

FLEX CEUs



Alabama Jurisprudence: A Guide for Physical Therapists and Assistants



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Introduction

This course will provide detailed insights on following the directives of the Alabama Board of Physical Therapy and the American Physical Therapy Association, ensuring adherence to licensing requirements, continuing education, ethical standards, and the regulations that oversee the profession. It will delve into the methods of delivering exceptional and ethical physical therapy care, examining the Alabama Physical Therapy Practice Act, exploring the four sources of biomedical ethical obligations in Alabama, and instructing on how to represent the profession with integrity and compassion. Additionally, it will address ethical challenges through case scenarios, offering guidance to therapists on effectively utilizing the Code of Ethics and core values to navigate complex ethical situations.

Ethical and Legal Concepts in Physical Therapy

The field of physical therapy operates within a framework of ethical principles and legal considerations that are crucial to the delivery of safe, effective, and patient-centered care. Ethical concepts form the foundation of the profession, guiding physical therapists and assistants in interactions with patients, colleagues, and the healthcare system. Respect for patient autonomy, beneficence, and integrity are among the key ethical principles that shape decision-making and practice. At the same time, adherence to various legal concepts is essential to ensure compliance with regulations, protect patient rights, and maintain professional integrity. The interplay between ethics and the law defines the boundaries and responsibilities of physical therapy practice, emphasizing the importance of ethical conduct and legal compliance for practitioners committed to delivering optimal healthcare outcomes.

Ethical Concepts in Physical Therapy

References: 1–3

Ethical concepts in physical therapy encompass a set of principles and guidelines that guide the conduct of physical therapists and ensure the well-being and rights of patients. These ethical considerations are crucial for maintaining professionalism, integrity, and trust in the healthcare system. Several ethical concepts are listed below to help physical therapists and assistants understand ethics in the concept of the physical therapy field.

Autonomy

Autonomy in physical therapy refers to respecting and promoting the right of patients to make informed decisions about their own healthcare. It recognizes the individual's capacity to make choices regarding their treatment, rehabilitation, and overall well-being.

Informed Consent and Decision Making

It involves informed consent, where a physical therapist should provide patients with comprehensive information about their condition, treatment options, potential risks, benefits, and alternatives. Before initiating any intervention, physical therapists seek informed consent, ensuring that patients understand the nature of the proposed treatment and have the opportunity to ask questions. In addition, autonomy involves shared decision-making and collaboration between the physical therapist and the patient with making decisions about care. Physical therapists engage in shared decision-making by considering the patient's preferences, values, and goals. Patients actively participate in determining the most suitable treatment plan based on their individual needs.

Patient Individuality and Culture

Physical therapists and assistants should respect patient preferences and the diversity of patient preferences and values. Physical therapists should consider the patient's cultural background, personal beliefs, and lifestyle when developing a treatment plan. This involves tailoring interventions to align with the patient's goals and values. Part of the principle of autonomy is patient education.

Therapists should provide patients with adequate information that empowers them to make informed decisions. Physical therapists educate patients about their condition, the rationale behind specific interventions, and the expected outcomes. This education enables patients to actively participate in their rehabilitation process. Physical therapists should respect any refusal of treatment. If a patient declines a recommended intervention, physical therapists should engage in open communication to understand the reasons behind the refusal and explore alternative options that align with the patient's preferences. Physical therapists should be aware of any advance directives or specific preferences outlined by the patient in case they are unable to make decisions. Respecting these directives is essential in upholding autonomy. Autonomy requires cultural competence to understand and respect diverse perspectives on healthcare decision-making. Physical therapists should be sensitive to cultural differences, adapting their communication style and treatment plans to align with the cultural preferences and values of the patient. Autonomy involves empowering patients to actively participate in their own care and rehabilitation. Physical therapists support self-management by providing patients with the tools and knowledge to manage their conditions independently. This may include educating them on home exercises, lifestyle modifications, and self-monitoring.

Beneficence

Beneficence in the context of physical therapy refers to the ethical principle of promoting the well-being and best interests of the patient. Physical therapists aim

to provide effective and compassionate care that maximizes positive outcomes for the individual. There are several aspects of the principle of beneficence that physical therapists and assistants should understand.

Evidence-Based, Patient-Centered Care

Beneficence involves using evidence-based practices that have been proven effective in promoting positive patient outcomes. Physical therapists stay informed about the latest research and clinical evidence, ensuring that their interventions are based on the best available information. This commitment to evidence-based practice enhances the likelihood of beneficial results. Beneficence emphasizes tailoring interventions to meet the specific needs and goals of each patient. Physical therapists conduct thorough assessments to understand the unique characteristics and challenges of each patient. Treatment plans are then customized to address individual needs, optimizing the likelihood of positive outcomes. Beneficence involves recognizing and prioritizing the patient's preferences, values, and goals in the decision-making process. Physical therapists engage in patient-centered care by actively involving patients in the planning and decision-making regarding their treatment. This collaborative approach enhances the overall well-being of the patient. Beneficence includes efforts to prevent injuries, disabilities, and complications, as well as promoting overall health and wellness. Physical therapists contribute to beneficence by incorporating preventive measures and health promotion strategies into their interventions. This may include education on injury prevention, ergonomic recommendations, and lifestyle modifications.

Communication and Advocacy

Beneficence involves clear and effective communication to ensure that patients are well-informed and engaged in their care. Physical therapists communicate openly with patients, explaining diagnoses, treatment options, and expected

outcomes in a manner that is easily understandable. This facilitates shared decision-making and empowers patients to actively participate in their rehabilitation. Beneficence includes the ongoing monitoring and reassessment of the patient's progress to ensure that interventions remain effective. Physical therapists regularly assess the impact of their interventions, adjusting as needed. This continuous monitoring helps identify any challenges or changes in the patient's condition and allows for timely modifications to the treatment plan. Beneficence involves advocating for the patient's best interests, including access to necessary healthcare resources. Physical therapists serve as advocates for their patients, working to ensure that individuals have access to the appropriate services and support needed for optimal recovery and well-being. Beneficence is enhanced through compassionate and empathetic care that recognizes the individual's emotional well-being. Physical therapists demonstrate empathy and compassion, acknowledging the emotional and psychological aspects of rehabilitation. This supportive approach contributes to the overall well-being of the patient.

Non-Maleficence

Non-maleficence in the context of physical therapy emphasizes the ethical principle of "do no harm." Physical therapists are committed to avoiding actions that may cause harm to the patient and prioritizing interventions that minimize the risk of adverse effects.

Risk Assessment and Individuality in Treatment Plans

Non-maleficence involves a thorough evaluation of the potential risks associated with any proposed intervention. Physical therapists conduct comprehensive assessments to identify potential risks and consider the overall health status of the patient. This includes evaluating factors such as pre-existing conditions, contraindications, and the likelihood of adverse reactions. Non-maleficence

requires ongoing monitoring for any adverse effects resulting from interventions. Physical therapists regularly assess the patient's response to treatment, looking for signs of discomfort, worsening symptoms, or unexpected reactions. Prompt identification and management of adverse effects contribute to minimizing harm. Non-maleficence is supported by tailoring treatment plans to the individual needs and characteristics of each patient. Physical therapists consider the unique circumstances of each patient, including their medical history, current health status, and personal preferences. Treatment plans are then customized to minimize the risk of harm and optimize benefits. Non-maleficence is upheld by selecting interventions that have a favorable risk-benefit profile and avoiding unnecessary or risky procedures. Physical therapists choose evidence-based interventions with proven efficacy and safety. They must consider the appropriateness of interventions in the context of the patient's condition, taking a conservative approach when necessary to prevent harm.

Communication

Non-maleficence involves empowering patients with knowledge and skills to manage their conditions safely. Physical therapists educate patients about self-management strategies, including home exercises, lifestyle modifications, and preventive measures. This education empowers patients to actively participate in their care while minimizing the risk of harm. Non-maleficence is supported by effective communication and collaboration within the healthcare team. Physical therapists communicate with other healthcare providers to share relevant information and coordinate care. This collaborative approach helps prevent conflicting interventions and promotes the overall safety of the patient.

Justice

In the context of physical therapy, the ethical principle of justice refers to the fair and equitable distribution of resources, opportunities, and access to healthcare

services. Physical therapists are committed to ensuring that all individuals receive impartial and unbiased care, regardless of factors such as socioeconomic status, ethnicity, gender, or other characteristics.

Access to Healthcare and Disparities

Justice involves ensuring that individuals have equal access to physical therapy services, regardless of their background or circumstances. Physical therapists strive to provide services that are accessible to all individuals, considering factors such as geographic location, socioeconomic status, and cultural considerations. This may involve offering services in diverse settings or utilizing telehealth options to reach underserved populations. Justice requires the fair distribution of resources, including time, attention, and equipment, among patients. Physical therapists should allocate their time and resources based on patient needs, without favoring one group over another. This ensures that each patient receives appropriate care and attention, promoting equitable outcomes. Justice includes actively working to eliminate health disparities and inequities in healthcare outcomes. Physical therapists contribute to the reduction of health disparities by addressing the unique challenges faced by different patient populations. This may involve implementing strategies to improve healthcare access, education, and outcomes for underserved or marginalized communities.

Cultural Competence and Fair Treatment

Justice involves recognizing and respecting the diversity of cultural backgrounds and ensuring that care is culturally competent. Physical therapists should be culturally competent, understanding the unique needs, beliefs, and preferences of diverse patient populations. This approach promotes fair and just treatment, considering individual cultural contexts in the development of treatment plans. Justice extends to education, ensuring that patients receive clear and understandable information about their condition and treatment options. Physical

therapists should communicate effectively with patients, using language and educational materials that are accessible and culturally sensitive. This helps bridge potential gaps in health literacy and promotes understanding across diverse patient populations. Justice in rehabilitation involves providing fair and unbiased treatment to all patients, regardless of personal characteristics. Physical therapists should avoid discrimination and provide care that is consistent and fair. This includes considering the unique needs and challenges of each patient and tailoring interventions to promote equitable outcomes.

Veracity

Veracity in the context of physical therapy refers to the ethical principle of truthfulness and honesty in all professional interactions. Physical therapists are committed to providing accurate and transparent information to patients, promoting trust and informed decision-making.

Communication

Veracity involves clear and effective communication with patients regarding their condition, treatment options, and expected outcomes. Veracity requires adapting communication styles to be culturally sensitive and respectful of diverse backgrounds. Physical therapists should communicate in a manner that is easily understandable to patients, avoiding jargon and providing information in a way that empowers patients to make informed decisions about their care. Veracity requires the disclosure of all relevant information, including potential risks, benefits, and alternatives to a proposed intervention. Physical therapists should be transparent about the potential outcomes and any uncertainties associated with a particular treatment. This ensures that patients have a complete understanding of their situation and can actively participate in decision-making. Veracity is closely tied to the process of obtaining informed consent, where patients are provided with comprehensive information before agreeing to a

treatment plan. Physical therapists should ensure that patients have all the necessary information to make informed decisions about their care. This includes discussing the purpose of interventions, potential risks, and alternative options. Veracity includes providing honest feedback and communication about the patient's progress during the course of treatment. Physical therapists should regularly communicate with patients about their progress, addressing any challenges or adjustments needed in the treatment plan. This helps manage expectations and ensures that patients are well-informed about their rehabilitation journey.

Confidentiality

Confidentiality is a fundamental ethical principle in physical therapy that emphasizes the responsibility of physical therapists to safeguard the privacy of patient information. Respecting and maintaining confidentiality is crucial for building trust in the patient-therapist relationship and upholding the ethical standards of healthcare.

Patient Privacy

Confidentiality involves respecting the privacy of patients and the confidentiality of their health information. Physical therapists must create an environment that respects patient privacy, ensuring that discussions, examinations, and treatments are conducted in private settings to protect sensitive information. Compliance with the Health Insurance Portability and Accountability Act (HIPAA) is essential for maintaining patient confidentiality. Physical therapists must adhere to HIPAA regulations, which include safeguarding protected health information, providing privacy notices, and ensuring secure electronic communication. Confidentiality involves limiting access to patient information to authorized individuals. Physical therapists should implement measures to restrict access to patient records. This includes using secure passwords, encryption, and other security measures to

prevent unauthorized individuals from accessing sensitive information. While confidentiality is a priority, there are exceptions in situations where there is a risk of harm to the patient or others. Physical therapists may need to disclose confidential information in emergencies or when required by law to prevent harm. Such disclosures should be made ethically and in accordance with relevant legal and regulatory requirements. Confidentiality is closely tied to maintaining professional boundaries. Physical therapists should refrain from discussing patient cases outside of the professional setting and avoid sharing patient information on social media or in any non-clinical context to preserve confidentiality.

Communication and Documentation

Confidentiality extends to the secure and accurate documentation of patient records. Physical therapists are responsible for maintaining comprehensive and secure records of patient assessments, interventions, and progress. This includes using secure electronic systems and physical safeguards to protect patient information from unauthorized access. Patients have the right to control the disclosure of their health information. Physical therapists should obtain informed consent from patients before sharing any health information with other healthcare professionals, family members, or third parties. Patients should be informed about the purpose of communication and who will have access to their information. Confidentiality applies to communication within the healthcare team. Physical therapists should share patient information only with other members of the healthcare team who have a legitimate need to know for the purpose of providing care. Discussions about patient cases should be conducted in private settings.

Fidelity

Fidelity in the context of physical therapy refers to the ethical principle of faithfulness, loyalty, and honoring commitments within the patient-therapist

relationship. It involves building and maintaining trust, acting with integrity, and upholding professional obligations.

Trustworthiness

Fidelity involves building and maintaining a trusting relationship with the patient. Physical therapists work to establish trust through open communication, empathy, and consistency in their interactions. Trust is crucial for a positive therapeutic alliance and effective rehabilitation. Fidelity requires physical therapists to honor the commitments and promises made to patients. Physical therapists should fulfill their professional responsibilities, including adhering to scheduled appointments, delivering care in a timely manner, and following through on treatment plans. Honesty about limitations or unforeseen changes is also part of maintaining fidelity. Fidelity includes safeguarding patient confidentiality and privacy. Physical therapists uphold confidentiality by protecting patient information from unauthorized access and maintaining privacy during interactions. Respecting the patient's right to privacy is a key aspect of fidelity.

Professional Duty

Fidelity is linked to maintaining professional integrity and ethical conduct. Physical therapists adhere to ethical standards and professional guidelines. This includes being honest, transparent, and practicing within the scope of their competence. Upholding professional integrity contributes to the trustworthiness of the therapist. Fidelity involves effective communication and collaboration with other members of the healthcare team. Physical therapists collaborate with other healthcare professionals to ensure comprehensive and coordinated care for the patient. Open and timely communication contributes to fidelity within the broader healthcare context.

Cultural Competence

Cultural competence in physical therapy ethics refers to the ability of physical therapists to understand, respect, and effectively respond to the diverse cultural needs of their patients. It involves acknowledging and valuing the cultural backgrounds, beliefs, practices, and preferences of individuals receiving physical therapy services.

Awareness and Communication

Physical therapists should be aware of their own cultural biases and be open to learning about and understanding the cultural diversity of their patients. This awareness helps in providing patient-centered care. Cultural competence emphasizes the importance of clear and culturally sensitive communication. Physical therapists should be able to communicate effectively with patients from diverse backgrounds, considering language barriers and cultural nuances. Ethical practice in physical therapy requires creating an inclusive environment that welcomes and accommodates patients of all cultural backgrounds. This includes adapting treatment plans and interventions to be culturally appropriate. Practitioners need to respect the diversity of cultures, recognizing that patients may come from various ethnic, religious, linguistic, or socioeconomic backgrounds. This involves avoiding stereotypes and making efforts to tailor interventions to individual needs.

Professional Competence

Professional competence and continuing education are integral components of ethical practice in physical therapy. Physical therapists are committed to providing high-quality care and staying current with advancements in their field to ensure the well-being of their patients. Physical therapists are required to engage in lifelong learning and continuously update their knowledge and skills. This

commitment to ongoing education is essential to keep up with advancements in medical science, technology, and evidence-based practices. Professional competence involves adhering to established standards of practice in physical therapy. This includes following evidence-based guidelines and utilizing current best practices to deliver effective and safe interventions. Professional competence is closely tied to the concept of evidence-based practice. Physical therapists are expected to integrate the best available evidence, clinical expertise, and patient values when making decisions about patient care. Continuing education helps therapists stay informed about the latest research findings. Engaging in continuing education activities can contribute to the quality improvement initiatives within healthcare settings. Therapists who stay current with evidence-based practices are better positioned to contribute to positive patient outcomes and overall healthcare quality.

Legal Concepts in Physical Therapy

References: 4, 5

Legal concepts in physical therapy are essential for ensuring compliance with laws and regulations, protecting patient rights, and maintaining the integrity of the profession. Physical therapists must be aware of various legal aspects that govern their practice. Several legal concepts nationally are listed in this section, with a future section to elaborate on Alabama legal concepts.

Licensure and Regulation

Physical therapists are required to be licensed by the relevant licensing board or regulatory agency in the jurisdiction where they practice. Compliance with licensure requirements ensures that therapists meet the necessary qualifications and standards for safe and effective practice. Physical therapists must pass the

National Physical Therapy Examination prior to applying for and being issued a license.

Scope of Practice

Understanding and adhering to the defined scope of practice is crucial for physical therapists. This includes recognizing the limitations of their roles and responsibilities and avoiding practices that fall outside the established scope. The scope of practice is established by regulatory bodies and licensing boards in each jurisdiction and may vary to some extent. Each state's practice act outlines the latest legal scope of practice details.

Informed Consent

Obtaining informed consent from patients is a legal and ethical obligation. Physical therapists must provide patients with information about proposed treatments, potential risks and benefits, alternative options, and the expected outcomes. Informed consent ensures that patients are actively involved in their healthcare decisions.

Confidentiality

Physical therapists must maintain the confidentiality of patient information. This involves protecting sensitive health records and only sharing information with authorized individuals or entities. Breaches of patient confidentiality can have legal consequences.

HIPAA, which stands for the Health Insurance Portability and Accountability Act, is a U.S. federal law enacted in 1996 to protect the privacy and security of individuals' health information. The primary goal of HIPAA is to ensure that patients' sensitive health information is handled and safeguarded appropriately by healthcare providers, health plans, and other entities that deal with health

information. HIPAA's Privacy Rule establishes standards to protect individuals' medical records and other personal health information. It gives patients control over how their health information is used and disclosed. HIPAA defines Protected Health Information (PHI) as any individually identifiable information related to an individual's past, present, or future physical or mental health condition, provision of healthcare, or payment for healthcare. This includes a broad range of information, from names and addresses to medical diagnoses and treatment records. Healthcare providers must obtain the patient's written authorization before disclosing PHI for purposes other than treatment, payment, or healthcare operations. Patients have the right to give or deny consent for the use and sharing of their health information. Covered entities must make reasonable efforts to use, disclose, and request only the minimum amount of PHI necessary to accomplish the intended purpose. This helps protect individuals' privacy by limiting unnecessary access to their health information. The United State Department of Health and Human Services (HHS) is responsible for enforcing HIPAA rules. Non-compliance with HIPAA can result in significant penalties, including fines and criminal charges. Individuals who believe their privacy rights have been violated can file complaints with HHS.

Documentation

Accurate and thorough documentation is a legal requirement in physical therapy practice. Documentation includes patient assessments, treatment plans, progress notes, and communication with other healthcare professionals. Good documentation is crucial for legal protection and continuity of care.

Billing and Coding Compliance

Physical therapists must adhere to proper billing and coding practices to comply with healthcare regulations. Billing fraud or coding errors can lead to legal

consequences, and therapists should ensure accuracy in billing for services provided. Physical therapists must use the correct and updated International Classification of Diseases (ICD) and Current Procedural Terminology (CPT) codes to accurately represent both diagnoses and any services provided. This includes codes for evaluations, therapeutic interventions, modalities, and any other procedures performed during the treatment. The most relevant CPT codes as of 2024 are listed below, and updated codes can always be found at CMS.gov (Centers for Medicare and Medicaid Services).

97161: Physical therapy evaluation, low complexity

97162: Physical therapy evaluation, moderate complexity

97163: Physical therapy evaluation, high complexity

97110: Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance

97112: Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

97140: Manual therapy techniques (Mobilization/manipulation, manual lymphatic drainage, manual traction)

97530: Therapeutic activities, direct (One-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)

97150: Group therapeutic procedures (Two or more individuals) that are not of simultaneous activities

97010: Application of a modality to one or more areas; hot or cold packs

97535: Self-care/home management training (Activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment)

Billing should be based on medical necessity, meaning that services billed should be deemed necessary for the patient's condition and supported by documented evidence of their need.

Anti-Discrimination Laws

References: 6–11

Physical therapists must comply with laws that prohibit discrimination on the basis of race, color, religion, sex, national origin, disability, or age. Providing equal and fair treatment to all patients is a legal requirement. Examples of anti-discrimination laws that physical therapists must follow are listed below.

Civil Rights Act of 1964

Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. Physical therapy services provided by facilities receiving federal funds must be accessible to individuals of all races and ethnicities.

Americans with Disabilities Act (ADA)

The ADA prohibits discrimination on the basis of disability in various areas, including public accommodations and services provided by healthcare providers. Physical therapy practices must ensure accessibility for individuals with disabilities and make reasonable accommodations to facilitate their participation in therapy.

Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability in federally funded programs and activities. This includes ensuring that individuals with disabilities have equal access to physical therapy services provided by entities receiving federal funds.

Affordable Care Act (ACA)

Section 1557 of the ACA prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. This includes physical therapy services provided by entities that receive federal financial assistance through the ACA.

Age Discrimination Act of 1967

The Age Discrimination Act prohibits discrimination on the basis of age in programs or activities that receive federal financial assistance. Physical therapy services must be accessible to individuals of all ages without age-based discrimination.

Equal Employment Opportunity Commission (EEOC)

While primarily focused on employment practices, the EEOC enforces federal laws that prohibit employment discrimination based on race, color, religion, sex, national origin, age, disability, and genetic information. In the context of physical therapy, this may be relevant to the employment practices within physical therapy facilities.

Professional Liability (Malpractice)

Physical therapists may face legal actions related to professional liability or malpractice. This emphasizes the importance of providing competent and safe care, obtaining informed consent, and maintaining clear and accurate documentation.

Mandatory Reporting ^{12, 13}

Physical therapists may be required by law to report certain situations, such as suspected abuse or neglect of patients, to appropriate authorities. Understanding and complying with mandatory reporting requirements is crucial for legal and ethical practice.

Physical therapists are often mandated to report any suspicion or evidence of abuse or neglect of vulnerable populations, such as children, elderly individuals, or individuals with disabilities. This includes physical, emotional, or sexual abuse. If a physical therapist has reason to believe that a patient is a victim of domestic violence, there may be a legal obligation to report this information to the appropriate authorities. Physical therapists may be required to report concerns about the impairment or incompetence of a colleague to the licensing board or regulatory authority. This ensures that healthcare professionals are fit to practice and do not pose a risk to patient safety. In the case of certain communicable diseases or public health threats, physical therapists may be required to report cases to public health authorities to help prevent the spread of disease. If a physical therapist becomes aware of the incompetence or unprofessional conduct of another healthcare professional, they may have a duty to report such concerns to the appropriate regulatory body.

Ethics Versus Law

References: 3, 14

Ethics and law in physical therapy are distinct yet interconnected concepts that guide the conduct and practice of physical therapists. Understanding the differences between ethics and law is essential for healthcare professionals to navigate the complex landscape of providing ethical and legally compliant care.

Ethics in Physical Therapy

Ethics refers to a set of moral principles and values that guide individuals in determining what is right or wrong. In the context of physical therapy, ethical considerations involve making decisions and taking actions that prioritize the well-being and best interests of patients, respecting their autonomy, and upholding the highest standards of professional conduct.

Ethical guiding principles in physical therapy often include respect for autonomy, beneficence, non-maleficence, justice, integrity, professional competence, and others. These principles guide ethical decision-making and behavior. Physical therapists are typically bound by a professional code of ethics established by their governing bodies or professional associations. These codes provide a framework for ethical practice and expectations for professional behavior. Ethics involves self-regulation and personal responsibility. Physical therapists are expected to reflect on ethical dilemmas, engage in ethical reasoning, and make decisions aligned with ethical principles. Ethical practice in physical therapy emphasizes building trust with patients, respecting their values and preferences, and fostering collaborative and patient-centered care.

Law in Physical Therapy

Law refers to a system of rules and regulations established by a government or governing body that is enforceable through legal mechanisms. Laws are created to govern societal behavior, ensure public safety, and address legal rights and responsibilities. Physical therapy is subject to legal regulations at various levels, including federal, state, and local laws. These regulations define the scope of practice, licensing requirements, and legal standards that physical therapists must adhere to. Legal standards are enforceable through legal processes, and failure to comply with the law can result in legal consequences, such as fines, license revocation, or legal action. Laws in physical therapy are external standards

imposed by regulatory bodies and government agencies. Compliance with these laws is mandatory and non-negotiable. The primary purpose of legal regulations in physical therapy is often to protect the public by ensuring that practitioners meet specific qualifications, adhere to professional standards, and provide safe and effective care.

While ethics and law share common goals of promoting safe and ethical healthcare practices, they operate separately. Ethical considerations guide the internal moral compass of physical therapists, while legal standards are external regulations imposed by authorities to safeguard public interests and maintain professional accountability. Physical therapists and assistants must navigate both ethical and legal dimensions to provide optimal patient care within the boundaries of professional standards and legal requirements.

Civil Versus Criminal Law in Physical Therapy

References: 15, 16

Civil law and criminal law are two distinct branches of law that address different types of legal issues. In the context of physical therapy, understanding the differences between civil and criminal law is essential for healthcare professionals to navigate potential legal challenges.

Civil Law in Physical Therapy

Civil law deals with disputes or conflicts between individuals or entities, often involving claims for compensation or damages. The goal of civil law is to resolve disputes and provide remedies, such as financial compensation, to the injured party. In civil cases related to physical therapy, the parties involved are typically private individuals or entities. For example, a patient may file a civil lawsuit against a physical therapist or healthcare facility for alleged malpractice or negligence. Legal action in civil cases is initiated by the party who believes they have suffered

harm (plaintiff). The plaintiff seeks a remedy, such as monetary compensation, through a lawsuit. The standard of proof in civil cases is usually based on a preponderance of the evidence, meaning that the plaintiff must show that it is more likely than not that the alleged wrongdoing occurred. Civil remedies often involve compensatory damages (monetary compensation) to address the harm suffered by the plaintiff. Other remedies may include injunctive relief or specific performance to enforce a particular action.

Criminal Law in Physical Therapy

Criminal law focuses on offenses against the state or society, and the primary goal is to punish individuals for violating laws. Criminal cases involve charges brought by the government against an individual accused of committing a crime. In criminal cases related to physical therapy, the government (prosecutor) brings charges against an individual or entity accused of a crime, such as healthcare fraud or intentional harm to a patient. Criminal cases are initiated by the government through the filing of charges. The accused (defendant) faces potential penalties, including fines, probation, or imprisonment. The standard of proof in criminal cases is higher than in civil cases and is based on proof beyond a reasonable doubt. The prosecution must convince the jury or judge that there is no reasonable doubt that the defendant committed the alleged crime. Criminal penalties may include fines, probation, imprisonment, or a combination of these. The primary focus is on punishment rather than compensation for harm suffered by an individual.

In summary, civil law addresses disputes between private parties and aims to provide remedies for harm suffered, while criminal law deals with offenses against the state and focuses on punishing individuals for violating laws. Physical therapists may encounter legal issues in both civil and criminal contexts, such as malpractice claims (civil) or allegations of fraud (criminal).

Section 1 Summary

Physical therapists can provide safe and effective care by upholding legal and ethical standards of care. These principles and laws help therapists make good decisions when working with patients and colleagues. Being respectful to patients, doing what's best for them, and being honest are key ethical rules. At the same time, therapists must follow legal rules to make sure they are doing things right, protecting patient rights, and keeping their professional standards high. The combination of doing the right thing and following laws ensures that physical therapists provide a high standard of care to help patients achieve the best possible health outcomes.

Section 1 Key Words

Autonomy – Respecting and honoring the independence and self-determination of patients

Beneficence – The ethical principle of doing good and promoting the well-being of patients

Non-Maleficence - Emphasizes the obligation of physical therapists to avoid causing harm to their patients and to prioritize the safety and well-being of those under their care

Standard of Proof - The level of certainty and evidence required to establish the validity of a claim or the guilt of a defendant in a legal proceeding

National Code of Ethics and Professional Conduct

The code of ethics and guide for professional conduct for physical therapists and physical therapist assistants establishes a set of principles and values to uphold

quality care, ensure the welfare of patients, foster professional integrity, and maintain the highest standards of ethical conduct.

APTA Code of Ethics for the Physical Therapist

References: 3

Preamble

The purpose of both the Code of Ethics and Guide for Professional Conduct are to help physical therapists practice ethically. These documents set the standards for ethical standards, educate therapists on how to uphold these standards, and shed light on whether or not a therapist has acted unethically. The ethics guide focuses on behaviors expected of therapists to benefit and protect patients by upholding ethical standards in patient care.

Principle 1: “Physical therapists shall respect the inherent dignity and rights of all individuals”

To represent the profession with compassion, caring, and integrity, all physical therapists need to acknowledge any biases against people who are different than them. Examples of these differences are race, political views, gender, and socioeconomic status, but apply to any way that two individuals are different. Therapists should actively work to reduce their biases and treat each patient with respect as an individual because their judgments should never impact the quality of patient care.

Principle 2: “Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients”

This principle is rooted in the concepts of altruism, collaboration, compassion, caring, and duty. It ensures that physical therapists put aside their personal needs

to prioritize the needs of their patients while providing physical therapy care. It also illustrates that therapists should act with empathy and compassion and prioritize patient confidentiality. Therapists should always gain informed consent from their patients, in their native language, so the patient can make well-educated healthcare decisions. PTs should practice with compassion for different cultures and values at all times, even when they do not agree with their patients.

Principle 3: “Physical therapists shall be accountable for making sound professional judgments”

This principle addresses collaboration, duty, excellence, and integrity. Being accountable for making sound professional judgments means that therapists are always acting for the benefit of the patient, and not letting outside influence affect their care. Therapists should never engage in activities that give financial reward while providing clinical care, should always practice physical therapy applying the best evidence, should refer out when a patient would benefit from a different scope of practice, and should always delegate appropriate patient care to physical therapist assistants. Therapists should discharge patients when patients are appropriate to discharge clinically and avoid early or late discharge guided by their relationship with the patient.

Principle 4: “Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public”

The APTA Code of Ethics makes it clear that physical therapists should never mislead current or prospective clients about the nature of services and should never manipulate professionals or patients they are working with. Physical therapists are prohibited from being in romantic relationships of any nature with their clients. Physical therapists should not be in relationships with any professional or student who they supervise. In addition, physical therapists are

responsible for reporting ethical conflicts including harassment and abuse to upper management and even the State Board. In the case of suspected child or elder adult abuse, physical therapists are mandatory reporters to law enforcement and will be penalized if they fail to report cases. Therapists should act with integrity to uphold the value of building healthy and appropriate relationships with patients, fellow providers, and other individuals involved in care.

Principle 5: “Physical therapists shall fulfill their legal and professional obligations”

In all states, physical therapists must always abide by the regulations within their state’s practice act. Physical therapists have ultimate responsibility for the care provided by physical therapist assistants. PTs participating and contributing to research should always strive to protect the safety and confidentiality of research participants. Physical therapists should report incompetent colleagues or coworkers who display an inability to care for patients based on evidence to supervisors, law enforcement, and the State Board of Physical Therapy. Physical therapists should make every attempt to coordinate a patient to see another therapist if they must stop their clinical duties for any reason. This means that a therapist should give a month’s notice to allow patients to transition to another care provider.

Principle 6: “Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.”

Physical therapists need to only practice within their scope, with the highest level of evidence-based practice. Therapists need to pursue clinical excellence through continuing education courses that advance their practice purposefully, along with maintaining licensure requirements. Therapists should be lifelong learners, meaning they engage in professional development and educational activities that benefit their patients and the practice of physical therapy in the long run. They

should also support professional and educational development through peer encouragement.

Principle 7: “Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society”

This principle illustrates the values of integrity and accountability in patient care for physical therapists to follow. Therapists should always tell patients if there is a financial incentive for making a profit from recommended products. Additionally, therapists should not accept any gift that affects their professional judgment in providing patient care. If therapists accept gifts that incentivize seeing their patients for unnecessary visits, that is an ethical dilemma. For example, a therapist who accepts a \$100 voucher for a restaurant that their patient owns may be incentivized to keep seeing that patient in hopes of another financial benefit. This places this patient ahead of others, which is not ethical. PTs should always only bill for the duration of time their service was provided, virtual or in person. The interaction should be billed correctly in terms of service type provided, whether or not one code is worth more reimbursement than another. Therapists should remove themselves from employment situations where they are encouraged to bill unethically and report these operations to the State Board.

Principle 8: “Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally”

Physical therapists should prioritize social responsibility in patient care duties. Therapists should be patient advocates at all times, especially for those who are underserved or disadvantaged when receiving medical care. This will play a role in reducing difficult access to care and healthcare disparities. Therapists should strive to provide reduced costs or pro bono services for disadvantaged or uninsured clients as volunteers. Therapists should advocate for preventative care,

improve general health and wellness, and promote access for those who live in geographically sparse locations.

APTA Guide for Professional Conduct

References: 17

The APTA provides the therapy community with the Guide for Professional Conduct, which stays current with updates. The purpose of the Guide is to further explain ideas and core values from the APTA Code of Ethics. As of 2022, the last version of the Guide was released in 2012. This section will discuss crucial elements of the Guide. Most of these elements define terms within the Code of Ethics. The Code of Ethics and the Guide for Professional Conduct are meant to outline the basic ethical principles in the practice of physical therapy. However, no document discussing ethics will be able to cover all hypothetical ethical scenarios.

Respect

The Guide mentions that respect is situation dependent and based on the experiences, culture, socioeconomics, and different factors of each patient. PTs should value accommodating differences from their patients to themselves to ensure patients feel like they can express themselves for clinical treatment.

Altruism

Altruism is defined as the act of putting your own needs behind the needs of another. Therapists should always think this way to fulfill their professional duties of excellent patient care. Therapists should encourage colleagues to act this way to make patients feel their PT is trustworthy and will help them achieve goals. An example of an altruistic act in patient care is working through lunch to accommodate the only time a patient could come in during the week.

Patient Autonomy

The job of PTs in patient care is to gather the informed consent of patients before carrying out treatment on patients. They should allow patients to make their own healthcare decisions and never manipulate a patient's decisions in any way.

Therapists can of course encourage their patients to participate in services but should never persuade someone to decide when they have all of the facts themselves. Also, if a patient declines to participate in services, they have every right to do so.

Professional Judgment

The concept of professional judgment represents a gray area that the Code of Ethics and Guide for Professional Conduct attempt to add clarity to. An important component in making sound professional judgment applies to clinical decision-making. PTs face the decision daily of whether to refer a patient or treat a patient to prioritize the best interest of the patient. Additionally, physical therapists should always discharge patients when they have plateaued with the treatment provided to avoid the overuse and overbilling of care.

Supervision

Physical therapists have the responsibility to assess the skill set of physical therapist assistants they are working with and assign patient care according to the ability of the physical therapist assistant to perform with competence. The Alabama Physical Therapy Practice Act section of this course has details on the supervisory requirements for licensees in the state of Alabama.

Integrity in Relationships

Physical therapists should always act within their scope of practice and act with reliability and truth in their professional interactions. They should act to fulfill

their role within the healthcare team and establish effective rapport to perform their job successfully.

Reporting

PTs should report misconduct they notice among their colleagues to protect patients. Therapists should be advocates for engaging in ethics training and should set examples for acting with professionalism and should stay familiar with policies like the Code of Ethics and Guide for Professional Conduct.

Sexual Harassment

The APTA and Alabama State Board of Physical Therapy have no tolerance for harassment by physical therapists, especially sexual harassment. Therapists engaging in harassment will be disciplined appropriately, which may include license revocation.

Exploitation

Physical therapists should never be involved in romantic and/or sexual relationships with their patients, professionals they supervise, or their students. Professional judgment will be altered when the professional boundary between two individuals is blurred in this way. Relationships that begin after patient care or the professional relationship (supervisor to supervisee) is concluded may or may not be appropriate depending on the situation. This is especially true between a recent patient and a physical therapist or assistant.

Colleague Impairment

This concept elaborates on what to do when a colleague is impaired when providing clinical care. The impairment could be physical or psychological in nature or the result of substance abuse. Therapists should address these concerns

with their colleagues first and encourage them to seek help to perform their job safely and correctly. If the colleague does not engage in fixing their impairment, it is appropriate to report to an authority. This should be the site supervisor at first, and law enforcement and the Alabama State Board if the situation is not resolved by the supervisor. This is a serious matter if patients could be in imminent danger from a person who is impaired.

Professional Competence and Growth

Continuing education needs to be a priority for PTs. It is the only way to provide patients with high-quality evidence-based care. Therapists should support and encourage their colleagues in professional growth as well.

Charges and Coding

Physical therapists should always bill accurately for the duration and type of services provided. There should be equal time represented for face-to-face quality interaction with the patient and billing units.

Pro Bono Services

Along with the theme of altruism, therapists should strive to support those who are disadvantaged in obtaining healthcare services. This includes providing pro bono services to underserved or underinsured populations or to support causes that support people with socioeconomic disadvantages. PTs may support causes as advocates, financially, through education, and volunteering.

APTA Guide for Conduct of Physical Therapist Assistants

References: 18

The APTA Guide for Conduct of the Physical Therapist Assistant provides a comprehensive framework outlining the professional responsibilities and ethical conduct expected of physical therapist assistants (PTAs). The guide emphasizes principles such as professionalism, accountability, communication, and collaboration. PTAs are encouraged to uphold high standards of patient care, respect for patient autonomy, and confidentiality. The guide underscores the importance of continuous professional development, adherence to legal and regulatory requirements, and effective communication within the healthcare team.

Respect

The guide emphasizes the importance of treating patients, colleagues, and others with dignity and respect. This includes recognizing and valuing individual differences, preferences, and autonomy.

Altruism

Altruism involves selflessly prioritizing the well-being and interests of others. PTAs are encouraged to act with altruism, placing the needs of patients ahead of personal interests.

Sound Decisions

PTAs are expected to make informed and ethical decisions based on their professional judgment, evidence-based practice, and a commitment to patient welfare.

Supervision

This principle addresses the proper roles and responsibilities of PTAs in relation to supervision by physical therapists. It outlines expectations for effective

communication, collaboration, and seeking guidance, when necessary, especially when the PTA thinks the patient could benefit from a change to the plan of care.

Integrity in Relationships

PTAs must maintain honesty, trustworthiness, and transparency in professional relationships with patients, colleagues, and other healthcare professionals.

Reporting

PTAs are obligated to report concerns or issues related to patient safety, professional misconduct, or other ethical violations. They should encourage ethical conduct by leading by example and discouraging misconduct by colleagues. PTAs should understand that reporting unethical behavior is their professional duty.

Sexual Harassment and Exploitation

These terms in the guide address the prohibition of any form of sexual harassment or exploitation in the professional setting. PTAs are expected to create a safe and respectful environment. They should not engage in any romantic or sexual relationship with patients, supervisees, or students.

Colleague Impairment

The guide addresses how PTAs should respond if they suspect a colleague is impaired or unfit to practice. It includes reporting standards on suspicious or factual based colleague impairment to management, especially when patients are at risk.

Clinical Competence

PTAs are expected to maintain and continually enhance their clinical competence to ensure the delivery of safe and effective patient care.

Lifelong Learning

This concept encourages PTAs to engage in ongoing learning activities to stay current with advancements in the field and maintain competence throughout their careers.

Organizational and Business Practices

This principle outlines ethical considerations related to organizational and business practices within the field of physical therapy.

Documenting Interventions

Addresses the importance of accurate and thorough documentation of patient interventions, ensuring a clear record of the care provided.

Support and Health Needs

PTAs should extend support to patients who are financially unable to afford or access services. This includes ideas like pro bono services, volunteering, advocacy, and public education.

APTA Standards of Ethical Conduct for the Physical Therapist Assistant

References: 19

The APTA has developed a standard of ethical conduct for PTAs to follow. As is the case with the physical therapist code of ethics, no one document can explain every ethical dilemma that may occur in patient care. This section is meant to be a guide on the basics of ethical principles that PTAs should strive to follow.

Standard #1: "Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals."

Physical therapist assistants are expected to conduct themselves respectfully towards all individuals, irrespective of differences such as age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability. Furthermore, they are obligated to be aware of and acknowledge their personal biases, ensuring that such biases do not lead to discrimination in the delivery of physical therapist services.

Standard #2: "Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients."

Physical therapist assistants are required to prioritize the best interests of patients and clients above their own interests. In delivering physical therapist interventions, they must exhibit compassionate and caring behaviors that respect individual and cultural differences. Furthermore, physical therapist assistants are obligated to provide patients and clients with information about the interventions being offered.

Standard #3: "Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations."

Physical therapist assistants are required to make objective decisions that prioritize the patient's or client's best interest across all practice settings and that align with their professional competence. These decisions should be guided by

information about best practices regarding physical therapist interventions. They should avoid conflicts of interest that may compromise sound decision-making. Additionally, physical therapist assistants must provide services under the direction and supervision of a physical therapist and communicate effectively with the physical therapist, especially when modifications to the established plan of care are necessary due to changes in patient or client status.

Standard #4: “Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public.”

Physical therapist assistants are obligated to provide truthful, accurate, and relevant information without making misleading representations. They must not exploit individuals over whom they have supervisory, evaluative, or other authority, including patients, clients, students, supervisees, research participants, or employees. Engaging in any sexual relationship with patients, clients, supervisees, or students is prohibited. Physical therapist assistants are prohibited from verbal, physical, emotional, or sexual harassment. Furthermore, they have a responsibility to discourage and report misconduct by physical therapists, physical therapist assistants, and other healthcare professionals. Reporting suspected cases of abuse involving children or vulnerable adults is mandatory, subject to the law.

Standard #5: “Physical therapist assistants shall fulfill their legal and ethical obligations.”

Physical therapist assistants are required to comply with applicable local, state, and federal laws and regulations. They must actively support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety. In the context of research involvement, physical therapist assistants are

expected to adhere to accepted standards governing the protection of research participants.

Standard #6: “Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.”

Physical therapist assistants are required to attain and sustain clinical competence in their practice. Lifelong learning is encouraged, with an emphasis on staying current with changes in roles, responsibilities, and advancements in physical therapy. Additionally, physical therapist assistants are expected to actively support practice environments that facilitate career development and provide opportunities for ongoing lifelong learning

Standard #7: “Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.”

Physical therapist assistants should promote work environments that foster ethical and accountable decision-making. They must refrain from accepting gifts or considerations that could influence or appear to influence their decisions. Additionally, physical therapist assistants are obligated to fully disclose any financial interests they may have in products or services recommended to patients or clients. Ensuring accurate documentation of interventions is crucial, reflecting the true nature and extent of services provided. Furthermore, physical therapist assistants should avoid employment or other arrangements that could hinder them from fulfilling ethical obligations to patients and clients.

Standard #8: “Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.”

Physical therapist assistants are required to support organizations that address the health needs of economically disadvantaged, uninsured, and underinsured individuals. Advocacy for people with impairments, activity limitations,

participation restrictions, and disabilities is essential to promote their participation in the community and society. Additionally, physical therapist assistants should collaborate with physical therapists to responsibly steward healthcare resources, avoiding both overutilization and underutilization of physical therapist services. Education of the public about the benefits of physical therapy is another important responsibility.

Section 2 Summary

The Code of Ethics and Guide for Professional Conduct for Physical Therapists and Physical Therapist Assistants lays out a framework of principles and values aimed at ensuring the delivery of quality care, safeguarding patient welfare, promoting professional integrity, and upholding the highest standards of ethical conduct.

Section 2 Key Words

Pro-Bono Services - Professional services provided voluntarily and without charge or payment

Exploitation - The act of taking advantage of someone or something for one's own benefit, often in an unfair or unethical manner

Mandatory Reporting - Refers to the legal obligation of physical therapists and assistants to report incidents of harm, abuse, neglect, or other serious issues that could impact the well-being of a patient or other individual

Alabama Physical Therapy Ethics

In the state of Alabama, physical therapists and assistants adhere to a set of ethical principles and standards that guide their professional conduct and ensure

the delivery of high-quality care. Ethical and legal standards in the state of Alabama emphasize the importance of integrity, patient welfare, and adherence to ethical standards in the practice of physical therapy. These principles act as direction for physical therapists and physical therapist assistants in navigating complex ethical dilemmas, fostering a commitment to excellence, and upholding the trust and well-being of their patients.

Biomedical Ethical Obligations

References: 16

Biomedical ethical obligations refer to the moral responsibilities and principles that guide professionals in the biomedical field, including healthcare practitioners, researchers, and others involved in the healthcare industry. These ethical obligations are designed to ensure the well-being and rights of patients, promote transparency, and maintain the integrity of scientific and medical practices. The four main biomedical ethical obligations are beneficence, non-maleficence, autonomy, and justice.

Beneficence

Alabama physical therapists and assistants are expected to act in the best interest of the patient and to strive to maximize benefits of treatment and minimize harm.

Non-Maleficence

This is the principle of "do no harm," which emphasizes the importance of avoiding actions that could cause harm to patients.

Autonomy

The principle of autonomy is respecting the rights of individuals to make their own decisions about their healthcare, ensuring informed consent, and considering patients' preferences.

Justice

The principle of justice refers to the fair distribution of healthcare resources, treating individuals fairly, and ensuring equal access to healthcare services.

Patient Informed Consent and Exceptions

References: 20

In Alabama, as in many other states, physical therapists are required to obtain informed consent from their patients before initiating any treatment. Exceptions to the informed consent requirement may exist in emergency situations or when a patient lacks decision-making capacity. However, even in emergency situations, healthcare professionals are expected to inform the patient or their representative about the treatment as soon as possible.

The Joint Commission mandates the documentation of all aspects of informed consent somewhere in the patient record. The documentation of the informed consent discussion must include an explanation of the procedure's nature, disclosure of the risks and benefits associated with the procedure, the presentation of reasonable alternatives, the discussion of the risks and benefits of those alternatives, and an evaluation of the patient's comprehension of these points.

There are several exceptions to the mandate for informed consent, including situations where: the patient is incapacitated, there is a life-threatening

emergency with insufficient time to obtain consent, the patient willingly waives consent. If there is uncertainty regarding the patient's decision-making capacity, an evaluation by a psychiatrist may be requested to assess competency. There may be instances where a patient is unable to independently make decisions and has not named a decision-maker. In such cases, the hierarchy of decision-makers, as outlined by each state's laws, should be consulted to identify the next legally recognized surrogate decision-maker. If this process proves unsuccessful, a legal guardian may need to be appointed through court proceedings.

Children, typically defined as those younger than age 17, cannot legally provide informed consent. They must have a parent or guardian give informed consent for medical treatment and procedures. The only exception to this is for legally emancipated children.

Alabama Reporting Statutes

References: 16

Alabama reporting statutes are within the Alabama Physical Therapy Practice Act and exist to protect the public from harm. The reporting statutes are outlined below, taken from the practice act, which was current as of early 2024.

“Section 34-24-193. Board of Physical Therapy - Powers and duties; certification fee; administrative fines; impaired practitioner program.

The committee shall render an annual report to the board concerning the operations and proceedings of the committee for the preceding year. The committee shall report to the board any physical therapy licensee who in the opinion of the committee is unable to perform physical therapy duties with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances, or as a result of

any physical or mental condition when it appears that the physical therapy licensee is currently in need of intervention, treatment, or rehabilitation and the licensee has failed or refused to participate in any program of treatment or rehabilitation recommended by the committee. A report to the Alabama Physical Therapy Wellness Committee shall be deemed a report to the board for the purposes of any mandated reporting of physical therapy licensee impairment otherwise provided for by law.

If the board has reasonable cause to believe that a physical therapy licensee is impaired, the board may cause an evaluation of the physical therapy licensee to be conducted by the committee for the purpose of determining if there is an impairment. The committee shall report the findings of its evaluation to the board.”¹⁶

“Section 34-24-194. Complaint charging violation of article; hearing; subpoenas; judicial review of revocation or refusal of license.

Any person may file a complaint with the board against any licensed physical therapist or licensed physical therapist assistant in the state charging the person with a violation of this article. The complaint shall set forth specifications of charges in sufficient detail to disclose to the accused fully and completely the alleged acts of misconduct for which he or she is charged. When a complaint is filed, the executive director of the board shall mail a copy thereof to the accused by registered mail at his or her address of record, with a written notice of the time and place of a hearing of the complaint, advising the accused that he or she may be present in person and by counsel if he or she so desires to offer testimony and evidence in his or her defense.”¹⁶

Ethical and Legal Standards for Alabama PT and PTA

References: 16

Ethical and legal standards for physical therapists and physical therapist assistants in Alabama are governed by state laws and regulations and align with national expectations for the physical therapy profession.

Ethical Standards

Ethical standards, a set of principles and guidelines that govern a collective profession's behavior, ensure that their actions are morally sound, responsible, and aligned with accepted norms and values. Ethical standards for Alabama PTs and PTAs do align with the national expectation by the APTA.

Code of Ethics

Physical therapists and physical therapist assistants are expected to adhere to a professional code of ethics. Alabama PTs and PTAs may follow the Code of Ethics for Physical Therapists and Physical Therapist Assistants. This document includes concepts such as respect, trustworthiness, accountability, integrity, professional duty, and continuing competency.

Patient Confidentiality

Healthcare providers must respect patient privacy and maintain the confidentiality of patient information. It is a critical component of the trust between healthcare providers and patients. While patient confidentiality is a general rule, there are exceptions. For instance, information may be disclosed in situations where there is a legal obligation (such as reporting certain communicable diseases) or when there is a threat to the patient or others.

Informed Consent

Practitioners are required to obtain informed consent from patients before initiating any treatment. This involves providing information about the nature of the treatment, potential risks and benefits, and alternative options. If the patient

is a minor, providers must obtain informed consent from a parent or legal guardian.

Continuing Education

Professionals are encouraged to engage in ongoing education to stay current with best practices and advancements in the field. This allows patients to receive the best, most up-to-date care possible.

Legal Standards

Both the Alabama Board of Physical Therapy and the APTA govern legal standards for Alabama physical therapists and physical therapist assistants. This section explains legal requirements for the practice of physical therapy in Alabama.

Licensing

Physical therapists and physical therapist assistants in Alabama must be licensed by the Alabama Board of Physical Therapy to practice legally. Grounds for license revocation is based on “unbecoming conduct” determined by the Alabama Board of Physical Therapy. Some of these actions include practicing with an expired license, patient abandonment, promising a cure to patients, providing excessive treatment, negligence of laws and regulations that govern the profession, delegation to unqualified providers, not maintaining adequate patient records, not reporting known illegal or unbecoming conduct in other providers, harassing patients or colleagues, and more.

Scope of Practice ¹⁶

Professionals must adhere to the defined scope of practice for their respective roles, as outlined in Alabama regulations.

The Physical Therapist scope of practice is outlined below, adapted from the Alabama Physical Therapy Practice Act.

1. Interpretation of a practitioner's referral.
2. Conducting and documenting the initial assessment, as well as formulating the physical therapy plan of care, which may encompass
 - a. Interpretation of diagnoses provided by the referring or previously diagnosing healthcare provider.
 - b. Determining a diagnosis specifically for physical therapy. (iii)
Addressing presenting problems.
 - c. Reviewing past medical history, inclusive of conditions for which the patient is taking medication and those currently under the care of a physician.
 - d. Compiling a list of medications taken by the patient.
 - e. Recording objective findings derived from the physical therapy evaluation.
 - f. Assessing the current problem(s) necessitating physical therapy intervention.
 - g. Establishing short-term and long-term goals if deemed appropriate.
3. Outlining the physical therapy plan of treatment, including the recommended frequency and duration.
4. Identification and documentation of precautions, special problems, contraindications, anticipated progress, and plans for reevaluation.
5. Implementation and supervision of the treatment program.

6. Selection and delegation of appropriate portions of the treatment plan and program.
7. Delegation of patient care duties to supportive personnel qualified under the provisions of these rules.
8. Reevaluation of the patient, adjustment of the treatment plan, final evaluation, and discharge planning.
9. Designation or establishment of channels of written and oral communication.
10. Maintenance of adequate records of the case and reporting to appropriate sources.
11. Supervision of no more than four licensed physical therapist assistants simultaneously.
12. The right to refuse the execution of treatment procedures believed to be not in the best interest of the patient.
13. Provision of supervision for physical therapist and/or physical therapist assistant students on clinical experiences approved by their school as part of their Commission on Accreditation of Physical Therapy Education (CAPTE) approved educational program.

The Physical Therapist Assistant scope of practice is outlined below, adapted from the Alabama Physical Therapy Practice Act.

When utilizing an abbreviated title, the appropriate designation for the physical therapist assistant is PTA. The duties and obligations of an individual licensed by this Board to practice as a physical therapist assistant in the State of Alabama include:

1. Operating solely under the guidance of a physical therapist licensed to practice in the State of Alabama.
2. Assisting with patient disability evaluations but refraining from independently conducting them.
3. Executing treatment procedures as assigned by the physical therapist, without initiating or modifying a treatment plan.
4. Overseeing other supportive personnel as directed by the physical therapist.
5. Promptly informing the physical therapist of any changes in the patient's condition, including any adverse responses.
6. Immediately discontinuing any treatment procedures that, in their judgment, may appear harmful to the patient.
7. Declining to carry out treatment procedures that they believe are not in the best interest of the patient.
8. Providing supervision for physical therapist assistant students engaged in clinical experiences approved by their school as part of their CAPTE-approved educational program.

Documentation

Accurate and timely documentation of patient care is a legal requirement. This includes maintaining records of assessments, treatments, and other relevant information.

Mandatory Reporting ²¹

Healthcare professionals are obligated to report any unethical or illegal activities within the profession, as well as concerns related to patient safety. In Alabama, it

is a requirement for a healthcare provider to report suspected or known child abuse or elder abuse to authorities.

Insurance and Billing Compliance ²²

Compliance with regulations related to insurance, billing, and coding is crucial to ensure lawful and ethical practices. Practitioners should be aware of ICD 10 and CPT codes and their updates. Updates can be found on the APTA website or CMS.gov.

Alabama Physical Therapy Practice Act Code of Alabama 1975

References: 16

The Alabama Physical Therapy Practice Act has been drafted and amended several times since its original introduction in 1965. Its sections and headings are detailed in the image in this section. Two important aspects of the practice act which are specific to Alabama are its principles on refusal, suspension, and revocation of a license and its direct access laws.

“34-24-217. Grounds for refusal, suspension, or revocation of license.”

The board shall refuse to issue a license to any person and, after notice and hearing in accordance with its regulations and rules, shall suspend or revoke the license of any person who has:

1. Practiced physical therapy other than upon the referral of a physician licensed to practice medicine or surgery, a dentist licensed to practice dentistry, a licensed chiropractor, a licensed assistant to a physician acting pursuant to a valid supervisory agreement, or a licensed certified registered nurse practitioner in a valid collaborative practice agreement with a licensed physician, except as provided in Section 34-24-210.1, or practiced

as a physical therapist assistant other than under the direction of a licensed physical therapist

2. Used drugs or intoxicating liquors to an extent which affects his or her professional competency
3. Been convicted of a felony or of a crime involving moral turpitude
4. Obtained or attempted to obtain a license by fraud or deception
5. Been grossly negligent in the practice of physical therapy or in acting as a physical therapist assistant
6. Been adjudged mentally incompetent by a court of competent jurisdiction
7. Been guilty of conduct unbecoming a person licensed as a physical therapist or licensed as a physical therapist assistant or of conduct detrimental to the best interest of the public
8. Been convicted of violating any state or federal narcotic law
9. Treated or undertaken to treat human ailments otherwise than by physical therapy as defined in this article
10. Advertised unethically according to standards as set by the board
11. Failed or refused to obey any lawful order or regulation of the board.”¹⁶

“34-24-210.1. Evaluation and treatment by physical therapist”

Without prescription or referral, a licensed physical therapist may perform an initial evaluation or consultation of a screening nature to determine the need for physical therapy and may perform the physical therapy and other services provided in subdivisions (1) to (5), inclusive, of subsection (b). Implementation of physical therapy shall otherwise be based on the referral of a person licensed to

practice medicine, surgery, dentistry, chiropractic, licensed assistant to a physician acting pursuant to a valid supervising agreement, or a licensed certified registered nurse practitioner in a valid collaborative practice agreement with a licensed physician.

The physical therapy and other services referred to in subsection (a), which may be performed without prescription or referral, include and are limited to the following:

1. To a child with a diagnosed developmental disability pursuant to the plan of care for the child.
2. To a patient of a home health care agency pursuant to the plan of care for the patient.
3. To a patient in a nursing home pursuant to the plan of care for the patient.
4. Related to conditioning or to providing education or activities in a wellness setting for the purpose of injury prevention, reduction of stress, or promotion of fitness.
5. To an individual for a previously diagnosed condition or conditions for which physical therapy services are appropriate after informing the health care provider rendering the diagnosis. The diagnosis shall have been made within the immediately preceding 90 days. The physical therapist shall provide the health care provider who rendered the diagnosis with a plan of care for physical therapy services within the first 15 days of physical therapy intervention.”¹⁶

THE PHYSICAL THERAPY PRACTICE ACT

CODE OF ALABAMA 1975

Section 34-24-190, et seq., as amended
Acts 1965, No. 476; Acts 1969, No. 622;
Acts 1982, No. 82-189; Acts 1985, No. 85-334;
Acts 1989, No. 89-232; Acts 1997, No. 97-386,
Act 2001, No. 254; Act 2007, No. 386;
Act 2009, No. 27; Act 2010, No. 2010-703;
Act 2012, No. 2012-260; Act 2012, No. 2012-387
Act 2021-115

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Alabama Board of Physical Therapy Administrative Code

References: 16, 23

The Alabama Board of Physical Therapy Administrative Code outlines the regulations and guidelines governing the practice of physical therapy in the state of Alabama. It is outlined in five chapters, of which are outlined below with summaries of the content. The most updated version of the Administrative Code can be found here: <https://www.pt.alabama.gov/rules.aspx>

CHAPTER 700-X-1 ORGANIZATION, ADMINISTRATION AND PROCEDURE

This section first outlines the structure of the Board, including the composition and roles of the Alabama Board of Physical Therapy, including the appointment and qualifications of board members. It outlines the procedures for conducting board meetings, including the frequency, notification, and conduct of meetings. It specifies the procedures and requirements for the adoption, amendment, or repeal of rules and regulations governing the practice of physical therapy in Alabama. It also addresses the accessibility and confidentiality of board records, as well as the requirements for open meetings to ensure transparency. Additionally, it describes the enforcement mechanisms available to the board, including procedures for investigating complaints and imposing disciplinary actions when necessary. It outlines the procedures for individuals to appeal decisions made by the board, providing a mechanism for due process.

CHAPTER 700-X-2 LICENSURE

This chapter outlines the qualifications, education, and examination requirements for individuals seeking licensure as physical therapists or physical therapist assistants in the state. It details the process for obtaining licensure including required examination, licensure without examination, application, and application fee. It explores temporary license, license renewal, license restoration, and fee schedules set by the Board.

CHAPTER 700-X-3 PROFESSIONAL CONDUCT

The chapter on professional conduct sets regulations on unbecoming conduct, upholding public interest and safety, the roles and responsibilities of those licensed in Alabama, regulations on advertising, and identification standards.

CHAPTER 700-X-4 DISCIPLINARY ACTIONS

This chapter outlines disciplinary actions including how to address complaints against licensees, disciplinary hearings, costs and fines, and reinstatement of licenses after revocation of a license. The Board receives all complaints and uses its discretion of its members to decide a course of discipline for providers.

CHAPTER 700-X-5 AMENDMENT OF RULES

This section outlines the ability of licensees to propose rule changes at any time to the Board. It also elaborates on public hearings, board decisions, and any emergency rules that the board has authority to create.

Section 3 Summary

The state of Alabama mandates a commitment to ethical principles and standards for physical therapists and assistants. This allows establishes the expectation of high-quality care through integrity, patient welfare, and strict adherence to ethical principles in the realm of physical therapy practice.

Section 3 Key Words

Biomedical Ethical Standards – Autonomy, beneficence, non-maleficence, justice; principles to govern ethical conduct and decision making in healthcare

Scope of Practice – The range and limits of responsibilities, activities, and functions that a professional is qualified and authorized to undertake within a field

Ethical Standards – Principles, values, and guidelines that govern and shape behavior, decision-making, and interactions within a particular profession or field

Legal Standards – Laws, regulations, and statutes that govern the practice of individuals within that specific field

Case Study

Jane, a licensed physical therapist in Alabama, has been practicing for over 10 years in a reputable rehabilitation center. She has built a strong reputation for her skills and patient care. However, recent concerns have been raised regarding her professional conduct and adherence to ethical standards. A patient filed a complaint against Jane, alleging that she failed to maintain appropriate professional boundaries during treatment sessions. The patient claimed that Jane made inappropriate comments and engaged in behaviors that made them uncomfortable.

Upon receiving the complaint, the Alabama Board of Physical Therapy initiated an investigation. The board reviewed the patient's statement, interviewed witnesses, and examined Jane's patient records. During the investigation, it was revealed that similar concerns had been raised by other patients in the past but were not formally reported.

Reflection Questions

1. What prompted an investigation by the Alabama Board of Physical Therapy in this case?
2. What types of ethical violations are Jane's actions?

3. What is the possible disciplinary action by the Alabama Board of Physical Therapy?
4. What is the purpose of this disciplinary action?

Responses

1. The investigation was initiated following a formal complaint filed by a patient who alleged that Jane failed to maintain appropriate professional boundaries during treatment sessions.
2. Jane's actions violate the concept of maintaining professional boundaries with patients, beneficence, and non-maleficence. She has acted without the best interest of the patient in mind in this case.
3. Jane would receive an official reprimand from the board for her unprofessional conduct. She could be placed on probation for a specified period, during which her practice would be closely monitored. In addition, Jane would be required to undergo additional ethics education to reinforce the importance of maintaining professional boundaries. Jane would be required to report any concerns about her professional conduct, ensuring timely action in the future.
4. This disciplinary action addresses the concern promptly, protects patients, and upholds the standards of the profession. Jane would be able to continue her practice after the completion of probation and educational requirements, with a new commitment to ethical and professional conduct.

Conclusion

In conclusion, this course outlined a comprehensive exploration of the guidelines set forth by the Alabama Board of Physical Therapy and the American Physical Therapy Association. It focused on ensuring strict adherence to licensing requirements, continuing education standards, ethical principles, and the overarching regulations governing the physical therapy profession. The program delved into the process of delivering outstanding and ethical physical therapy care, utilizing the Alabama Physical Therapy Practice Act, examining the four sources of biomedical ethical obligations in Alabama, and providing guidance on representing the profession with integrity and compassion. Through the inclusion of case studies, the course further addresses ethical challenges, equipping therapists with the knowledge and tools to effectively apply the Code of Ethics and core values when navigating complex ethical situations.

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