BOARD OF PHYSICAL THERAPY

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Board Room #1, Second Floor
Friday, November 16, 2012
9:00 a.m.

AMENDED AGENDA

CALL TO ORDER

ORDERING OF AGENDA

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – February 17, 2012
- Telephonic Conference - August 1, 2012

INFORMAL CONFERENCES HELD

- May 18, 2012

PUBLIC COMMENT

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

OLD BUSINESS

- Electronic Medical Records Update – **George Maihafer – Tab 3**

NEW BUSINESS

- Legislative/Regulatory Report – **Elaine Yeatts – Tab 4**
- Continuing Education Hours – **George Maihafer – Tab 5**
- Candidates taking the PES prior to Graduation – **Lisa R. Hahn - Tab 6**
- Supervising Students in a Non Approved Program – **Lisa R. Hahn - Tab 7**
- FSBPT Supervised Clinical Practice Performance Evaluation Tool - **George Maihafer & Melissa Wolff-Burke – Tab 8**
- PTA's in Acute Care Facilities – **Melissa Wolff-Burke – Tab 9**
- Report on FSBPT Annual Meeting – **George Maihafer, Melissa Wolff-Burke & Annie Artis**

ADJOURNMENT

Tab 1

UNAPPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES

The Virginia Board of Physical Therapy convened for a board meeting on Friday, February 17, 2012 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #1, Henrico, Virginia.

The following members were present:

George Maihafer, PT, Ph.D., President
Peggy Belmont, PT, Vice-President
Melissa Wolff-Burke, PT, EdD
Sarah Schmidt, P.T.A.
J.R. Locke
Michael Styron, PT, MBA

The following member was absent for part of the meeting:

Robert Maroon, PT

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Missy Currier, Board Operations Manager

Quorum:

With 6 members present, a quorum was established.

GUEST PRESENT

Tawny Chamberlain, South University, Glen Allen/Richmond, Virginia

CALLED TO ORDER

Dr. Maihafer, President, called the board meeting to order at 9:10 a.m.

ORDERING OF THE AGENDA

The agenda was accepted as ordered.

ACCEPTANCE OF MINUTES

DRAFT

- Upon a motion by Ms. Belmont and properly seconded by Mr. Locke, the Board voted to accept the minutes of the August 19, 2011 board meeting. The motion passed unanimously.

- Upon a motion by Ms. Belmont and properly seconded by Ms. Wolff-Burke, the board voted to accept the Adhoc Committee on Foreign Traineeship Evaluation minutes on August 19, 2011. The motion passed unanimously.

PUBLIC COMMENT

Ms. Tawny Chamberlain for South University introduced herself and stated that she was the person responsible for getting the University's PTA program fully accredited.

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

FY11 Budget

Ms. Hahn reported that the cash balance as of June 30, 2011 was $603,980; the revenue as of December 31, 2011 was $59,430; direct and allocated expenditures were $236,249; the ending cash balance as of December 31, 2011 was $427,161. Ms. Hahn reminded the members that the revenue was low because 2011 was a non-renewal year.

Discipline Statistics

Ms. Hahn reported there are currently 18 open cases compared to 13 in 2011 and 11 in 2010; 11 cases in Investigations; and 7 cases at the probable cause level. She added that Ms. Currier had been given the responsibility of Compliance Case Manager in addition to Board Operations Manager for all three of Ms. Hahn's boards. Ms. Hahn concluded that there were 26 total compliance cases being monitored at this time inclusive of all three boards and that 7 of them were PT cases.

Mr. Locke asked Ms. Hahn if the increase in case load was a result of the increase in licensees and if the board was seeing any trends. Ms. Hahn responded in the affirmative that with a larger number of licensees you would assume a greater number of cases but she stated that she would take a closer look at the cases and report back on her findings.

Virginia Performs

Ms. Hahn reported the clearance rate for the 2nd Quarter ending December 31, 2011 was 50%. The age of our pending case load over 250 days is at 0%; 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. The customer satisfaction rating achieved was 95.2% which consisted of 28 surveys. Ms. Hahn did add that she discovered an error regarding pending case load over 250

days on the VA Performs Report which should reflect 0%. She requested a correction to be made on the most recent published report.

Licensee Statistics

Ms. Hahn reported that as of February 2012 there were 6,129 active physical therapists vs. 5,454 in February 2011 and 5,606 in 2010. The active physical therapist assistants as of February 2012 were 2,388 vs. 2,092 in February 2011 and 2,106 in 2010.

NPTE Results

Ms. Hahn shared the following Virginia NPTE exam results for PT's:

December 5, 2011

- Virginia applicants (13% passage rate)
  - 15 applicants took exam
  - 13 applicants failed (10 non approved programs and 7 were repeats)
  - 2 applicants passed
  - First time candidates (4)(1) 25% pass rate
  - Repeat candidates (11)(1) 9% pass rate
- US Pass Rates
  - First time candidates 80.0%
  - Repeat candidates 42.2%
  - All Candidates 61.1%

January 30, 2012

- Virginia Applicants (68% passage)
  - 16 applicants took the exam
  - 5 applicants failed (3 non approved programs/2 repeats)
  - 11 applicants passed
  - First time candidates (9)(8) 88% passage
  - Repeat candidates (7)(3) 43% passage
- US Pass Rates
  - First time candidates 92.06%
  - Repeat candidates 42.74
  - All Candidates 79.43%

Mr. Maroon arrived at 9:40 a.m.

PT NPTE Testing

Ms. Hahn reiterated to the board that registration for the exam closes 30 days prior to every test date. The board has up to 14 days prior to the exam to make a registered applicant eligible to sit for the exam. She gave the remaining 2012 test dates; March 29th, July 2nd, July 31st, and October 23rd, and concluded that there would be 4 test dates in 2013.

PTA NPTE Testing

Ms. Hahn stated that the tests will remain continuous through February 29, 2012 and that candidates had to be registered by January 31, 2012. Ms. Currier shared that the PTA fixed test dates for 2012 were April 26th, July 17th, and October 20th.

FSBPT

Ms. Hahn stated that she included in the agenda packages was a copy of the letter she sent in November to Christine Sousa, Managing Director, Examination Services. Ms. Hahn gave the following bullet points from her letter regarding the process with the new fixed date testing and the following concerns from her staff:

- pressure on staff to process scores quickly enough to give applicants enough time to time to re-register .
- staffing resources are limited during the registration period because the focus is primarily devoted to the registration and eligibility process and not on other board responsibilities.
- that FSBPT take into consideration the graduation dates of Virginia approved PT schools.

Evaluation for Foreign Educated Trainees

Ms. Hahn stated that Melissa Wolff-Burke, Chair of the Adhoc Committee on the Evaluation for Foreign Educated Trainees would report later in the meeting.

VPTA

During their Annual Association meeting in Roanoke, The Virginia Physical Therapy Association voted not to extend the contract with the APTA for services. They were unable to justify the sizeable increase in the costs associated with using APTA. VPTA elected to go with a private firm in Alexandria whose contact information Ms. Belmont will provide back to Ms. Hahn.

FSBPT Annual Conference

Ms. Hahn shared that George Maihafer, Melissa Wolff-Burke, and Lynne Helmick attended the FSBPT Annual Conference in Charlotte September 22 -24th. Ms. Wolff-Burke added that it was the first FSBPT meeting for her and that she found it very informative and gave her a much better understanding of the profession.

Ms. Hahn announced that the 2012 meeting will be held in Indianapolis from September 20 – 22nd and concluded that although the meetings are very beneficial to the board, the Governor has banned most non reimbursed out of state travel making it impossible to send everyone.

Scanning Project – a Cost Saving Initiative

Ms. Hahn was pleased to share that her three boards halted using the copy center and put forth a process where cases are scanned and sent electronically to board members for probable cause review rather than mailing and sending paper copies. Ms. Hahn added that she had just completed a fiscal analysis and found that production costs had been reduced by **81%** for the PT Board and **86%** for all three boards!

Going Green

At the request of the board during the last meeting, Ms. Hahn stated this is our first board meeting going green. She added that although the costs savings would be minimal, it is equally important to do our part for the environment and to utilize our resources responsibly.

Board Meeting Calendar

The next full board meetings are scheduled for May 18th, August 17th and November 16th. Ms. Hahn noted that a couple of members have conflicts for May 18th and that she would look for alternative dates but knows that that may be impossible to find during that time of year. She also reminded the board that a meeting would also be cancelled due to light agenda's or fiscal reasons.

NEW BUSINESS

Legislative/Regulatory Report – Elaine Yeatts

Ms. Yeatts reviewed the status of regulations pertaining to **18VAC112-20**:

- Traineeship changes, continuing education – Final – At Secretary's Office for 169 days. She added this will become effective 30 days following approval and being published.

Ms. Yeatts gave an overview of the following bills submitted before the 2012 General Assembly that may directly or indirectly affect the Board of Physical Therapy or the Agency: HB 98; HB 195, HB 265, HB 266, HB 268, HB 337, HB 346, HB 543, HB 937, HB 938, HB 1106, HB 1107; SB 106 & SB 584.

BREAK

The Board took a recess at 10:20 a.m. and reconvened at 10:35 a.m.

Electronic Medical Records/Impact on the Practice of PT – Robert Maroon

Mr. Maroon led discussion on a concern that healthcare organizations are referring patients to "in house" physicians or facilities that they have a financial interest. He added that without proper disclosure, patients are uninformed and unaware that they have the right to choose any physician.

After much discussion, a motion was made by Mr. Locke, and properly seconded by Ms. Wolff-Burke to have Dr. Maihafer request that VPTA address this concern.

Temporary Exemptions for Declared Disaster or Emergency – Lisa R. Hahn

Ms. Hahn explained that Virginia does not have a current law that provides a temporary exemption for declared disasters or emergency. She explained if the Governor declares a disaster or emergency, the Governor will typically issue an Executive Order that will address the temporary licensure exemptions.

Foreign Traineeship Evaluations – Melissa Wolff-Burke

Ms. Wolff-Burke shared that it would not be feasible for the PT board to utilize the PT CPI tool from the APTA for several reasons including exorbitant costs. Following discussion, a decision was made to have the board members review the current tool used and forward any changes or recommendations to the board staff.

INR Testing in Home Health Settings – George Maihafer

Dr. Maihafer led discussion on recent concerns by PT's about performing INR's in home health settings and whether or not it was within the scope of Physical Therapy. The board agreed that INR's are not within the scope of physical therapy, but can be performed by a PT or PTA that has proper training and certification for the procedure. Additionally, they wanted to ensure that the licensees are aware that they cannot charge a fee for performing INR's.

Following much discussion, a motion was made by Mr. Locke, and properly seconded by Dr. Maihafer, the board voted to have staff draft a Guidance Document regarding PT's and PTA's performing INR's testing in home health settings. The motion passed unanimously.

"Continued Competency" vs. "Continued Maintenanee" – George Maihafer

The question of whether or not the board needed to change the use of "continued competency" was discussed. The board agreed that changing the term would be a step backwards in the level of certification. Ms. Hahn added that the numbers show that the board was in good shape with well behaved licensees and that Virginia holds good CE and practice requirements. No changes were recommended.

Practicing with an Expired License

Upon a motion by J.R. Locke and properly seconded by Peggy Belmont, the board voted to adopt the following guidelines for resolution of cases of practicing with an expired license:

Guidance Document 112-18

The Board of Physical Therapy delegates to the Executive Director for the Board the authority to offer a prehearing consent order to resolve disciplinary cases in which a Physical Therapist or Physical Therapist Assistant has been found to be practicing with an expired license.

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to 6 months	Consent Order; Monetary Penalty of $1000
First offense; 6 months to one year	Consent Order; Monetary Penalty of $1500
First offense; over 1 year	Consent Order; Monetary Penalty of $2500
Second offense	Consent Order; Monetary Penalty of $2500

ANNOUNCEMENTS

Ms. Belmont extended congratulations to J.R. Locke on his engagement to Elizabeth Giles, PT, PhD.

Ms. Hahn announced that Amy Marschean has resigned with the Office of the Attorney General and is now employed by the Virginia Department of Rehabilitation Services as a Senior Policy Analyst.

ADJOURNMENT

With all business concluded the meeting was adjourned at 12:15 p.m.

George Maihafer, PT, Ph.D., Chair

Lisa R. Hahn, MPA, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF PHYSICAL THERAPY
TELEPHONIC CONFERENCE
AUGUST 1, 2012 @ 2:00 PM

The Virginia Board of Physical Therapy convened for a possible Summary Suspension on Wednesday, August 1, 2012, at 2:00 p.m.

MEMBERS PRESENT:
George Maihafer, P.T., PhD, President
Melissa Wolff-Burke, P.T.
Peggy Belmont, P.T.,
Michael Styron, P.T.

MEMBERS ABSENT:
Sarah Schmidt, P.T.A.
Robert Maroon, P.T.
J.R. Locke, Citizen Member

DHP STAFF PRESENT:
Lynne Helmick, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager
Peter Opper, Adjudication Specialist, Administrative Proceedings Division

MEMBERS FROM THE ATTORNEY GENERAL'S OFFICE PRESENT:
Erin Barrett, Assistant Attorney General, Board Counsel
Wayne Halbleib, Senior Assistant Attorney General, OAG

MATTER SCHEDULED
Stacey D. Thomas, P.T.
License No: 2305-004575
Case Number: 144686

INTRODUCTION
Ms. Helmick greeted the Board, opened the meeting and explained the purpose of today's teleconference.

CALLED TO ORDER
Dr. Maihafer called the meeting to order at 2:03 p.m.

ROLL CALL
Ms. Petersen took a roll call with four (4) members of the Board participating, a quorum was established.

CONFERENCE
Mr. Halbleib presented evidence that the continued practice of physical therapy by Stacey D. Thomas, P.T., presented a substantial danger to the health and safety of the public.

DECISION

Mr. Styron moved to summarily suspend the license of Stacey D. Thomas, P.T. Ms. Belmont seconded the motion.

The vote was unanimous, with four (4) affirmative votes.

ADJOURNMENT

With no further business the meeting adjourned at 3:02 p.m.

George Maihafer, P.T., PhD, President	Lisa R. Hahn, MPA, Executive Director
Date	Date

Tab 2

Virgina Department of Health Professions
Cash Balance
As of June 30, 2012

	116- Physical Therapy
Cash Balance as of June 30, 2011	603,980
YTD FY12 Revenue	141,600
Prior Period Reimbursement for Healthcare Workforce Expenditures	81
Less: YTD FY12 Direct and In-Direct Expenditures	447,296
Board Cash Balance as of June 30, 2012	298,364

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2011 through June 30, 2012

	116- Physical Therapy			
	Jul '11 - Jun 12	Budget	$ Over Budget	% of Budget
Revenue				
2400 · Fee Revenue				
2401 · Application Fee	125,430.00	104,700.00	20,730.00	119.8%
2402 · Examination Fee	0.00			
2406 · License & Renewal Fee	7,770.00	0.00	7,770.00	100.0%
2407 · Dup. License Certificate Fee	725.00	550.00	175.00	131.82%
2408 · Board Endorsement - In	0.00			
2409 · Board Endorsement - Out	7,065.00	5,900.00	1,165.00	119.75%
2421 · Monetary Penalty & Late Fees	675.00	5,235.00	-4,560.00	12.89%
2430 · Board Changes Fee	0.00			
2432 · Misc. Fee (Bad Check Fee)	35.00	35.00	0.00	100.0%
Total 2400 · Fee Revenue	141,700.00	116,420.00	25,280.00	121.71%
3000 · Sales of Prop. & Commodities				
3002 · Overpayments	0.00			
3007 · Sales of Goods/Svces to State	0.00			
3020 · Misc. Sales-Dishonored Payments	-100.00			
Total 3000 · Sales of Prop. & Commodities	-100.00			
4000 · Private Donations, Gifts and Gr				
4206 · Reimbursmnt for Other Services	0.00			
Total 4000 · Private Donations, Gifts and Gr	0.00			
7000 · Interest, Divdends and Rents				
7108 · Interest From Other Sources	0.00			
Total 7000 · Interest, Divdends and Rents	0.00			
9000 · Other Revenue				
9060 · Miscellaneous Revenue	0.00			
9084 · Refund- Prior Yr Disb	0.00			
982204 · Cash Trnsfr In- Non-Genl Funds	0.00			
Total 9000 · Other Revenue	0.00			
Total Revenue	141,600.00	116,420.00	25,180.00	121.63%
Expenditures				
1100 · Personal Services				
1110 · Employee Benefits				
1111 · Employer Retirement Contrib.	4,891.76	4,875.15	16.61	100.34%
1112 · Fed Old-Age Ins- Sal St Emp	5,074.23	5,667.92	-593.69	89.53%
1113 · Fed Old-Age Ins- Wage Earners	0.00	736.00	-736.00	0.0%
1114 · Group Insurance	711.85	755.72	-43.87	94.2%
1115 · Medical/Hospitalization Ins.	18,023.60	20,440.80	-2,417.20	88.18%
1116 · Retiree Medical/Hospitalizatn	691.46	733.50	-42.04	94.27%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2011 through June 30, 2012

	116- Physical Therapy			
	Jul '11 - Jun 12	Budget	$ Over Budget	% of Budget
1117 · Long term Disability Ins	460.65	489.00	-28.35	94.2%
Total 1110 · Employee Benefits	29,853.55	33,698.09	-3,844.54	88.59%
1120 · Salaries				
1122 · Salaries, Appointed Officials	0.00			
1123 · Salaries, Classified	69,163.41	74,090.47	-4,927.06	93.35%
1125 · Salaries, Overtime	0.00			
1128 · Salaries, Inf Tchnlgy Emplyees	0.00			
Total 1120 · Salaries	69,163.41	74,090.47	-4,927.06	93.35%
1130 · Special Payments				
1131 · Bonuses and Incentives	0.00	0.00	0.00	0.0%
1138 · Deferred Compnstn Match Pmts	720.00	816.00	-96.00	88.24%
Total 1130 · Special Payments	720.00	816.00	-96.00	88.24%
1140 · Wages				
1141 · Wages, General	0.00	9,624.00	-9,624.00	0.0%
1143 · Wages, Overtime	0.00			
1149 · Wages, Info Tech Employees	0.00			
Total 1140 · Wages	0.00	9,624.00	-9,624.00	0.0%
1150 · Disability Benefits				
1153 · Short-trm Disability Benefits	0.00			
Total 1150 · Disability Benefits	0.00			
1160 · Terminatn Personal Svce Costs				
1162 · Salaries, Annual Leave Balanc	0.00			
1163 · Salaries, Sick Leave Balances	0.00			
1165 · Employee Retirement Contributio	841.24	842.00	-0.76	99.91%
Total 1160 · Terminatn Personal Svce Costs	841.24	842.00	-0.76	99.91%
Total 1100 · Personal Services	100,578.20	119,070.56	-18,492.36	84.47%
1200 · Contractual Services				
1210 · Communication Services				
1211 · Express Services	28.09	125.00	-96.91	22.47%
1212 · Outbound Freight Services	0.00			
1213 · Messenger Services	0.00			
1214 · Postal Services	3,103.24	8,200.00	-5,096.76	37.84%
1215 · Printing Services	0.00	2,650.00	-2,650.00	0.0%
1216 · Telecommunications Svcs (DIT)	846.71	400.00	446.71	211.68%
1217 · Telecomm. Svcs (Non-State)	0.00			
1219 · Inbound Freight Services	0.00			
Total 1210 · Communication Services	3,978.04	11,375.00	-7,396.96	34.97%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2011 through June 30, 2012

	116- Physical Therapy			
	Jul '11 - Jun 12	Budget	$ Over Budget	% of Budget
1220 · Employee Development Services				
1221 · Organization Memberships	2,500.00	2,500.00	0.00	100.0%
1222 · Publication Subscriptions	0.00	50.00	-50.00	0.0%
1224 · Emp Trning Courses, Wkshp & Cnf	2.48	2,025.00	-2,022.52	0.12%
1225 · Employee Tuition Reimbursement	315.00			
1226 · Personnel Develpmnt Services	0.00			
1227 · Emp Trning- Trns, Ldgng & Meals	0.00			
1228 · Emp IT Training Courses, etc	0.00			
Total 1220 · Employee Development Services	2,817.48	4,575.00	-1,757.52	61.58%
1230 · Health Services				
1236 · X-ray and Laboratory Services	55.34	0.00	55.34	100.0%
Total 1230 · Health Services	55.34	0.00	55.34	100.0%
1240 · Mgmnt and Informational Svcs				
1242 · Fiscal Services	14.26	620.00	-605.74	2.3%
1243 · Attorney Services	0.00			
1244 · Management Services	992.02	750.00	242.02	132.27%
1245 · Personnel Develpmnt Services	0.00			
1246 · Public Infrmtnl & Relation Svcs	0.00			
1247 · Legal Services	0.00	0.00	0.00	0.0%
1248 · Media Services	0.00			
1249 · Recruitment Services	0.00			
Total 1240 · Mgmnt and Informational Svcs	1,006.28	1,370.00	-363.72	73.45%
1250 · Repair and Maintenance Svcs				
1251 · Custodial Services	0.11			
1252 · Electrical Rep & Maintenance	0.00	0.00	0.00	0.0%
1253 · Equip Repair & Maintenance	15.76			
1256 · Mechanical Rep & Maint Svcs	0.00			
1257 · Plant Rep & Maintenance Svcs	0.00			
1259 · Vehicle Repair & Maintenance	0.00			
Total 1250 · Repair and Maintenance Svcs	15.87	0.00	15.87	100.0%
1260 · Support Services				
1263 · Clerical Services	584.32	23,025.00	-22,440.68	2.54%
1264 · Food & Dietary Services	0.00	700.00	-700.00	0.0%
1266 · Manual Labor Services	180.04	400.00	-219.96	45.01%
1267 · Production Services	2,380.31	1,525.00	855.31	156.09%
1268 · Skilled Services	9,269.88	10,962.00	-1,692.12	84.56%
Total 1260 · Support Services	12,414.55	36,612.00	-24,197.45	33.91%
1270 · Technical Services				
1271 · Inf Mgt Dsgn & Dvp Svs (VITA)	0.00			

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2011 through June 30, 2012

	116- Physical Therapy			
	Jul '11 - Jun 12	Budget	$ Over Budget	% of Budget
1272 · VITA Infor Tech Intg Costs PSC	0.00			
1274 · Computer Hardware Maint Svs	0.00			
1275 · Computer Software Maint Svs	0.00			
1276 · C.Operating Svs (By VITA)	0.00			
1277 · C. Operating Svs (S. Agency)	0.00			
1278 · VITA InT Int Cost Goods&Svs	0.00			
1279 · Computer Software Dvp Svs	0.00			
Total 1270 · Technical Services	0.00			
1280 · Transportation Services				
1282 · Travel, Personal Vehicle	1,565.49	3,600.00	-2,034.51	43.49%
1283 · Travel, Public Carriers	32.65	1,000.00	-967.35	3.27%
1284 · Travel, State Vehicles	0.00	0.00	0.00	0.0%
1285 · Travel, Subsistence & Lodging	93.79	950.00	-856.21	9.87%
1286 · Travel, Supplements and Aid	0.00			
1288 · Trvl, Meal Reimb- Not Rprtble	64.00	716.00	-652.00	8.94%
Total 1280 · Transportation Services	1,755.93	6,266.00	-4,510.07	28.02%
Total 1200 · Contractual Services	22,043.49	60,198.00	-38,154.51	36.62%
1300 · Supplies And Materials				
1309 · Charge Card Purchases	0.00			
1310 · Administrative Supplies				
1311 · Apparel Supplies	4.19			
1312 · Office Supplies	541.53	730.00	-188.47	74.18%
1313 · Stationery and Forms	196.43	-572.00	768.43	-34.34%
Total 1310 · Administrative Supplies	742.15	158.00	584.15	469.72%
1320 · Energy Supplies				
1323 · Gasoline	0.00			
Total 1320 · Energy Supplies	0.00			
1330 · Manufctrng and Merch Supplies				
1335 · Packaging and Shipping Suppl	48.76	0.00	48.76	100.0%
Total 1330 · Manufctrng and Merch Supplies	48.76	0.00	48.76	100.0%
1350 · Repair and Maint. Supplies				
1352 · Custodial Rep & Maint Mat'ls	1.92			
1353 · Electrical Repair and Maint	0.00	0.00	0.00	0.0%
Total 1350 · Repair and Maint. Supplies	1.92	0.00	1.92	100.0%
1360 · Residential Supplies				
1361 · Clothing Supplies	0.00			
1362 · Food and Dietary Supplies	0.00	100.00	-100.00	0.0%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2011 through June 30, 2012

	116- Physical Therapy			
	Jul '11 - Jun 12	Budget	$ Over Budget	% of Budget
1363 · Food Service Supplies	2.47			
1364 · Laundry and Linen Supplies	0.00			
Total 1360 · Residential Supplies	2.47	100.00	-97.53	2.47%
1370 · Specific Use Supplies				
1371 · Agricultural Supplies	0.00			
1373 · Computer Operating Supplies	7.07	0.00	7.07	100.0%
1374 · Educational Supplies	0.00			
1377 · Photographic Supplies	0.00			
Total 1370 · Specific Use Supplies	7.07	0.00	7.07	100.0%
Total 1300 · Supplies And Materials	802.37	258.00	544.37	311.0%
1400 · Transfer Payments				
1410 · Awards, Contrib., and Claims				
1413 · Premiums	120.00	120.00	0.00	100.0%
1415 · Unemployment Compnsatn Reimb	0.00			
1418 · Incentives	0.00			
Total 1410 · Awards, Contrib., and Claims	120.00	120.00	0.00	100.0%
1420 · Eductnl & Training Assistance				
1421 · Grad Scholrships & Fellowshps	0.00			
1425 · Undergraduate Scholarships	0.00			
1420 · Eductnl & Training Assistance - Other	0.00			
Total 1420 · Eductnl & Training Assistance	0.00			
Total 1400 · Transfer Payments	120.00	120.00	0.00	100.0%
1500 · Continuous Charges				
1510 · Insurance-Fixed Assets				
1512 · Automobile Liability	0.00			
1516 · Property Insurance	28.39	50.00	-21.61	56.78%
1510 · Insurance-Fixed Assets - Other	0.00	0.00	0.00	0.0%
Total 1510 · Insurance-Fixed Assets	28.39	50.00	-21.61	56.78%
1530 · Operating Lease Payments				
1534 · Equipment Rentals	0.00	0.00	0.00	0.0%
1535 · Building Rentals	0.00	0.00	0.00	0.0%
1539 · Building Rentals - Non State	6,459.97	6,441.00	18.97	100.3%
Total 1530 · Operating Lease Payments	6,459.97	6,441.00	18.97	100.3%
1540 · Service Charges				
1541 · Agency Service Charges	0.00	0.00	0.00	0.0%
Total 1540 · Service Charges	0.00	0.00	0.00	0.0%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2011 through June 30, 2012

	116- Physical Therapy			
	Jul '11 - Jun 12	Budget	$ Over Budget	% of Budget
1550 · Insurance-Operations				
1551 · General Liability Insurance	101.82	454.00	-352.18	22.43%
1554 · Surety Bonds	6.01	11.00	-4.99	54.64%
1555 · Workers Compensation	0.00			
Total 1550 · Insurance-Operations	107.83	465.00	-357.17	23.19%
Total 1500 · Continuous Charges	6,596.19	6,956.00	-359.81	94.83%
2200 · Equipment Expenditures				
2209 · Charge Card Purchases	0.00			
2210 · Computer Equipment				
2216 · Network Components	0.00			
2217 · Other Computer Equipment	77.93			
2218 · Computer Software Purchases	470.00			
Total 2210 · Computer Equipment	547.93			
2220 · Educational & Cultural Equip				
2223 · Exhibit Equipment	0.00			
2224 · Reference Equipment	170.00	100.00	70.00	170.0%
Total 2220 · Educational & Cultural Equip	170.00	100.00	70.00	170.0%
2230 · Electrnc & Photographic Equip				
2231 · Electronic Equipment	0.00			
2232 · Photographic Equipment	0.00			
2233 · Voice & Data Transmissn Equip	0.00			
2238 · Electrnc & Phtgrphc Equip Imprv	0.52			
Total 2230 · Electrnc & Photographic Equip	0.52			
2240 · Medical and Laboratory Equip				
2241 · Medical Laboratory Equipment	0.00			
Total 2240 · Medical and Laboratory Equip	0.00			
2260 · Office Equipment				
2261 · Office Appurtenances	0.00	0.00	0.00	0.0%
2262 · Office Furniture	180.00			
2263 · Office Incidentals	120.07	15.00	105.07	800.47%
2264 · Office Machines	0.00	100.00	-100.00	0.0%
2268 · Office Equipment Improvements	0.00			
Total 2260 · Office Equipment	300.07	115.00	185.07	260.93%
2270 · Specific Use Equipment				
2271 · Household Equipment	0.00			
Total 2270 · Specific Use Equipment	0.00			

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2011 through June 30, 2012

	116- Physical Therapy			
	Jul '11 - Jun 12	Budget	$ Over Budget	% of Budget
Total 2200 · Equipment Expenditures	1,018.52	215.00	803.52	473.73%
Total Expenditures	131,158.77	186,817.56	-55,658.79	70.21%
9001 · Allocated Expenditures				
9201 · Behavioral Science Exec				
9202 · Opt\VM\ASLP Exec Dir				
9204 · Nursing / Nurse Aid				
9206 · Funeral\LTCA\PT	88,247.73	89,715.46	-1,467.73	98.36%
9301 · DP Operations & Equipment	62,116.23	102,074.28	-39,958.05	60.85%
9302 · Human Resources	11,131.12	12,382.68	-1,251.56	89.89%
9303 · Finance	33,205.36	36,903.24	-3,697.88	89.98%
9304 · Director's Office	18,164.50	20,340.36	-2,175.86	89.3%
9305 · Enforcement	45,959.90	41,379.48	4,580.42	111.07%
9306 · Administrative Proceedings	8,174.89	10,753.68	-2,578.79	76.02%
9307 · Impaired Practitioners	538.11	501.12	36.99	107.38%
9308 · Attorney General	23,594.87	23,793.84	-198.97	99.16%
9309 · Board of Health Professions	12,021.71	14,715.00	-2,693.29	81.7%
9310 · SRTA	0.00			
9311 · Moving Costs	0.00	713.16	-713.16	0.0%
9313 · Emp. Recognition Program	164.57	416.40	-251.83	39.52%
9314 · Conference Center	154.22	557.04	-402.82	27.69%
9315 · Pgm Devlpmnt & Implmentn	7,968.96	8,961.36	-992.40	88.93%
987900 · Cash Trsfr Out- Appr Act Pt. 3	4,695.19	1,520.52	3,174.67	308.79%
Total 9001 · Allocated Expenditures	316,137.36	364,727.62	-48,590.26	86.68%
Total Direct and Allocated Expenditures	447,296.13	551,545.18	-104,249.05	81.1%
Net Cash Surplus\Shortfall	**-305,696.13**	**-435,125.18**	**129,429.05**	**70.26%**

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2012 through September 30, 2012

	116- Physical Therapy
Board Cash Balance as of June 30, 2012	$ 298,364
YTD FY13 Revenue	36,265
Less: YTD FY12 Direct and In-Direct Expenditures	142,175
Cash Balance as of September 30, 2012	192,455

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2012 through September 30, 2012

	116- Physical Therapy			
	Jul '12 - Sep 12	Budget	$ Over Budget	% of Budget
Revenue				
2400 · Fee Revenue				
2401 · Application Fee	32,260.00	104,700.00	-72,440.00	30.81%
2406 · License & Renewal Fee	1,400.00	970,880.00	-969,480.00	0.14%
2407 · Dup. License Certificate Fee	140.00	550.00	-410.00	25.46%
2409 · Board Endorsement - Out	2,120.00	5,900.00	-3,780.00	35.93%
2421 · Monetary Penalty & Late Fees	175.00	5,235.00	-5,060.00	3.34%
2432 · Misc. Fee (Bad Check Fee)	70.00	35.00	35.00	200.0%
Total 2400 · Fee Revenue	36,165.00	1,087,300.00	-1,051,135.00	3.33%
3000 · Sales of Prop. & Commodities				
3020 · Misc. Sales-Dishonored Payments	100.00			
Total 3000 · Sales of Prop. & Commodities	100.00			
Total Revenue	36,265.00	1,087,300.00	-1,051,035.00	3.34%
Expenditures				
1100 · Personal Services				
1110 · Employee Benefits				
1111 · Employer Retirement Contrib.	1,900.07	6,491.00	-4,590.93	29.27%
1112 · Fed Old-Age Ins- Sal St Emp	1,550.31	5,840.00	-4,289.69	26.55%
1113 · Fed Old-Age Ins- Wage Earners	0.00	0.00	0.00	0.0%
1114 · Group Insurance	259.96	882.00	-622.04	29.47%
1115 · Medical/Hospitalization Ins.	5,843.05	22,971.00	-17,127.95	25.44%
1116 · Retiree Medical/Hospitalizatn	220.35	741.00	-520.65	29.74%
1117 · Long term Disability Ins	106.38	349.00	-242.62	30.48%
Total 1110 · Employee Benefits	9,880.12	37,274.00	-27,393.88	26.51%
1120 · Salaries				
1123 · Salaries, Classified	22,045.96	74,091.00	-52,045.04	29.76%
Total 1120 · Salaries	22,045.96	74,091.00	-52,045.04	29.76%
1130 · Special Payments				
1131 · Bonuses and Incentives	0.00	2,223.00	-2,223.00	0.0%
1138 · Deferred Compnstn Match Pmts	148.00	816.00	-668.00	18.14%
Total 1130 · Special Payments	148.00	3,039.00	-2,891.00	4.87%
1140 · Wages				
1141 · Wages, General	0.00	0.00	0.00	0.0%
Total 1140 · Wages	0.00	0.00	0.00	0.0%
1160 · Terminatn Personal Svce Costs				
1165 · Employee Retirement Contributio	0.00	0.00	0.00	0.0%
Total 1160 · Terminatn Personal Svce Costs	0.00	0.00	0.00	0.0%
Total 1100 · Personal Services	32,074.08	114,404.00	-82,329.92	28.04%
1200 · Contractual Services				
1210 · Communication Services				
1211 · Express Services	22.27	5.00	17.27	445.4%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2012 through September 30, 2012

	116- Physical Therapy			
	Jul '12 - Sep 12	Budget	$ Over Budget	% of Budget
1214 · Postal Services	1,224.74	7,000.00	-5,775.26	17.5%
1215 · Printing Services	2.16	600.00	-597.84	0.36%
1216 · Telecommunications Svcs (DIT)	202.60	1,000.00	-797.40	20.26%
Total 1210 · Communication Services	1,451.77	8,605.00	-7,153.23	16.87%
1220 · Employee Development Services				
1221 · Organization Memberships	0.00	2,500.00	-2,500.00	0.0%
1222 · Publication Subscriptions	0.00	0.00	0.00	0.0%
1224 · Emp Trning Courses, Wkshp & Cnf	0.00	1,000.00	-1,000.00	0.0%
Total 1220 · Employee Development Services	0.00	3,500.00	-3,500.00	0.0%
1230 · Health Services				
1236 · X-ray and Laboratory Services	0.00	300.00	-300.00	0.0%
Total 1230 · Health Services	0.00	300.00	-300.00	0.0%
1240 · Mgmnt and Informational Svcs				
1242 · Fiscal Services	3.70	15,500.00	-15,496.30	0.02%
1244 · Management Services	810.49	4,000.00	-3,189.51	20.26%
1246 · Public Infrmtnl & Relation Svcs	10.33			
1247 · Legal Services	0.00	300.00	-300.00	0.0%
1249 · Recruitment Services	104.76			
Total 1240 · Mgmnt and Informational Svcs	929.28	19,800.00	-18,870.72	4.69%
1250 · Repair and Maintenance Svcs				
1252 · Electrical Rep & Maintenance	0.00	25.00	-25.00	0.0%
Total 1250 · Repair and Maintenance Svcs	0.00	25.00	-25.00	0.0%
1260 · Support Services				
1263 · Clerical Services	8,527.42	4,919.00	3,608.42	173.36%
1264 · Food & Dietary Services	0.00	750.00	-750.00	0.0%
1266 · Manual Labor Services	38.38	700.00	-661.62	5.48%
1267 · Production Services	122.55	2,245.00	-2,122.45	5.46%
1268 · Skilled Services	3,012.72	11,930.00	-8,917.28	25.25%
Total 1260 · Support Services	11,701.07	20,544.00	-8,842.93	56.96%
1280 · Transportation Services				
1282 · Travel, Personal Vehicle	0.00	3,000.00	-3,000.00	0.0%
1283 · Travel, Public Carriers	0.00	0.00	0.00	0.0%
1284 · Travel, State Vehicles	0.00	1,500.00	-1,500.00	0.0%
1285 · Travel, Subsistence & Lodging	0.00	1,500.00	-1,500.00	0.0%
1288 · Trvl, Meal Reimb- Not Rprtble	0.00	300.00	-300.00	0.0%
Total 1280 · Transportation Services	0.00	6,300.00	-6,300.00	0.0%
Total 1200 · Contractual Services	14,082.12	59,074.00	-44,991.88	23.84%
1300 · Supplies And Materials				
1310 · Administrative Supplies				
1311 · Apparel Supplies	4.78			
1312 · Office Supplies	240.63	1,000.00	-759.37	24.06%
1313 · Stationery and Forms	0.00	0.00	0.00	0.0%
Total 1310 · Administrative Supplies	245.41	1,000.00	-754.59	24.54%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2012 through September 30, 2012

	116- Physical Therapy			
	Jul '12 - Sep 12	Budget	$ Over Budget	% of Budget
1330 · Manufctrng and Merch Supplies				
1335 · Packaging and Shipping Suppl	0.00	50.00	-50.00	0.0%
Total 1330 · Manufctrng and Merch Supplies	0.00	50.00	-50.00	0.0%
1350 · Repair and Maint. Supplies				
1353 · Electrical Repair and Maint	0.00	15.00	-15.00	0.0%
Total 1350 · Repair and Maint. Supplies	0.00	15.00	-15.00	0.0%
1360 · Residential Supplies				
1362 · Food and Dietary Supplies	80.12	200.00	-119.88	40.06%
Total 1360 · Residential Supplies	80.12	200.00	-119.88	40.06%
1370 · Specific Use Supplies				
1373 · Computer Operating Supplies	5.25	10.00	-4.75	52.5%
Total 1370 · Specific Use Supplies	5.25	10.00	-4.75	52.5%
Total 1300 · Supplies And Materials	330.78	1,275.00	-944.22	25.94%
1400 · Transfer Payments				
1410 · Awards, Contrib., and Claims				
1413 · Premiums	0.00	0.00	0.00	0.0%
Total 1410 · Awards, Contrib., and Claims	0.00	0.00	0.00	0.0%
Total 1400 · Transfer Payments	0.00	0.00	0.00	0.0%
1500 · Continuous Charges				
1510 · Insurance-Fixed Assets				
1516 · Property Insurance	28.38	0.00	28.38	100.0%
Total 1510 · Insurance-Fixed Assets	28.38	0.00	28.38	100.0%
1530 · Operating Lease Payments				
1535 · Building Rentals	0.00	0.00	0.00	0.0%
1539 · Building Rentals - Non State	1,018.78	5,881.00	-4,862.22	17.32%
Total 1530 · Operating Lease Payments	1,018.78	5,881.00	-4,862.22	17.32%
1550 · Insurance-Operations				
1551 · General Liability Insurance	101.83	0.00	101.83	100.0%
1554 · Surety Bonds	6.01	0.00	6.01	100.0%
Total 1550 · Insurance-Operations	107.84	0.00	107.84	100.0%
Total 1500 · Continuous Charges	1,155.00	5,881.00	-4,726.00	19.64%
2200 · Equipment Expenditures				
2220 · Educational & Cultural Equip				
2224 · Reference Equipment	0.00	60.00	-60.00	0.0%
Total 2220 · Educational & Cultural Equip	0.00	60.00	-60.00	0.0%
2260 · Office Equipment				
2261 · Office Appurtenances	0.00	35.00	-35.00	0.0%
2263 · Office Incidentals	0.00	0.00	0.00	0.0%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2012 through September 30, 2012

	116- Physical Therapy			
	Jul '12 - Sep 12	Budget	$ Over Budget	% of Budget
2264 · Office Machines	0.00	0.00	0.00	0.0%
Total 2260 · Office Equipment	0.00	35.00	-35.00	0.0%
Total 2200 · Equipment Expenditures	0.00	95.00	-95.00	0.0%
Total Direct Expenditures	47,641.98	180,729.00	-133,087.02	26.36%
9001 · Allocated Expenditures				
9201 · Behavioral Science Exec				
9202 · Opt\VM\ASLP Exec Dir				
9204 · Nursing / Nurse Aid				
9206 · Funeral\LTCA\PT	24,727.36	91,801.18	-67,073.82	26.94%
9301 · DP Operations & Equipment	17,450.62	104,561.76	-87,111.14	16.69%
9302 · Human Resources	4,598.79	12,362.40	-7,763.61	37.2%
9303 · Finance	9,603.42	36,457.32	-26,853.90	26.34%
9304 · Director's Office	5,694.04	21,043.92	-15,349.88	27.06%
9305 · Enforcement	21,324.88	42,241.80	-20,916.92	50.48%
9306 · Administrative Proceedings	4,577.27	11,466.60	-6,889.33	39.92%
9307 · Impaired Practitioners	211.10	477.00	-265.90	44.26%
9308 · Attorney General	248.19	8,361.84	-8,113.65	2.97%
9309 · Board of Health Professions	3,692.81	14,961.00	-11,268.19	24.68%
9311 · Moving Costs	0.00	393.60	-393.60	0.0%
9313 · Emp. Recognition Program	1.47	359.04	-357.57	0.41%
9314 · Conference Center	37.76	254.88	-217.12	14.82%
9315 · Pgm Devlpmnt & Implmentn	2,364.98	8,360.76	-5,995.78	28.29%
987900 · Cash Trsfr Out- Appr Act Pt. 3	0.00	1,513.56	-1,513.56	0.0%
Total 9001 · Allocated Expenditures	94,532.69	354,616.66	-260,083.97	26.66%
Total Direct and In-Direct Expenditures	142,174.67	535,345.66	-393,170.99	26.56%
Net Cash Surplus\Shortfall	-105,909.67	551,954.34	-657,864.01	-19.19%

Discipline Statistics

As of November 1, 2012

Investigations	**13**
Probable Cause	**10**
APD	**4**
Informal Stage	**3**
Formal Stage	**0**
Total	**30**

Monitoring:

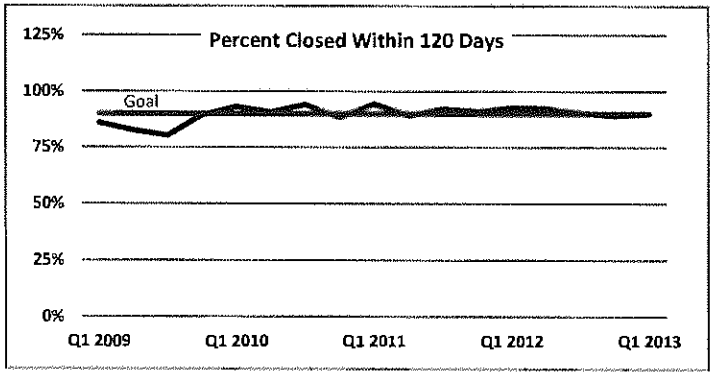
PT Compliance Cases	**7**

Virginia Department of Health Professions

Dianne Reynolds-C

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q1 2009 - Q1 2013

	Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Q1 2009	1249	83	50	86%
Q2 2009	791	82	35	83%
Q3 2009	893	87	42	80%
Q4 2009	895	63	26	89%
Q1 2010	895	53	22	93%
Q2 2010	848	60	30	91%
Q3 2010	967	52	27	94%
Q4 2010	920	66	33	88%
Q1 2011	925	56	34	94%
Q2 2011	742	65	31	89%
Q3 2011	982	60	31	92%
Q4 2011	1088	57	25	91%
Q1 2012	1071	51	20	93%
Q2 2012	855	52	26	93%
Q3 2012	975	61	30	91%
Q4 2012	861	68	30	89%
Q1 2013	905	61	26	90%



Technical Notes: Board Level constitutes the sum of days in Probable Cause, Informal, Formal, and Pending. Percent Closed Within 120 Days (175 calendar days) is calculated using an 8 quarter moving window consisting of patient care cases closed within 120 business days that were received within the preceding eight quarters.

Submitted: 11/1/2012

Prepared by: VisualResearch, Inc.

Virginia Department of Health Professions

Dianne Reynolds-Cane, M.D.
Director

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q1 2012 - Q1 2013

		Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Social Work	Q1 2012	10	51	20	90%
	Q2 2012	6	76	10	67%
	Q3 2012	14	89	27	71%
	Q4 2012	5	19	13	100%
	Q1 2013	11	48	5	100%
Psychology	Q1 2012	14	99	58	86%
	Q2 2012	7	44	12	86%
	Q3 2012	1	2	2	100%
	Q4 2012	11	72	10	91%
	Q1 2013	12	34	6	92%
Long-Term Care	Q1 2012	9	64	32	89%
	Q2 2012	7	43	31	100%
	Q3 2012	13	90	36	85%
	Q4 2012	3	111	122	100%
	Q1 2013	10	121	112	70%
Optometry	Q1 2012	2	21	21	100%
	Q2 2012	9	312	17	100%
	Q3 2012	3	44	18	100%
	Q4 2012	7	60	28	100%
	Q1 2013	8	49	45	100%
Physical Therapy	Q1 2012	2	72	72	100%
	Q2 2012	4	42	35	100%
	Q3 2012	8	40	31	100%
	Q4 2012	4	96	87	75%
	Q1 2013	5	44	21	100%
Funeral	Q1 2012	10	47	28	100%
	Q2 2012	1	15	15	100%
	Q3 2012	7	110	88	71%
	Q4 2012	1	6	6	100%
	Q1 2013	2	165	165	50%
Audiology	Q1 2012	1	14	14	100%
	Q2 2012	0	N/A	N/A	N/A
	Q3 2012	3	40	25	100%
	Q4 2012	2	120	120	100%
	Q1 2013	1	37	37	100%

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q3 2008 - Q3 2012

Dianne Reynolds-Cane, M.D.
Director

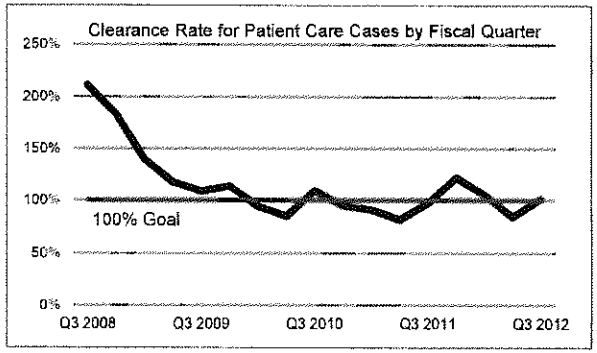
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

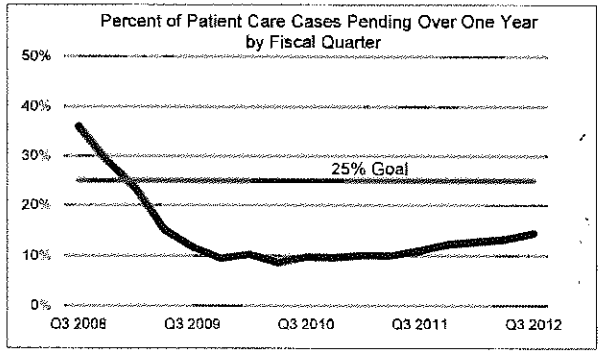
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, 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.

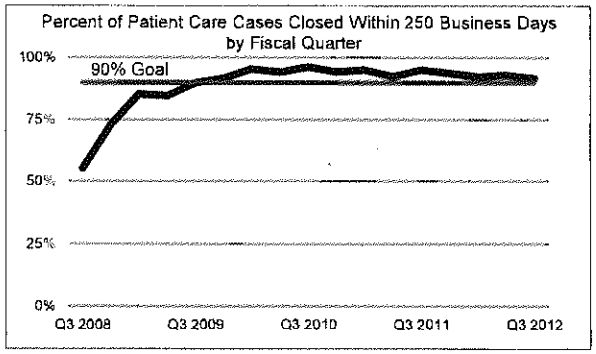
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2012. The current quarter's clearance rate is 101%, with 985 patient care cases received and 998 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 25% through the end of FY 2012. That goal continues to be acheived with the percent of cases pending over 250 business days dropping dramatically from 45% to 15%. For the last quarter shown, there were 1817 patient care cases pending, with 264 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 2012. That goal continues to be acheived with 92% percent of patient care cases being resolved within 250 business days this past quarter. During the last quarter, there were 986 patient care cases closed, with 904 closed within 250 business days.







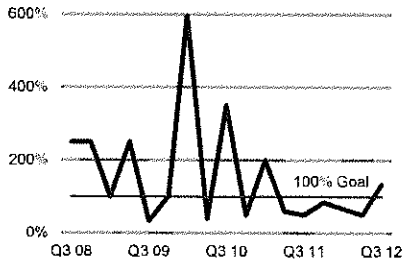
Submitted: 4/4/2012

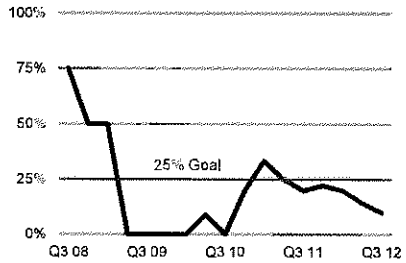
Prepared by: VisualResearch, Inc.

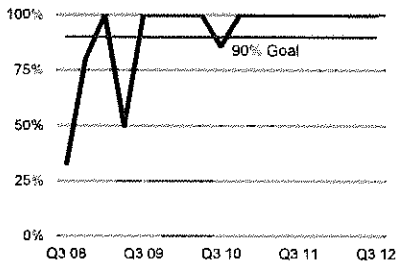
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

Clearance Rate | **Age of Pending Caseload** (percent of cases pending over one year) | **Percent Closed in 250 Business Days**

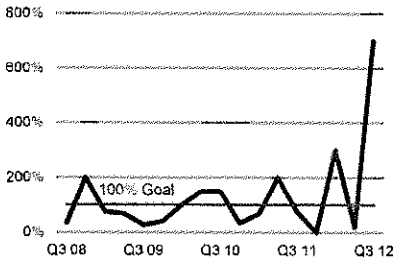
Physical Therapy - In Q3 2012, the clearance rate was 133%, the Pending Caseload older than 250 business days was 10% and the percent closed within 250 business days was 100%.
Q3 2012 Caseloads:
Received=6, Closed=8
Pending over 250 days=1
Closed within 250 days=0

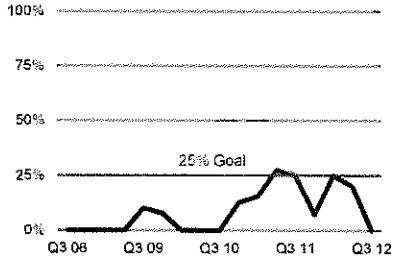


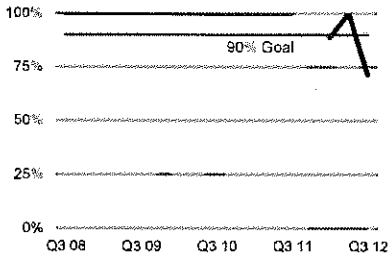




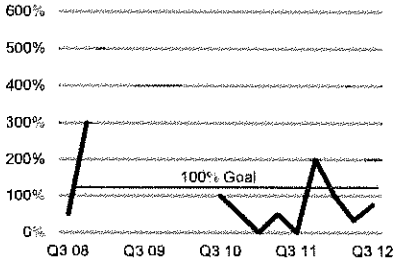
Funeral - In Q3 2012, the clearance rate was 700%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 71%.
Q3 2012 Caseloads:
Received=1, Closed=7
Pending over 250 days=0
Closed within 250 days=5

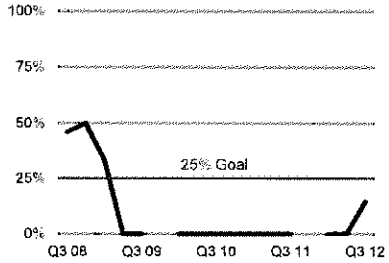


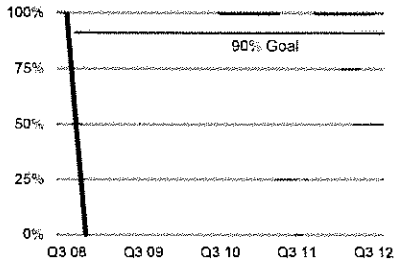




Audiology - In Q3 2012, the clearance rate was 75%, the Pending Caseload older than 250 business days was 14% and the percent closed within 250 business days was 100%.
Q3 2012 Caseloads:
Received=4, Closed=3
Pending over 250 days=1
Closed within 250 days=3







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

Submitted: 4/4/2012

Prepared by: VisualResearch, Inc.

Licensure Count Report

As of November 1, 2012

Physical Therapists	6,608
Physical Therapist Assistants	2,605
Total	**9,213**

Direct Access Certification	**693**

Guidance document: 112-19 **Adopted: February 17, 2012**

VIRGINIA BOARD OF PHYSICAL THERAPY

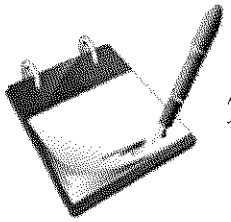
Physical Therapists performance of the prothrombin time and international normalized ratio (INR) tests in home health settings

The Board of Physical Therapy offers the following guidance in response to PT's or PTA's performing INR's in home health settings:

The performance of finger stick blood specimens is a medical act that may be delegated to "technician personnel" who have been "properly trained" (§ 54.1-2901 of the Code of Virginia). If a PT or PTA performs a finger stick INR, he or she is acting as "technician personnel" and not as a physical therapist because the act is not within the scope of practice of physical therapy. The INR must be performed with a physician's order and the PT or PTA must be properly trained and competent and must make it clear to the patient that the procedure is not physical therapy. When the PT or PTA performs a finger stick, he or she should communicate the results to a nurse so that the nurse can interpret and communicate the results to the physician to make medication modifications. Since the physical therapist is acting in the role of "technical personnel," he or she cannot bill for his or her time as physical therapy.

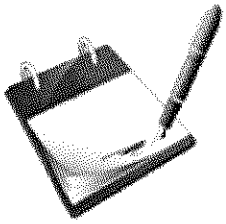
The following are key guidance points:

- Performing INR's is not considered within the scope of physical therapy
- A PT or PTA must be properly trained in the administration of INR's which must be performed in accordance with a physician's order
- A PT or PTA cannot charge as a physical therapist for performing INR's



2013 PT Schedule

Test Date	**Registration & Payment Deadline**	**Jurisdiction Approval Deadline**	**Seats are reserved for PT candidates until:**	**Scores Reported to Jurisdictions**
January 29, 2013	December 22, 2012	December 31, 2012	January 8, 2013	February 5, 2013
April 30, 2013	March 23, 2013	April 1, 2013	April 9, 2013	May 7, 2013
July 24, 2013	June 17, 2013	June 24, 2013	July 3, 2013	July 31, 2013
October 30, 2013	September 23, 2013	September 30, 2013	October 9, 2013	November 6, 2013



2013 PTA Schedule

Test Date	**Registration & Payment Deadline**	**Jurisdiction Approval Deadline**	**Seats are reserved for PTA candidates until:**	**Scores Reported to Jurisdictions**
January 8, 2013	December 1, 2012	December 10, 2012	December 18, 2012	January 15, 2013
April 8, 2013	March 1, 2013	March 8, 2013	March 18, 2013	April 15, 2013
July 10, 2013	June 3, 2013	June 10, 2013	June 19, 2013	July 17, 2013
October 9, 2013	September 2, 2013	September 9, 2013	September 18, 2013	October 17, 2013

Tab 3

From the February 17, 2012 Board Meeting:

Electronic Medical Records/Impact on the Practice of PT – Robert Maroon

Mr. Maroon led discussion on a concern that healthcare organizations are referring patients to "in house" physicians or facilities that they have a financial interest. He added that without proper disclosure, patients are uninformed and unaware that they have the right to choose any physician.

After much discussion, a motion was made by Mr. Locke, and properly seconded by Ms. Wolff-Burke to have Dr. Maihafer request that VPTA address this concern.

From: Angela S. Brooks, P.T. [mailto:angelasbrooks@verizon.net]
Sent: Wednesday, November 07, 2012 3:42 PM
To: Maihafer, George C.
Cc: University Park RSD (John Miller); Richard Grossman
Subject: Fw: message from vpta.org website
Importance: High

George - Thanks for your message. After much searching though my saved emails I did find the information below which addresses the issue yet does not resolve the problem.

I am copying John Miller and Richard Grossman on this email. My answer to the board is that there are no mandates currently in place to address the contents of the electronic referral however there has been legislation put in place relative to imaging which may offer some insight into expanding the language to include other referrals.

I appreciate your email.

Take care,

Angie
----- Original Message -----
From: Drummond-Dye, Roshunda
To: 'Angela S. Brooks, P.T.'
Cc: Maihafer, George C.
Sent: Thursday, April 19, 2012 11:03 AM
Subject: RE: message from vpta.org website

Hi Angela and George:

Unfortunately, the Stark disclosure law that was passed at the end of 2010 applied to imaging services and not physical therapy. I think your question more so gets at Medicare statutory requirements for freedom of choice (SSA section 1802). In theory the electronic referral should just be for physical therapy without a specific PT clinic named and the patient should be asked by the physician where to send that electronic referral. Of course, in this dialogue, the patient is "encouraged" to receive services from the PT clinic within the physician practice. Unfortunately, there is nothing that mandates the physician must provide such in writing on the actual referral. Now with that said, if there are violations of freedom of choice that can be proven (e.g. the physician refuses to send a referral to an outside PT clinic), such behavior should be reported to the OIG Hotline for anti-kickback/Stark violations, 800-HHS-TIPS, HHSTips@OIG.hhs.gov.

I hope this helps to answer your question.

Sincerely,

Roshunda

From: Angela S. Brooks, P.T. [mailto:angelasbrooks@verizon.net]
Sent: Wednesday, April 11, 2012 6:36 PM
To: Drummond-Dye, Roshunda

Cc: Maihafer, George C.
Subject: Fw: message from vpta.org website

Roshunda - George has brought up a very good question on behalf of a member regarding ownership transparency and Stark.
Will you please take a look and share your comments?

Thanks so much.

Regards,

Angela S. Brooks, PT
VPTA Payer Relations Specialist
----- Original Message -----
From: Maihafer, George C.
To: 'angelasbrooks@verizon.net'
Sent: Tuesday, April 10, 2012 1:12 PM
Subject: message from vpta.org website

Hi Angie-

Hope all is well with you and you're enjoying the Spring weather. I'm attending the continuing education this coming weekend at Staunton and hope to see you. I do have a professional question that was posed to me in my role as the chair of the Virginia Board of PT. I couldn't answer it, but I think it may fall in your area of expertise. A PT who owns an independent private practice asked me how (or even if) corporations like our Sentara system – is informing their clients that, when they receive a referral for PT from one of their doctors registered in their system, that the patient has the right to attend any physical therapy setting. The question arose because these referrals are now electronic in nature – no script – so there doesn't appear to be any disclaimer on the electronic referral that the clinics are financially a part of the system that's referring the patient. The problem may also be that the patient never actually holds the referral – since it's electronic. The PT in question asked me if this was breaking the law according to the Stark amendment or if that is no longer being enforced. Do you know anything about this and/or does our VPTA board have any comment or discussion related to this?

Hope I was clear on this question and hope I see you this weekend-

Sincerely –

George

Tab 4

Report of Current Regulatory Action
(as of October 22, 2012)

Board of Physical Therapy

Chapter	Action / Stage Information	
Regulations Governing the Practice of Physical Therapy [18 VAC 112 - 20]	Action:	Eliminate face-to face requirement for continuing education; additional option for CE or reinstatement
	Stage:	Final - *At Governor's Office for 217 days* *This action has been "flagged" as part of regulatory reform*

Notice of Periodic Review

Board of Physical Therapy

Pursuant to Executive Order 14 (2010) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Physical Therapy is conducting a periodic review of:

18VAC112-20	Regulations Governing the Practice of Physical Therapy

The review is part of the **Governor's Regulatory Reform Project with the goal of:**

a. Repealing regulations that are unnecessary or no longer in use;
b. Reducing unnecessary regulatory burdens on individuals, businesses, and other regulated groups; and
c. Identifying statutes that require unnecessary or overly burdensome regulations.

Further, the Board is seeking comment on whether this regulation should be terminated, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins November 5, 2012 and ends on December 5, 2012.

Comments may be submitted online to the Virginia Regulatory Town Hall at:
http://www.townhall.virginia.gov/L/Forums.cfm.
Comments may also be sent to Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233 or faxed to (804) 527-4434 or emailed to elaine.yeatts@dhp.virginia.gov.

Following the close of the public comment period, a report of the periodic review will be posted on the Town Hall and published in the Virginia Register of Regulations.

Workplan and Timeline for Review

	Board of Physical Therapy Regulations
10/17/12	Notice of Periodic Review submitted & sent to constituent groups
11/5/12	Publication of Notice in Register and posting on Townhall – open for comment
12/5/12	Close of comment on Periodic Review for all regulations
1/25/13	Internal (staff) review of each regulation and comment to determine whether any can be repealed or amended as part of the regulatory reform initiative
2/15/13	Board action on any regulation that can be reformed or repealed by a fast-track process Board referral to a Board Committee any recommendations for other amendments that will need to go through the full APA process (not to be included in repeal/reform initiative).

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Pamela Plasberg

A copy of the initial Agency Notice published in the Register of Regulations

Copies of comment on the petition

Staff Note:

There was a comment period on the petition from July 2, 2012 to July 31, 2012. Comments were received by email or through the Virginia Regulatory Townhall.

Board action:

The Board may accept the petitioner's request for amendments to regulations and initiate rulemaking by adoption of a Notice of Intended Regulatory Action

OR

The Board may reject the petitioner's request for amendments. If the petition is rejected, the Board must state its reasons for denying the petition.

COMMONWEALTH OF VIRGINIA

MAY 30 2012

Board of Physical Therapy

DHP

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

MAY 30 2012

(804) 367-4674 (Tel)
(804) 527-4413 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,) Plasberg, Pamela A.		
Street Address 108 Keswick Court	**Area Code and Telephone Number** 540-665-8568; 540-536-5113	
City Winchester	**State** VA	**Zip Code** 22602
Email Address (optional) pplasber@valleyhealthlink.com	**Fax (optional)** 540-536-5138	

Respond to the following questions:

1. *What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.* **18VAC112-20-120 Responsibilities to patients**

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

2. For patients in other settings, it shall be not less than one of 12 visits made to the patient during a 30-day period, or once every 30 days from the last evaluation, whichever occurs first.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

2. *Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.*

In outpatient pediatric clinic settings (other settings as stated above), I am proposing that reevaluation of the patient occur as needed, but not less than every 12 visits made to the patient during a 3 month period or every 3 months, whichever occurs first. In an outpatient pediatric setting, our focus is often on a child's development and a family driven home program and goals are often set for 6-12 months with the child seen in the clinic often one time per week. Because a child's parents are their primary educators and reinforcers of change, some of our patients are seen every 2 weeks or even once per month with parents performing a home exercise program with their child and the therapist reassessing the changes and the progression of the child towards their goals, with the therapist updating the home program based on their expertise at each visit. At times, our pediatric patients require a referral for orthotics and a home exercise program only and are reevaluated after they receive their orthotics to determine if this plan of care was effective and the goals were met, which usually occurs 2 months after the initial evaluation. In summary, within the 30 day reevaluation, we may not see the patient, or only see the patient 1 or 2 times; in these situations, a change in status would not necessarily be expected as a child's development takes time and changes in neuromotor development may take longer than 30 days to be apparent.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-2409.2. Board to set criteria for determining need for professional regulation.

The Board of Health Professions shall study and prepare a report for submission to the Governor and the General Assembly by October 1, 1997, containing its findings and recommendations on the appropriate criteria to be applied in determining the need for regulation of any health care occupation or profession. Such criteria shall address at a minimum the following principles:

The Board in its study shall analyze and frame its recommendations in the context of the total health care delivery system, considering the current and changing nature of the settings in which health care occupations and professions are practiced. It shall recognize in its recommendations the interaction of the regulation of health professionals with other areas of regulation including, but not limited to, the following:

1. Regulation of facilities, organizations, and insurance plans;
2. Health delivery system data;
3. Reimbursement issues

Signature: Paul A Plesberg, P.T. **Date:** 5-23-12

PT

MAY 30 2012

PETITIONS FOR RULEMAKING

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD OF DENTISTRY

Agency Decision

Title of Regulation: **18VAC60-20. Regulations Governing Dental Practice.**

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Name of Petitioner: Denice Burnette.

Nature of Petitioner's Request: Amend 18VAC60-20-190 to permit dental assistants II to operate a high speed rotary instrument in the mouth.

Agency Decision: Request denied.

Statement of Reason for Decision: At its meeting on June 8, 2012, the board considered the petition and comments for or against and decided to deny the request for rulemaking. In the board's opinion, allowing dental assistants II to use high speed rotary instruments has the potential for serious harm and is not in the interest of public health and safety. Additionally, there may be a statutory prohibition since § 54.1-2729.01 requires that only tasks that are reversible may be delegated to dental assistants II.

Agency Contact: Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, telephone (804) 367-4688, or email elaine.yeatts@dhp.virginia.gov.

VA.R. Doc. No. R12-20; Filed June 8, 2012, 2:01 p.m.

BOARD OF PHARMACY

Agency Decision

Title of Regulation: **18VAC110-20. Regulations Governing the Practice of Pharmacy.**

Statutory Authority: §§ 54.1-2400 and 54.1-3307 of the Code of Virginia.

Name of Petitioner: Kristen Barratt, R.Ph.

Nature of Petitioner's Request: To adopt regulations similar to those in North Carolina and West Virginia that establish a limitation on the number of hours a pharmacist can work continuously and a requirement for breaks during a shift.

Agency Decision: Request granted.

Statement of Reason for Decision: At its meeting on June 12, 2012, the board considered all comments and a recommendation from the Regulation Committee. In response, it decided to issue a Notice of Intended Regulatory Action (NOIRA) to consider changes similar to those suggested in the petition. Following publication of the NOIRA, the Regulation Committee of the board will review regulations from other states and any comments received from the NOIRA. Draft regulations will be proposed to the full board.

Agency Contact: Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, telephone (804) 367-4688, or email elaine.yeatts@dhp.virginia.gov.

VA.R. Doc. No. R12-19; Filed June 13, 2012, 12:12 p.m.

BOARD OF PHYSICAL THERAPY

Initial Agency Notice

Title of Regulation: **18VAC112-20. Regulations Governing the Practice of Physical Therapy.**

Statutory Authority: §§ 54.1-2400 and 54.1-3473 through 54.1-3483 of the Code of Virginia.

Name of Petitioner: Pamela A. Plasberg

Nature of Petitioner's Request: Change the requirement for reevaluation of the patient from: Not less than one of 12 visits made to the patient during a 30-day period or not less than once every 30 days (current regulation) to: Not less than every 12 visits made to the patient during a three-month period or not less than every three months.

Agency Plan for Disposition of Request: The board will request public comment on the petitioner's request until July 31, 2012, and will consider the petition at its meeting scheduled for August 17, 2012.

Public Comments: July 31, 2012.

Agency Contact: Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, telephone (804) 367-4688, or email elaine.yeatts@dhp.virginia.gov.

VA.R. Doc. No. R12-25; Filed June 5, 2012, 11:40 a.m.

Logged in: DHP

Agency **Department of Health Professions**

Board **Board of Physical Therapy**

Chapter **Regulations Governing the Practice of Physical Therapy [18 VAC 112 - 20]**

Back to List of Comments

Commenter: Terri S. Ferrier, PT, VPTA President * 7/24/12 11:18 pm

Regulations Governing the Practice of Physical Therapy (18 VAC 112-20) - Change in reevaluation sche

Dear Board of Physical Therapy,

The Virginia Physical Therapy Association Board of Directors met in late June 2012 and discussed the petition for a change in reevaluation schedule for physical therapists. The Board of Directors as well as several committee members and members at large held an extensive discussion of the petition proposed to the Board of Physical Therapy and the potential consequences of this possible change. It was a very rich discussion of the challenges that are often faced by physical therapists and more specifically the challenges of pediatric physical therapists that frequently see their patients only once or twice within a 30 day period. The Board of Directors and members at large discussed the benefits as well as the drawbacks of this petition to change the the frequency of required reevaluation of patients. Following this extensive discussion, the VPTA Board of Directors decided that although we understand the difficulties that can be associated with monthly reevaluations, we would recommend that no changes are made to this reevaluation requirement at this time. We feel that it is in the best interest of the public/our patients to maintain the high standard of reevaluating our patients every 30 days.

Respectfully Submitted,

Terri Ferrier, VPTA President and representative of the VPTA Board of Directors

* Nonregistered public user

Tab 5

Question to a Board Member:

We have a guidance document on this but I am not clear on some specifics.

1. Is it 1-to-1 hours for research and preparation and clinical teaching? So if I prepared for 4 hours, did some research for 1 hour, and have a student for 40 hours, I would have 45 hours of Type 2 CEUs. Yes?
2. Who verifies this? The school would be able to send out a letter verifying the 40 hours if requested.
3. Does the PT/PTA then just document on his/her own about the preparation/research hours?

Thanks for any input.
****

Provided for Discussion:

The Virginia Board of Physical Therapy awards continuing education hours for time spent working with students as a clinical instructor/ educator. Details are available online at: http://www.dhp.virginia.gov/PhysicalTherapy/physther_guidelines.htm. For your convenience, a summary of Virginia's CEU information as it relates to clinical education is provided below.

> The Board advised that it would consider one credit hour of a college course to be equivalent to 15 contact hours of continuing education.[1]
>
> Research and preparation for the clinical supervision experience or teaching of workshops or courses in a classroom setting constitutes Type 2 activities.
>
> Classroom teaching of physical therapy topics and clinical supervision constitutes Type 2 activities.

Providers approved by other state licensing boards may be considered Type 1 programs.

&

The number of Type II hours is related to the first time one develops research, teaching modules, and clinical education preparation experiences. If you are working with a student in the clinic, it's assumed that as a CI you're planning experiences for the student including the formal written evaluations. The actual day to day work with the students would not count since that is work not CE. It's also how one should look at CE in the broadest sense – does it improve my practice in a meaningful way? Verification is done by our board in a random method through audits. When the audit comes, the PT/PTA must have written verification of these hours – with actual tangible examples (research = poster/platform or article publication drafts).

Tab 6

EDUCATIONAL AUTHORIZATION FORM

COMMONWEALTH OF VIRGINIA

VIRGINIA BOARD OF PHYSICAL THERAPY

DEPARTMENT OF HEALTH PROFESSIONS
Perimeter Center, 9960 Mayland Drive, Suite 300 - Henrico, Virginia 23233-1463
(804) 367-4674 (phone) website: www.dhp.virginia.gov

Submit this form to your school for verification that you are within 60 days of completion of degree requirements and instruct them to return the completed form directly to the Virginia Board of Physical Therapy.

NOTE TO APPLICANTS: This does not replace official transcripts for the application process. This form is required if you have not yet received your degree but are within 60 days of fulfilling the requirements. A License will not be issued until official transcripts are received confirming the degree along with successful passage of the PT NPTE or PTA NPTE exam.

(For graduates of approved programs only)

It is hereby certified that _____
Name of Applicant

is enrolled in _____ **on** _____
Course of Study **Date**

and is within 60 days of completing the degree requirements of _____
Degree

from _____
Name of Institution

on _____.
Date

_____
Signature of Dean or Department Head

Completed form must be mailed to: **Virginia Board of Physical Therapy**
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Rev Form: 11/16/2012 (replaces Form L)

EXAMINATION REQUIREMENTS

Applicants from Approved Programs

- Completed Notarized Examination Application
- Physical Therapists – Fee of $140.00 made payable to the Treasurer of Virginia
- Physical Therapist Assistants – Fee of $100.00 made payable to the Treasurer of Virginia
- Official Transcript- must have date of graduation and degree conferred

  OR

  Proof of Professional Education – submit Educational Authorization Form verifying that the applicant is within 60 days of completing all degree requirements. This will allow the applicant to sit (one time) for the FSBPT examination. However, passed scores will not be released nor will the license be issued until an official transcript is received from the school showing degree conferred. Failed scores will be released in order to allow the applicant to retest.

Applicants from Non-Approved Programs

- Completed Notarized Examination Application
- Physical Therapist – Fee of $140.00 made payable to the Treasurer of Virginia
- Physical Therapist Assistants – Fee of $100.00 made payable to the Treasurer of Virginia
- Notarized copy of Diploma
- Credentials Evaluation – verifying that education is substantially equivalent to a degree in the United States
- TOEFL, verification of English proficiency stated in the Credentials evaluation or an original letter from school verifying that the medium of instruction in their country is English
- 1,000 hour Traineeship – The Board will allow applicant to test before the completion of the traineeship. However, passed scores will not be released or license issued until the completion of the 1,000 traineeship. (Failed scores will be released in order to allow the applicant to retest.)

COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

November 16, 2012

DRAFT

SCHOOL
12345 School Street
PTA&PTA, USA 12345

Dear SCHOOL;

In an effort to address Fixed Date Testing issues, the Board of Physical Therapy made the decision on November 16, 2012 to begin allowing students to sit for the PT or PTA NPTE examination provided they are in good standing and are within 60 days of having their degree conferred.

This will not replace the requirement for official transcripts. A license will not be issued until official transcripts are received confirming the degree along with successful passage of the examination.

New instructions and forms are now available on our website at:

www.dhp.virginia.gov/PhysicalTherapy

We hope this decision will lessen the impediment that fixed date testing has presented to your students.

If you have any questions, please feel free to contact us.

Best Regards,

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

Tab 7

Currier, Missy (DHP)

From: Hahn, Lisa R. (DHP)
Sent: Tuesday, October 23, 2012 2:29 PM
To: msitton@sittonlaw.com
Cc: Currier, Missy (DHP); Helmick, Lynne (DHP)
Subject: FW: Students working for Physical Therapists

Categories: Red Category

Thank you for bringing this matter to our attention. I have looked into the issue and discussed this matter with CAPTE, the accreditation arm for the APTA. I have also consulted with the AG's office to see how we might be able to rectify this situation. I plan to discuss this matter with the Board at their next meeting on November 16th. I will be back in touch with you following that meeting.

Thanks again.

From: James M. Sitton, II, Esq. [mailto:msitton@sittonlaw.com]
Sent: Thursday, October 18, 2012 3:02 PM
To: Hahn, Lisa R. (DHP)
Subject: Students working for Physical Therapists

Ms. Hahn,

As I stated in a previous email, this firm represents Scott Roberts, MPT. Mr. Roberts is interested in supervising students completing clinical hours required for graduation in an attempt to assist them in achieving their academic requirements.

18VAC112-20-100(D) states that he can do so for "a student in an approved program who is satisfying clinical education requirements...." However, Mr. Roberts has been approached by students in programs that are not approved by CAPTE at this time, but that are currently undergoing the credentialing process through CAPTE to become a fully accredited, and therefore an "approved," program. These students need clinical education hours to complete their studies, and would like to do so under the supervision of Mr. Roberts.

Would he be in violation of 18VAC112-20-100(D) if he were to supervise students obtaining their clinical education requirements in programs such as those just described?

Sincerely,

James M. Sitton, II, Esq.
Attorney & Counselor at Law
P.O. Box 29163
Henrico, Virginia 23242
Telephone: (804) 525-6868
Facsimile: (804) 562-7568
msitton@sittonlaw.com

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DRAFT

Board of Physical Therapy
Guidance on Supervising Students in Non-Approved Programs

A physical therapist may provide direct supervision to a student who is satisfying clinical educational requirements in physical therapy in a non-approved program that has been granted the Candidate for Accreditation status from CAPTE. A physical therapist or a physical therapist assistant may provide direct supervision to a student in a non-approved program that has been granted the Candidate for Accreditation status from CAPTE.

Tab 8

From: Federation of State Boards of Physical Therapy [mailto:MDecker@fsbpt.org]
Sent: Thursday, November 08, 2012 1:59 PM
To: Maihafer, George C.
Subject: FSBPT Supervised Clinical Practice Performance Evaluation Tool

To view this email as a web page, go here.

Your chance to review FSBPT Performance Evaluation Tool

November 8, 2012

The Federation's Foreign Educated Standards Committee has developed a Performance Evaluation Tool to be utilized by a clinical supervisor when evaluating the competence of a foreign educated physical therapist (FEPT) during a supervised clinical practice.

The committee is soliciting your feedback on the draft tool. Please review the Performance Evaluation Tool and complete the survey **by December 7, 2012** by clicking:

https://www.fsbpt.net/FSBPTSurvey/TakeSurvey.asp?SurveyID=4KI375K04mlLM.

Your feedback is extremely important to the development and final version of this tool.

Sincerely,
Joni Kalis, PT, Chair, FSBPT Foreign Educated Standards Committee

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Distribution:
FSBPT jurisdiction board members and administrators, board of directors, committees, honorary, associate and affiliate members; Leadership Issues Forum and Annual Meeting attendees
FCCPT board of directors
Physical therapy credential review agencies
APTA board of directors, senior staff, state & chapter presidents, Academic Council, Student Assembly
PT & PTA directors and faculty

FSBPT
Supervised Clinical Practice
Performance Evaluation Tool

1. **Practices in a manner that is safe for the patient**
   1.1. Responds appropriately in emergency situations
   1.2. Recognizes and responds to unexpected changes in patient's physiological condition
   1.3. Utilizes Universal Precautions and Infection Control measures
   1.4. Prepares and maintains a safe physical environment
   1.5. Checks equipment prior to use

2. **Practices in a manner that is safe for self**
   2.1. Prepares and maintains a safe physical environment
   2.2. Asks for physical assistance when needed
   2.3. Utilizes Universal Precautions and infection control measures
   2.4. Anticipates potentially unsafe situations and takes preventative measures to prevent harm to self and others

3. **Understands role of the physical therapist in the US HC system**
   3.1. Practices autonomously
   3.2. Establishes a diagnosis
   3.3. Collaborates with other members of the healthcare team

4. **Displays a positive and professional attitude**
   4.1. Willingly accepts responsibility for actions and outcomes
   4.2. Demonstrates initiative and responds to requests in helpful and prompt manner
   4.3. Follows through on tasks
   4.4. Actively seeks out learning opportunities

5. **Utilizes support personnel with appropriate supervision**
   5.1. Understands skill level of support personnel
   5.2. Understands supervision laws, supervision ratios

6. **Solicits input on performance from supervisors and others to identify strengths and weaknesses**
   6.1. Collaborates with supervisor to address areas of weakness
   6.2. Initiates improvement plan for areas of weakness
   6.3. Admits mistakes and takes immediate action to correct the problem
   6.4. Changes practice behaviors in response to feedback from others
   6.5. Accepts constructive feedback

7. **Demonstrates sensitivity to individual and cultural differences when engaged in physical therapy practice**
   7.1. Is respectful of the cultural, socioeconomic, spiritual and ethnic diversity differences of patients and co-workers
   7.2. Adjusts to personality differences of colleagues, staff and patients

8. **Maintains professional demeanor and appearance**
   8.1. Dresses appropriately and follows organizational dress code

9. **Demonstrates time management skills and uses clinic resources effectively**
   9.1. Completes documentation in a timely manner
   9.2. Uses unscheduled time productively

9.3. Use supplies and materials judiciously

10. Manages conflict with colleagues, staff and patients
10.1 Negotiates resolution to conflict
10.2 Acts as patient advocate as appropriate

11. Demonstrates English Language proficiency in speaking
11.1 Effective use of grammar and vocabulary
11.2 Demonstrates good use of basic and complex grammatical structure
11.3 Demonstrates proper use and knowledge of medical terminology
11.4 Demonstration correct stress and rhythm and intonation of speech
11.5 English pronunciation is clear to the listener

12. Demonstrates English Language proficiency in reading
12.1 Understands what is reported in written form and is able respond appropriately
12.2 Extracts relevant information from the medical record
12.3 Accurately Interprets professional literature

13. Demonstrates English Language proficiency in writing
13.1 Writes English in complete sentences as needed
13.2 Understands and correctly interprets what is written by others
13.3 Written communication skills permit patients, families and caregivers to understand what was written
13.4 Written communication skills permit co-workers and other health care professionals to understand what was written
13.5 Demonstrates proper use and knowledge of medical terminology

14. Demonstrate English Language proficiency in listening
14.1. Asks clarifying question to ensure understanding

1S. Establishes rapport and interacts respectfully with colleagues, patients, and staff
15.1. Appropriate use of eye contact
15.2. Respect for personal space

16. Adheres to the recognized standards of ethics of the physical therapy profession
16.1. Recognizes and reports violation of ethical practice to appropriate authority
16.2. Provides accurate and truthful information and does not makes statements that are fraudulent or misleading
16.3. Does not document fraudulent or misleading information

17. Demonstrates knowledge of federal laws and rules applicable to physical therapy
17.1 Complies with Americans with Disabilities Act
17. 2 Complies with HIPAA

18. Demonstrates knowledge of state laws and rules applicable to physical therapy
18.1. Complies with jurisdictional Practice Act and Rules
18.2. Complies with supervision requirements for assistive personnel

19. Demonstrates knowledge of facility's policies and procedures
19.1. Obtains informed consent
19.2. Protects confidentiality of patient information including use of electronic medical record

20. **Demonstrates knowledge of third party payer policies and requirements**
    20.1. Takes out of pocket cost to the patient into consideration when establishing a plan of care
    20.2. Considers the cost to third party payers and public resources in the provision of healthcare
    20.3. Gives consideration to patient's insurance benefits and other resources and writes Plan of Care accordingly
    20.4. Provides meaningful treatment within allotted timeframe

21. **Maintains professional boundaries between self and patients**
    21.1. Demonstrates knowledge that patient/provider relationship is therapeutic only and is not social or emotional in nature
    21.2. Demonstrates knowledge that relationship with patients excludes friendship and sexual or business relationship.

22. **Completes full and accurate patient interview/history**
    22.1. Interviews patient and/or appropriate care givers
    22.2. Establishes chief complaint and reason for referral to physical therapy
    22.3. Establishes prior and current level of function
    22.4. Differentiates relevant from irrelevant information provided in the subjective report
    22.5. Gathers operative reports, physician notes or other medical test results to optimize clinical decision making

23. **Reviews and interprets medical records**
    23.1. Interprets diagnostic and laboratory test results.
    23.2. Integrates information from specialty reports or consultations into clinical decision making

24. **Reviews and identifies the implications of current medications**
    24.1. Considers the physiologic effects of current medications and PT treatment implications
    24.2. Identifies purpose and rehabilitation implications of medication

25. **Appropriately selects tests and measurements related to the chief complaint**
    25.1. Seeks referral for additional tests when indicated
    25.2. Selects special tests and measurements to establish a diagnosis

26. **Performs Tests & Measures: Anthropomorphic**
    26.1. Measures body dimensions such as height, weight, girth, segment length
    26.2. Assesses atrophy
    26.3. Quantifies edema

27. **Performs Tests & Measures: Arousal, Attention, & Cognition**
    27.1. Assesses ability to process commands
    27.2. Assesses expressive and receptive skills
    27.3. Assesses orientation to time, person, place, and situation
    27.4. Assesses memory and retention

28. **Performs Tests & Measures: Assistive & Adaptive Devices**
    28.1. Assesses need for assistive or adaptive devices and equipment
    28.2. Assesses fit, function and safety of assistive or adaptive devices and equipment

29. **Performs Tests & Measures: Nerve Integrity**
    29.1. Selects and perform tests of neural provocation

29.2. Examines cranial nerves
29.3. Examines proprioception, pain, touch, and temperature
29.4. Examines deep tendon reflexes

30. **Performs Tests & Measures: Environmental & Community Integration/Reintegration**
    30.1. Assesses activities of daily living, transfers and functional mobility
    30.2. Assesses Community barriers and integration

31. **Performs Tests & Measures: Ergonomics, Body Mechanics, & Posture**
    31.1. Select and perform tests of specific work conditions or activities
    31.2. Assess body mechanics during activity
    31.3. Assess postural alignment and position (static and dynamic)

32. **Performs Tests & Measures: Gait, Locomotion & Balance**
    32.1. Assess gait and locomotion and balance during functional activities

33. **Performs Tests & Measures: Integumentary Integrity**
    33.1. Assess skin characteristics
    33.2. Assess wound characteristics
    33.3. Assess scar tissue characteristics

34. **Performs Tests & Measures: Joint Integrity & Range of Motion**
    34.1. Select and perform tests of joint stability, joint mobility, range of motion and flexibility

35. **Performs Tests & Measures: Motor Function**
    35.1. Assess muscle tone, tone, coordination, movement patterns and postural control.

36. **Performs Tests & Measures: Muscle Performance**
    36.1. Selects and performs tests of muscle strength, power, and endurance (e.g., manual muscle test, isokinetic testing, dynamic testing)

37. **Performs Tests & Measures: Neuromotor Development & Sensory Integration**
    37.1. Assesses acquisition and evolution of motor skills
    37.2. Selects and performs tests of sensorimotor integration
    37.3. Selects and performs tests of developmental reflexes and reactions

38. **Performs Tests & Measures: Orthotic, Protective, Assistive, & Prosthetic Devices**
    38.1. Assesses the need for devices
    38.2. Assesses the alignment, fit and effectiveness of devices

39. **Performs Tests & Measures: Pain**
    39.1. Assesses pain location, intensity and characteristics

40. **Performs Tests & Measures: Functional Scales**
    40.1. For example: Functional Independence Measure, DASH, Tinetti Gait and Balance

41. **Evaluation and Assessment: Performs and Documents the Clinical Assessment of the patient**
    41.1. Appropriately interprets data collected in History, Systems Review and Tests & Measures

FSBPT
Supervised Clinical Practice
Performance Evaluation Tool

42. **Establishes A Diagnosis for Each Patient**
    42.1. Assigns a diagnosis based on evaluation/assessment
    42.2. Considers differential diagnoses
    42.3. Utilize the diagnostic process to organize and interpret data from the examination

43. **Plan of Care: Develops and documents goals based on Impairments, Functional Limitations and Disability Identified During the Examination**
    43.1. Solicits patient input in the development of goals
    43.2. Writes goals that are measurable and functional

44. **Plan of Care: Selects and documents interventions based on Impairments, Functional Limitations, Disability and Available Resources, as Related to the Chief Complaint**
    44.1. Justifies selected interventions

45. **Plan of Care: Determines amount, frequency and duration of intervention**
    45.1. Considers diagnosis, patient payment, third party payer regulations and patient's ability to participate when determining treatment schedule

46. **Interventions: Therapeutic Exercise**
    46.1. Instructs in conditioning, strength, stretching, coordination
    46.2. Modifies exercise based on patient response
    46.3. Instructs in task specific performance

47. **Interventions: Functional Training**
    47.1. Instructs in Instrumental Activities of Daily Living (IADL)
    47.2. Instructs in Activities of Daily Living (ADL)
    47.3. Instructs in gait and locomotion
    47.4. Instructs in bed mobility, transfers, wheelchair management and ambulation
    47.5. Trains patient in use of orthotic, protective, assistive, & prosthetic devices

48. **Interventions: Manual Therapy Techniques**
    48.1. Performs joint and soft tissue mobilization

49. **Interventions: Wound Care**
    49.1. Performs debridement, apply topical and physical agents and dressings
    49.2. Instructs in inspection and protection of wound and skin

50. **Interventions: Physical Agents**
    50.1. Applies Heat, Ice and Electrical Stimulation
    50.2. Heeds Indications, Contra-Indications and Precautions
    50.3. Modifies Physical Agent Based on Patient Response
    50.4. Applies mechanical traction

51. **Intervention: Patient Education**
    51.1. Effectively communicates evaluation findings, therapy diagnosis and plan of care to patient, caregiver/family

52. **Performs Reevaluations at Appropriate Intervals**
    52.1. Performs re-examination based on patient status
    52.2. Identifies barriers affecting patient progress

52.3. Documents progress to date, justifies continuation of services, and writes new goals and updates the plan of care as needed

53. Discharges or Discontinues the patient from Physical Therapy Services
53.1. Determines when patient is no longer benefiting from physical therapy services
53.2. Anticipates discharge or discontinuation of services and take appropriate and timely action
53.3. Provides follow-up or referral as appropriate
53.4. Documents summary of care, final patient status and reason for discharge or discontinuation of services

54. Charges Submitted for Payment are Supported by the Documentation
54.1. Charges for services are supported by time spent with patient and documented interventions
54.2. Submits patient charges in timely manner

55. Maintains a record of all clinical care provided
55.1. Obtains authorization for physical therapy services as required by insurance or facility
55.2. Documentation Meets Federal, State and Facility Requirements
55.3. Documentation supports the need for skilled physical therapy services
55.4. Obtains certification and/or re-certification of Plan of Care as required by insurance

56. Documentation establishes a link between identified problems and intervention provided
56.1. Documented objective findings supports the use of chosen interventions
56.2. Documentation of services reflects medical necessity of physical therapy services

57. Documentation Provides Sufficient Information to Allow for Another Therapist to Assume Care of the Patient
57.1. Documentation is complete, legible and accurate
57.2. Diagnosis, reasons for treatment and interventions provided are clearly described
57.3. Rationale for the provision of intervention clearly delineated in the record

58. Documents Communication with Healthcare Providers Family and Caregivers
58.1. Documents contacts, conversations, phone calls with and emails from healthcare providers, family and caregivers

59. Demonstrates Sound Clinical Decision Making
59.1. Provides evidence based rationale for selected examination techniques and treatment interventions
59.2. Locates, appraises and assimilates evidence from scientific studies and relevant resources
59.3. Requests consultation and makes referral as indicated
59.4. Seeks help when knowledge boundaries are reached and prior to continuation of care

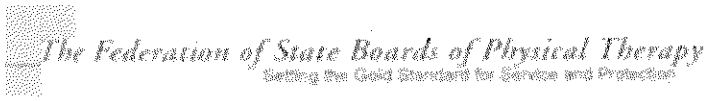
60. Assigns Appropriate Diagnostic Code
60.1. Assigns ICD 9/ICD 10 codes for chief complaint
60.2. Assigns ICD 9/ICD 10 codes for secondary morbidities

61. Assigns Appropriate CPT Codes
61.1. Demonstrates understanding of timed verses untimed codes
61.2. Demonstrates understanding of Medicare Eight Minute Rule
61.3. Uses modifiers as appropriate
61.4. Understands concept of one on one therapy

62. Understands the payment systems relative to the clinical setting

62.1. Skilled nursing facility: RUGS, Qualifying Minutes of Therapy, Skilled verses Unskilled Services
62.2. Acute care: Diagnosis related groups
62.3. Inpatient rehabilitation: IRF-Patient Assessment Instrument, Requirement for intensity of care - 3 Hour Rule
62.4. Home health care: OASIS, Episode of Care, Recertification Period
62.5. Outpatient rehabilitation: CPT Codes, 8 minute rule, timed verses untimed code, certification/recertification of the plan of care

Survey



Supervised Clinical Practice Performance Tool

The Federation's Foreign Educated Standards Committee has developed a Performance Evaluation Tool to be utilized by a clinical supervisor when evaluating the competence of a foreign educated physical therapist (FEPT) during a supervised clinical practice.

The committee is soliciting your feedback on the draft tool.

Please review the Performance Evaluation Tool and complete this survey **by December 7, 2012.** Your feedback is extremely important to the development and final version of this tool.

1. First Name

2. Last Name

3. Email address

4. Jurisdiction

-- None --

5. Check all that apply.

- ☐ Physical therapy licensing board member
- ☐ Physical therapy licensing board administrator
- ☐ Physical Therapist
- ☐ Physical Therapist Assistant
- ☐ PT/PTA faculty
- ☐ PT/PTA employer
- ☐ PT/PTA recruiter
- ☐ Other, please specify

6. Do you have experience with foreign educated physical therapists?*

- ○ Yes
- ○ No

7. Please comment on your experience with foreign educated physical therapists. (supervisor, co-worker, employer, etc.)

Please use the attached draft FSBPT Supervised Clinical Practice Performance Evaluation Tool to answer the following questions. There are 61 items on the performance evaluation tool. You may want to print the document in order to complete the survey.

- Items are listed in **bold**.
- Anchors are listed under each item.

When commenting on an item or anchor, please include the item and/or anchor numbers in your comments.

8. The items are clear and understandable in what they assess.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

9. Please comment on any items you feel are not clear and understandable.
Items are bolded. Be sure to include the number of the item in your comment.

10. The anchors for the item are clear and understandable in what they assess.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

11. Please comment on any anchors you feel are not clear and understandable.
Anchors are listed under items and are numbered 1.1, 3.2, etc. Be sure to include the number of the anchor in your comment.

12. The important elements for evaluating the competence of a foreign educated physical therapist are reflected in the current items.

- Strongly agree
- Somewhat agree

- Neutral
- Somewhat disagree
- Strongly disagree

13. Comments:

14. Please comment on any items you feel are NOT necessary to evaluate the competence of a FEPT.
Please note the item number and explain why you do not believe it is necessary.

15. No important elements or concepts to assess clinical competence of the foreign educated physical therapist are missing.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

16. Comments:

17. The tool is of an appropriate length.

- Yes
- No

18. Comments:

19. I would like to discuss piloting the tool in my state.

- Yes

No

20. Comments:

21. Please share any additional comments.

Done Cancel

Tab 9

Question to Board regarding PTA's in acute care facilities:

We've started using PTAs in my acute care facility and the question recently came up about their ability to make or document d/c recommendations. We checked the guidelines and then went to Paula at NVCC for further clarification. She suggested that I contact you.

Because the average length of stay is so short these days (and because sometimes patients leave the building and we didn't necessarily know they were leaving yet…), we don't do formal discharge summaries anymore.

When we do know that a patient is leaving the building (say, an elective total joint replacement) – the therapist usually writes a short addendum to their note that says something like: Pt discharging to home, goals met, walker received and sized, pt to receive home health – those aren't necessarily discharge recommendations, it's more of a summary … so is that OK for a PTA to do?

****

Thanks so much for the call back inquiry about DC summaries, sorry for the delay in responding. This is a good question and I am not sure if I can give a yes or no response. The Northern District VPTA practice chair (do we have one now?) may be a good resource also. I copied and bolded the section from the Virginia Practice Act. The Guide to PT practice states that "DC occurs based upon the PTs analysis of the achievement of anticipated goals and expected outcomes."

I have heard PTs say both that they interpret the VA regulations to mean a PT must complete the DC summary as well as they understand the PT should cosign a note if written by a PTA. Ultimately it looks clear that the decision to DC the pt must come from the PT.

Defensible Documentation provides elements necessary for the DC summary but I could not find specific content that it must be completed by a PT.

The VA Board meets next week. It may be helpful to ask the Board for a more direct response.

Sorry I couldn't offer a more definitive response. Please let me know if you get a response from the Board. BTW I also received an inquiry about this same topic from a large hospital and rehab center out in the Valley District, so I think others have the same questions and concerns. Let me know if I can help more.