33 p.m.

**CERTIFICATION:**

Melissa Wolff-Burke certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

**DECISION:**

Upon a motion by Sarah Schmidt and duly seconded by Allen Jones, Jr., the Board moved to REVOKE the license of Glenn A. Lucy to practice as a physical therapist assistant in the Commonwealth of Virginia.

**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The Board adjourned at 3:35 p.m.

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Peggy Belmont, PT, Chair

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Lisa R. Hahn, Executive Director

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Date

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Date

# Tab 2

## Discipline Statistics

**As of 04/15/2015**

<b>Investigations</b>	<b>13</b>
<b>Probable Cause</b>	<b>7</b>
<b>APD</b>	<b>0</b>
<b>Informal Stage</b>	<b>3</b>
<b>Formal Stage</b>	<b>1</b>
<b>Total</b>	<b>24</b>

### **Monitoring:**

<b>PT Compliance Cases</b>	<b>15</b>
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## Licensure Count Report

As of April 15, 2015:

<b>Physical Therapists</b>	<b>6,821</b>
<b>Physical Therapist Assistants</b>	<b>2,806</b>
	<hr/>
	<b>9,627</b>
 <b>Direct Access Certification</b>	 <b>984</b>

# Virginia Department of Health Professions

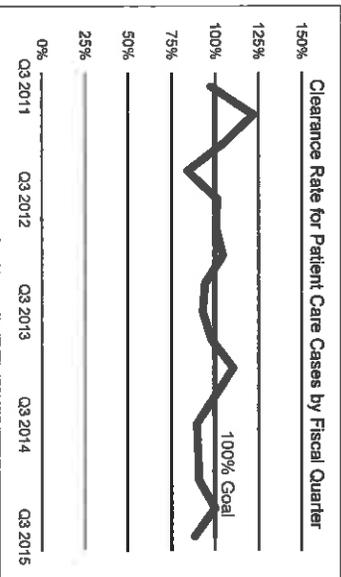
## Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q3 2011 - Q3 2015

DAVID E. BROWN, D.C.  
Director

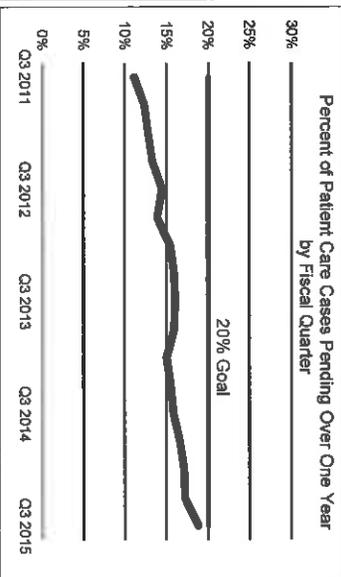
*"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."*  
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

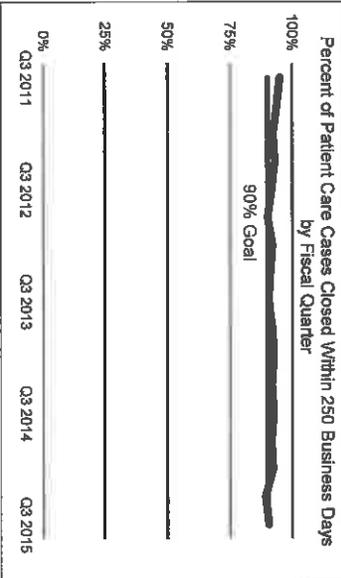
**Clearance Rate** - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 88%, with 906 patient care cases received and 800 closed.



**Age of Pending Caseload** - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. That goal continues to be achieved with 19% percent of patient care cases pending over 250 business days. For the last quarter shown, there were 2,591 patient care cases pending, with 487 pending over 250 business days.



**Time to Disposition** - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. The current quarter shows 91% percent of patient care cases being resolved within 250 business days with 787 cases closed and 712 closed within 250 business days.

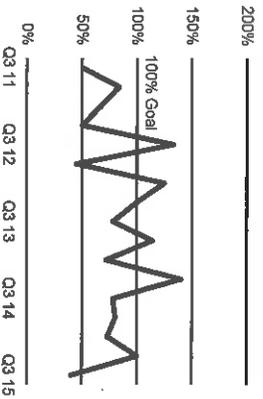


# Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

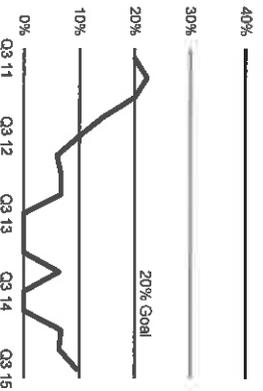
## Clearance Rate

**Physical Therapy** - In Q3 2015, the clearance rate was 40%, the Pending Caseload older than 250 business days was 10% and the percent closed within 250 business days was 100%.

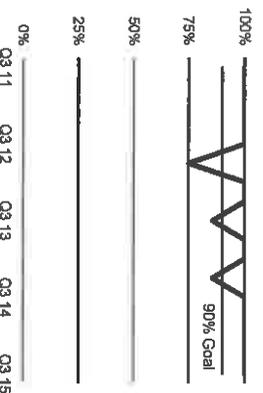
**Q3 2015 Caseloads:**  
 Received=10, Closed=4  
 Pending over 250 days=2  
 Closed within 250 days=4



## Age of Pending Caseload (percent of cases pending over one year)

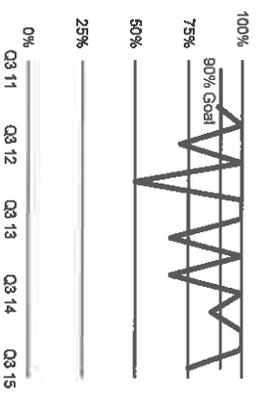
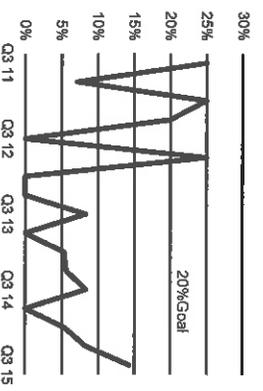
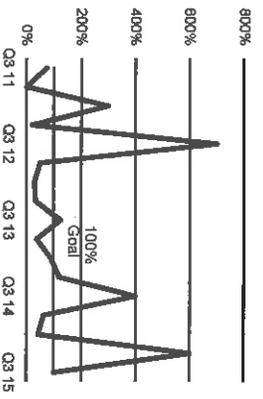


## Percent Closed in 250 Business Days



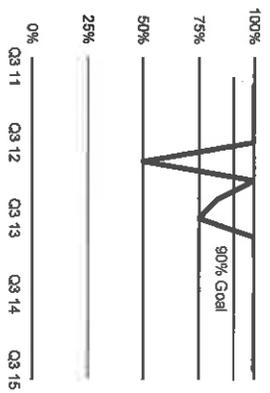
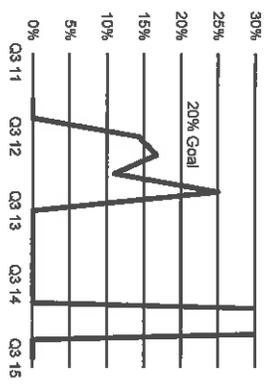
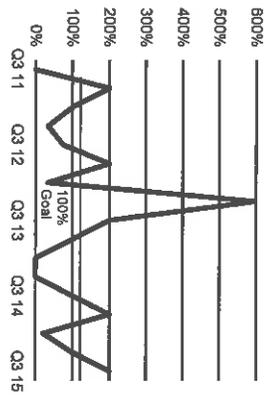
**Funeral** - In Q3 2015, the clearance rate was 100%, the Pending Caseload older than 250 business days was 14% and the percent closed within 250 business days was 75%.

**Q3 2015 Caseloads:**  
 Received=4, Closed=4  
 Pending over 250 days=2  
 Closed within 250 days=3



**Audiology** - In Q3 2015, the clearance rate was 200%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.

**Q3 2015 Caseloads:**  
 Received=1, Closed=2  
 Pending over 250 days=5  
 Closed within 250 days=2



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

**APPLICANT SATISFACTION SURVEY RESULTS**

**APPROVAL RATE**

FISCAL YEAR 2015, QUARTER ENDING 3/31/2015

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

\*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. An "n/a" is used if no response was received for that board during the specified timeframe.

Board	CURRENT											
	03/31/15	12/31/14	09/30/14	06/30/14	03/31/14	12/31/13	09/30/13	06/30/13	03/31/13	12/31/12	09/30/12	06/30/12
Audiology/Speech Pathology	100.0%	83.3%	89.6%	100.0%	100.0%	100.0%	85.7%	94.8%	100.0%	100.0%	97.0%	86.7%
Counseling	83.9%	91.1%	83.3%	92.8%	87.7%	83.2%	80.1%	76.3%	69.9%	78.0%	60.3%	74.5%
Dentistry	100.0%	91.7%	86.3%	88.9%	92.3%	95.9%	90.9%	94.7%	98.7%	94.1%	92.9%	93.7%
Funeral Directing	100.0%	100.0%	N/A	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Long Term Care Administrator	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	81.0%
Medicine	84.8%	81.2%	92.2%	95.0%	92.2%	91.8%	91.1%	87.5%	94.4%	86.2%	93.9%	95.4%
Nurse Aide	88.9%	97.3%	95.6%	100.0%	96.5%	99.7%	97.2%	99.1%	97.6%	96.8%	97.1%	97.5%
Nursing	98.1%	94.9%	95.6%	94.5%	94.5%	96.4%	94.3%	96.5%	94.4%	93.7%	95.7%	94.7%
Optometry	N/A	100.0%	100.0%	N/A	N/A	100.0%	100.0%	100.0%	n/a	n/a	n/a	100.0%
Pharmacy	100.0%	98.3%	98.8%	99.1%	97.6%	98.1%	97.7%	97.3%	97.5%	98.8%	97.5%	98.1%
Physical Therapy	100.0%	97.3%	94.3%	90.5%	100.0%	98.7%	96.9%	98.6%	100.0%	96.6%	95.3%	98.2%
Psychology	90.0%	76.8%	89.6%	96.0%	88.9%	92.6%	88.6%	99.1%	89.6%	78.7%	92.8%	90.2%
Social Work	90.7%	92.0%	92.0%	88.5%	95.8%	90.7%	86.6%	94.9%	84.7%	87.3%	84.2%	86.9%
Veterinary Medicine	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	93.3%	83.3%	100.0%	100.0%	98.7%
<b>AGENCY</b>	<b>95.1%</b>	<b>92.5%</b>	<b>94.2%</b>	<b>95.1%</b>	<b>94.2%</b>	<b>95.0%</b>	<b>93.6%</b>	<b>93.5%</b>	<b>93.5%</b>	<b>91.9%</b>	<b>94.7%</b>	<b>94.5%</b>

## Letter to the Governor on Dry Needling

**From:** Marshall Sager

**Received:** 4/12/2015 10:35 PM

**To:** yy EadPortalGovCr

**Subject:** Dry Needling

Dear Governor: The American Academy of Medical Acupuncture (AAMA), the premier organization of highly educated and qualified physician acupuncturists in North America, understands your State is currently considering or will be considering a request from your State's physical therapists to extend their scope of practice to include acupuncture under the guise of dry needling. The AAMA strongly opposes the practice of acupuncture by any person or group not specifically trained and comprehensively educated in acupuncture as a danger to public health and safety. Attached below is an explanation of our position. Sincerely, Marshall H. Sager, DO, FAAMA AAMA Past-President & Board Member

AAMA Policy on Dry-Needling

The American Academy of Medical Acupuncture (AAMA) is the premier North American organization of physician acupuncturists. The AAMA is committed to insuring public health and safety by ensuring that all persons practicing any type of medicine, including acupuncture, are properly trained and educated. It is imperative that courts and medical bodies maintain and preserve strict standards of education and training in acupuncture before any person undertakes inserting a needle into a patient. An ill-trained practitioner could, as a result of lack of education or ignorance, cause substantial medical injury. Acupuncture, like Western Medicine is a complex subject. It cannot be mastered in a weekend or in a month. All AAMA members in addition to four (4) years of medical school (MD or DO) must have 300 hours of didactic and clinical acupuncture education and training. A non-physician must have in excess of 2,000 hours of clinical and didactic education and training before they can become certified to treat patients in most states. Dry needling is the use of solid needles (contrasted with the use of hollow hypodermic needles that are used for injections) to treat muscle pain by stimulating and breaking muscular knots and bands. Unlike trigger point injections used for the same purpose, no anesthetics are used in dry needling. There is controversy regarding the definition of dry needling. Licensed medical physicians and licensed acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Other practitioners take the position that dry needling is different from acupuncture in that it is not a holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites. Dry needling is an invasive procedure. Needle length can range up to 4 inches in order to reach the affected muscles. The patient can develop painful bruises after the procedure and adverse sequelae may include hematoma, pneumothorax, nerve injury, vascular injury and infection. Post procedure analgesic medications may be necessary (usually over the counter medications are sufficient). There has been controversy in the United States as to who is qualified to practice dry needling. Since it is an invasive procedure using needles, many take the position that it should only be performed by licensed acupuncturists or licensed medical physicians (M.D. or D.O.). In Illinois, this sentiment was echoed by a decision to reverse legislation permitting physical therapists to perform dry needling. These and other practitioners were performing this procedure who are not

trained nor do they otherwise routinely use needles in their practices. Dry needling is an invasive procedure using acupuncture needles. Any invasive procedure has associated and potentially serious medical risks and is safe only if performed by a properly educated, trained and experienced health professional. Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists.

## **Board of Physical Therapy**

### **Guidance on Dry Needling in the Practice of Physical Therapy**

Upon recommendation from the Task Force on Dry Needling, the Board voted that dry needling is within the scope of practice of physical therapy but should only be practiced under the following conditions:

- Dry needling is not an entry level skill but an advanced procedure that requires additional training.
- A physical therapist using dry needling must complete at least 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills.
- The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention.
- Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.
- If dry needling is performed, a separate procedure note for each treatment is required, and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure.
- A patient consent form should be utilized and should clearly state that the patient is not receiving acupuncture. The consent form should include the risks and benefits of the technique, and the patient should receive a copy of the consent form. The consent form should contain the following explanation:

*Dry needling is a technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment.*

## Currier, Missy (DHP)

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**From:** Federation of State Boards of Physical Therapy <MDecker@fsbpt.org>  
**Sent:** Friday, December 20, 2013 2:33 PM  
**To:** Currier, Missy (DHP)  
**Subject:** Trigger Point Dry Needling and FDA Requirements

To view this email as a web page, go [here](#).



## Trigger Point Dry Needling and FDA Requirements

*December 20, 2013*

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### **Is the use of acupuncture needles by physical therapists for “trigger point dry needling” (TPDN) inconsistent with the United States Food and Drug Administration (FDA) requirements?**

As you are aware, the Federation of State Boards of Physical Therapy (FSBPT) and the various state boards are in receipt of a November 13, 2013 letter from the National Center for Acupuncture Safety and Integrity (NCASI) alleging, among other things, that physical therapists’ (PT) use of acupuncture needles in “trigger point dry needling” procedures, and various state boards’ determination that TPDN is within the physical therapist scope of practice, are inconsistent with the requirements for acupuncture needles under the Federal Food, Drug, and Cosmetic (FDC) Act, 21 U.S.C. § 301 et seq., and U.S. Food and Drug Administration (FDA) implementing regulations. NCASI also sent a similar letter to FDA itself.

FSBPT requested a legal analysis, from a law firm that does significant work on FDA regulatory issues, as to whether NCASI’s allegation against physical therapists and the physical therapy licensing boards has merit.

**Based on the legal analysis, we believe the allegation in the NCASI letter is without merit.**

When the FDA down-classified acupuncture needles and promulgated 21 C.F.R. § 880.5580, the FDA stated that acupuncture needles are for use by qualified practitioners of acupuncture as determined by the states. We believe, in doing this, the FDA was clearly signaling that it would not involve itself in determining who is a qualified practitioner to use acupuncture needles, leaving it to the states to decide.

This approach is consistent with the principle behind a provision within the FDC Act, the “practice of medicine” provision at 21 U.S.C. § 396. Healthcare practitioners are included within this “practice of medicine” provision. The provision states that nothing in the FDC Act shall be construed to limit or interfere with the authority of a healthcare practitioner to prescribe or administer any legally marketed device for any condition or disease within a

legitimate healthcare practitioner-patient relationship. The legislative history for this provision indicates that Congress intended to emphasize that FDA should not interfere in the practice of medicine.

We believe that state physical therapy boards are acting well within their state's rights as well as their legislatively mandated responsibilities to determine the allowed scope of practice for their licensees.

If your jurisdiction is being challenged on dry needling as a part of the scope of practice of physical therapy and have not already done so, please don't hesitate to contact Mark Lane or Leslie Adrian at 703-299-3100. We encourage each state physical therapy board to consult their board's legal counsel as to any specific opinions under their state law.

Distribution: FSBPT Board members and administrators

This email was sent to: [Missy.Currier@dhp.virginia.gov](mailto:Missy.Currier@dhp.virginia.gov)  
This email was sent by: Federation of State Boards of Physical Therapy  
104 West Street South Alexandria VA 22314  
[Unsubscribe](#)



# COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

*Department of Health Professions*  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1433

www.dhp.virginia.gov  
TEL (804) 367-4400  
FAX (804) 527-4413

**April 3, 2015**

Dear Licensees:

We want to inform all Physical Therapists and Physical Therapist Assistants about the Federation of State Boards of Physical Therapy (FSBPT) **aPTitude** System and how it can help you store and track continuing education (CE) activities. This new option is available to all licensees and the best news is that usage of aPTitude is **free** for licensees.

You can access aPTitude at <https://pt.fsbpt.net/aPTitude>. After creating a user account, you can start recording and tracking your CE activities in the system. After you record the activity, you must also upload the completion certificate. You can accomplish this by simply scanning or taking a picture of your completion certificate and uploading to aPTitude.

This is a great way to keep your CE certificates in one place and it can certainly help you if you are ever selected for a continuing education audit.

If you have any questions, please contact FSBPT at (703) 299-3100.

Sincerely,

Lisa R. Hahn, MPA, Executive Director  
Board of Physical Therapy

# Tab 3

## Report of the 2015 General Assembly

### **SB 776 Physical therapy; certain experience and referrals required to practice.**

*Chief patron:* Newman

### **HB 1457 Direct access to physical therapy.**

*Chief patron:* O'Bannon

*Summary as introduced:*

**Direct access to physical therapy.** Provides that a physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization may evaluate and treat patients for up to 30 days after an initial evaluation without a referral if (i) the patient is not receiving care from a licensed health care provider for the symptoms giving rise to the presentation at the time of his presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed health care provider at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a health care provider from whom he is currently receiving care, (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner, and (c) the physical therapist notifies the identified practitioner no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. The bill allows a physical therapist who has not completed a doctor of physical therapy program approved by the American Physical Therapy Association or received a certificate of authorization to conduct a one-time evaluation of a patient who has not met the criteria for evaluation and treatment without a referral and direction, provided the physical therapist does not provide treatment. The bill eliminates the requirement for continuing education for physical therapists who have received a certificate of authorization and eliminates the advisory committee established to consult with the Board of Physical Therapy in promulgating regulations for minimum education, training, and experience criteria. This bill is identical to SB 776.

04/15/15 Governor: Governor's recommendation adopted

04/15/15 House: Signed by Speaker as reenrolled

04/15/15 Senate: Signed by President as reenrolled

### **HB 1963 Health Professions, Department of; disclosure of confidential information.**

*Chief patron:* O'Bannon

*Summary as introduced:*

**Department of Health Professions; disclosure of confidential information.** Allows the Director of the Department of Health Professions to disclose information about a suspected violation of state or federal law or regulation to other agencies within the Health and Human Resources Secretariat or to federal law-enforcement agencies having jurisdiction over the suspected violation or to request an inspection or investigation of a licensee by such state or federal agency when the Director has reason to believe that a possible violation of federal or state law has occurred.

03/16/15 Governor: Acts of Assembly Chapter text (CHAP0114)

**HB 2063 Telemedicine services; provision of health care services.**

*Chief patron:* Kilgore

*Summary as passed House:*

**Telemedicine services; prescriptions.** Amends the definition of telemedicine services to encompass the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. The measure also provides that for the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when certain conditions are met. This bill is identical to SB 1227.

03/16/15 Governor: Acts of Assembly Chapter text (CHAP0115)

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VIRGINIA ACTS OF ASSEMBLY — CHAPTER

*An Act to amend and reenact §§ 54.1-3482 and 54.1-3482.1 of the Code of Virginia, relating to direct access to physical therapy.*

[H 1457]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3482 and 54.1-3482.1 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3482. Practice of physical therapy; certain experience and referrals required; physical therapist assistants.

A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner as authorized practicing in accordance with his practice protocol agreement, or a licensed physician assistant acting under the supervision of a licensed physician, except as provided in this section.

B. A physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than 14 30 consecutive business days after an initial evaluation without a referral under the following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the presentation to the physical therapist for physical therapy services or (ii) the patient at the time of presentation to a physical therapist for physical therapy services is not being currently cared for, as attested to in writing by the patient, by is receiving care from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement, or a licensed physician assistant acting under the supervision of a licensed physician at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and

(a) the patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner as authorized practicing in accordance with his practice protocol agreement, or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation; (ii) the patient identifies a practitioner from whom the patient intends to seek treatment if the condition for which he is seeking treatment does not improve after evaluation and treatment by the physical therapist during the 14-day period of treatment; (iii) from whom he is currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner; and (iv) (c) the physical therapist notifies the practitioner identified by the patient no later than three 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. Evaluation and treatment may not be initiated by a physical therapist if the patient does not identify a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician to manage the patient's condition. Treatment for more than 14 30 consecutive business days after evaluation of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner as authorized practicing in accordance with his practice protocol agreement, or a licensed physician assistant acting under the supervision of a licensed physician. A physical therapist may contact the practitioner identified by the patient at the end of the 14-day 30-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. A physical therapist shall not perform an initial evaluation of a patient under this subsection if the physical therapist has performed an initial evaluation of the patient under this subsection for the same condition within the immediately preceding three months 60 days. For the purposes of this subsection, business days means Monday through Friday of each week excluding state holidays.

C. After completing a three-year period of active practice upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner

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57 as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a  
 58 licensed physician; ~~a~~ *A* physical therapist who has not completed a doctor of physical therapy program  
 59 approved by the American Physical Therapy Association or who has not obtained a certificate of  
 60 authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation; that does not include  
 61 treatment; of a patient who does not meet the conditions established in (i) through (iv) of subsection B  
 62 without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or  
 63 dental surgery, a licensed nurse practitioner as authorized practicing in accordance with his practice  
 64 ~~protocol agreement~~, or a licensed physician assistant acting under the supervision of a licensed  
 65 physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate  
 66 practitioner.

67 D. Invasive procedures within the scope of practice of physical therapy shall at all times be  
 68 performed only under the referral and direction of a licensed doctor of medicine, osteopathy,  
 69 chiropractic, podiatry, or dental surgery, a licensed nurse practitioner as authorized practicing in  
 70 accordance with his practice ~~protocol agreement~~, or a licensed physician assistant acting under the  
 71 supervision of a licensed physician.

72 E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a  
 73 licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed nurse  
 74 practitioner as authorized practicing in accordance with his practice ~~protocol~~, whose agreement when  
 75 such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the  
 76 physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond  
 77 the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to  
 78 an appropriate practitioner.

79 F. Any person licensed as a physical therapist assistant shall perform his duties only under the  
 80 direction and control of a licensed physical therapist.

81 G. However, a licensed physical therapist may provide, without referral or supervision, physical  
 82 therapy services to (i) a student athlete participating in a school-sponsored athletic activity while such  
 83 student is at such activity in a public, private, or religious elementary, middle or high school, or public  
 84 or private institution of higher education when such services are rendered by a licensed physical  
 85 therapist who is certified as an athletic trainer by the National Athletic Trainers' Association Board of  
 86 Certification or as a sports certified specialist by the American Board of Physical Therapy Specialties;  
 87 (ii) employees solely for the purpose of evaluation and consultation related to workplace ergonomics;  
 88 (iii) special education students who, by virtue of their individualized education plans (IEPs), need  
 89 physical therapy services to fulfill the provisions of their IEPs; (iv) the public for the purpose of  
 90 wellness, fitness, and health screenings; (v) the public for the purpose of health promotion and  
 91 education; and (vi) the public for the purpose of prevention of impairments, functional limitations, and  
 92 disabilities.

93 **§ 54.1-3482.1. Certain certification required.**

94 A. The Board shall promulgate regulations establishing criteria for certification of physical therapists  
 95 to provide certain physical therapy services pursuant to subsection B of § 54.1-3482; without referral  
 96 from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed  
 97 nurse practitioner as authorized practicing in accordance with his practice ~~protocol agreement~~, or a  
 98 licensed physician assistant acting under the supervision of a licensed physician. The regulations shall  
 99 include but not be limited to provisions for (i) the promotion of patient safety; (ii) an application  
 100 process for a one-time certification to perform such procedures; and (iii) minimum education, training,  
 101 and experience requirements for certification to perform such procedures; and (iv) continuing education  
 102 requirements relating to carrying out direct access duties under § 54.1-3482.

103 B. The minimum education, training, and experience requirements for certification shall include  
 104 evidence that the applicant has successfully completed (i) a doctor of physical therapy program approved  
 105 by the American Physical Therapy Association; (ii) a transitional program in physical therapy as  
 106 recognized by the Board; or (iii) (ii) at least three years of active practice with evidence of continuing  
 107 education relating to carrying out direct access duties under § 54.1-3482.

108 C. In promulgating minimum education, training, and experience criteria, the Board shall consult with  
 109 an advisory committee comprised of three members selected by the Medical Society of Virginia and  
 110 three members selected by the Virginia Physical Therapy Association. All members of the advisory  
 111 committee shall be licensed by the Board of Physical Therapy or the Board of Medicine and shall  
 112 engage in clinical practice. The committee shall have a duty to act collaboratively and in good faith to  
 113 recommend the education, training, and experience necessary to promote patient safety. The advisory  
 114 committee shall prepare a written report of its recommendations and shall submit this report to the  
 115 Board of Physical Therapy and shall also submit its recommendations to the Board of Medicine for such  
 116 comments as may be deemed appropriate, prior to the promulgation of draft regulations. The advisory  
 117 committee may meet periodically to advise the Board on the regulation of such procedures.

118 D. In promulgating the regulations required by this section, the Board shall take due consideration of  
119 the education, training, and experience requirements adopted by the American Physical Therapy  
120 Association and the American Medical Association.

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GOVERNOR'S RECOMMENDATION

1. Line 59, enrolled, after *approved by the*

strike

*American Physical Therapy Association*

insert

*Commission on Accreditation of Physical Therapy Education*

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**Legislative Information System**

# Tab 4

## Virginia Board of Physical Therapy

### Procedures for Auditing Continuing Education

1. The Department of Health Professions Board of Physical Therapy audits a random sample of licensees to investigate compliance with the Board's continuing education and active practice requirements and reports the results of the audits to the Board.
2. Board staff reviews each audit report and either:
  - a. Sends an acknowledgement letter of fulfillment of the continuing education (CE) and active practice requirements.
  - b. Opens a case for probable cause
3. Once a case is opened for probable cause, staff may:
  - a. Issue a Pre-Hearing Consent Order (PHCO) specifying the sanctions:
    1. Monetary Penalty of \$100 per missing credit hour,
    2. Monetary Penalty of \$300 for a fraudulent renewal certification, and;
    3. Require submission of proof of completion of the missing credit hours within 90 days of Order entry. These CE hours cannot be used toward the next annual requirement for renewal;
  - b. For those licensees who fail to meet the active practice requirements, they must take the FSBPT Practice Review Tool (PRT) within 90 days of Order entry. If they are also found deficient in CE's, they may also earn CE credit by taking and passing the PRT.
  - c. If the licensee fails to respond to the audit or does not wish to sign the offered PHCO, the case will be referred to an informal fact-finding conference (IFC).
  - d. If the licensee has been previously disciplined for CE violations, the matter will be referred directly to an IFC.

### **18VAC112-20-10. Definitions.**

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

### **Part IV. Renewal or Relicensure Requirements.**

#### **18VAC112-20-130. Biennial renewal of license and certification.**

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and
2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

#### **18VAC112-20-131. Continued competency requirements for renewal of an active license.**

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

I. Physical therapists holding certification to provide direct access without a referral shall include four contact hours as part of the required 30 contact hours of continuing education in courses related to clinical practice in a direct access setting.