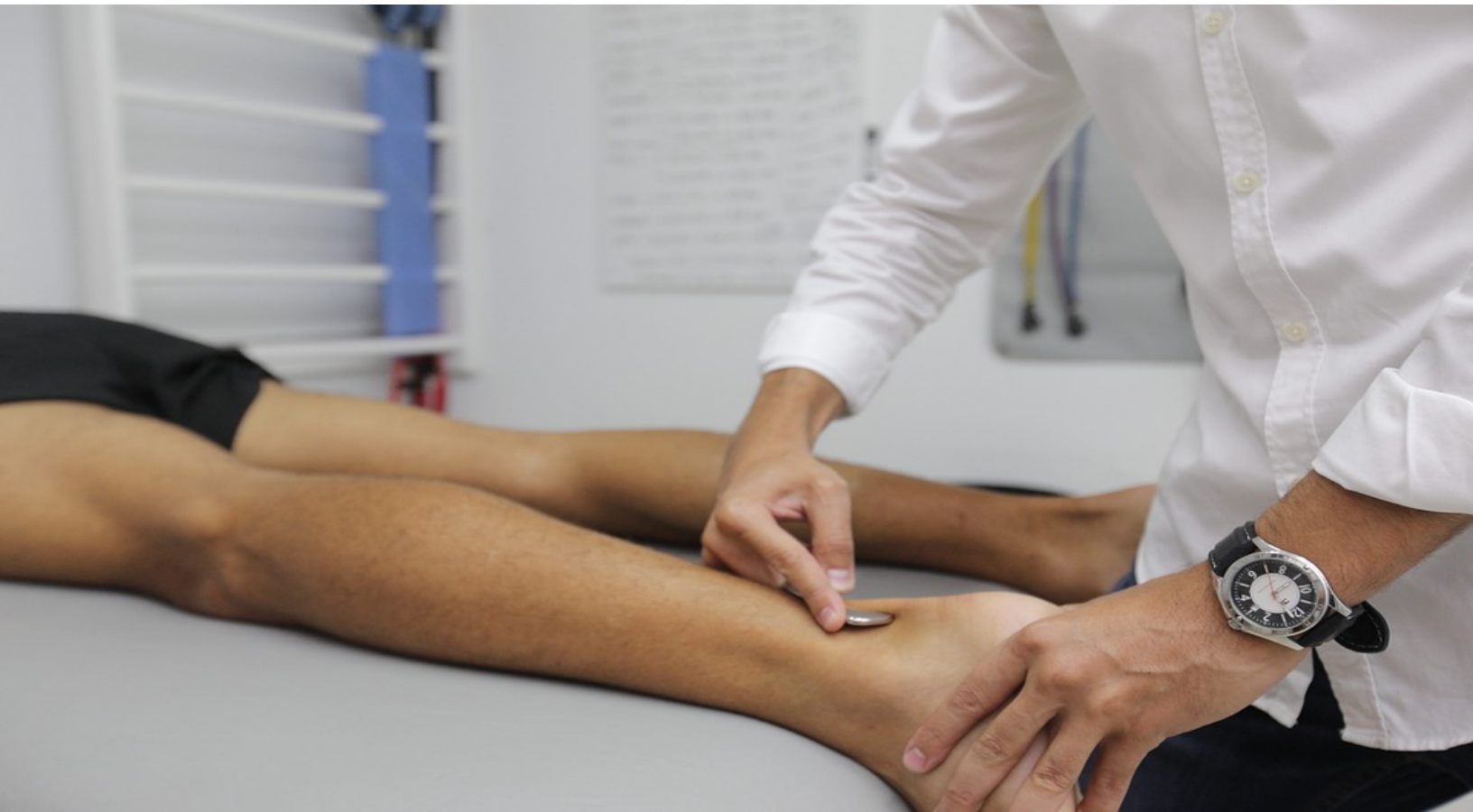
FLEX CEUs

Ethics & Jurisprudence

for Indiana Physical Therapist



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Introduction

This course fulfills the 2-hour continuing competency requirements for ethics, laws, and regulations for physical therapists practicing in the state of Indiana. The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). Regulations pursuant to the state of Indiana will also be reviewed.

Instructor Biography

Michele S. Jang, PT is a course author for Flex Therapist CEUs; providing online continuing education units for physical therapists. She graduated with a degree in physical therapy from California State University, Long Beach. She is an experienced educator and currently manages a private physical therapy practice.

Importance of Ethics

Ethics is defined as "that branch of philosophy dealing with values relating to human conduct, with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such action" (Ethics, 2014). Ethics

define what governs our value system and steers our moral compass in any given society or culture. Since the dawn of civilization, societies have had to come to an agreement on what standards they would hold their citizens accountable to; whether that is sanctioned by an aristocracy, religious instruction, or system of government. We can find the beginnings of ethics in the study of the earliest nomadic people and cooperative groups who sought to not only live for today's survival, but also held a vision to building a future, using standards that were agreed upon. The concept of marking time, calendars, and agriculture depended on the cooperation of people working in harmony with one another and following the same guidelines. The Code of the Hammurabi was the earliest Sumerian code of ethics and laws to be written down for the sake of establishing a standard of morals and consequences. This is where the popular "eye for an eye" concept came from (Hammurabi, 2014). In medicine, there is another defining code of ethics, coined by Hippocrates as the Hippocratic Oath. This is where ethics in medicine begins and is the cornerstone to a physical therapy practice. Though times have changed, the importance of "do no harm" is emphasized.

The Oath
By Hippocrates
Written 400 B.C.E
Translated by Francis Adams

> *I SWEAR by Apollo the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation- to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath un-violated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But*

should I trespass and violate this Oath, may the reverse be my lot!

Ethical Dilemmas

Ethical dilemmas are issues and situations that cause friction against the primary code of ethics physical therapists are required to follow. While most physical therapists would consider themselves highly ethical and may have a hard time imagining themselves acting immorally, an ethical dilemma may emerge from something as innocent as conflicting state and county guidelines or unknowingly using outdated standards or therapeutic equipment. Physical therapy works specifically in the care and well being of humans. As such, maintaining and keeping healthy and professional boundaries and clear communication are integral to the healthcare field. “Do No Harm” is not a term to throw around lightly, but to hold us firm in our convictions to provide the best possible care, while weighing out carefully all the possible side effects or consequences of our actions, however far reaching. Let’s take a look at a scenario which brings up an ethical dilemma and ask the ethical question of, "What is the right thing to do?"

Scenario: It is the end of a long day of treating clients and you have just completed your note on your last patient, Mrs. Jones. Mrs. Jones has difficulty walking and is at high risk for falls. She has limited use of her arm as well as some short-term memory loss. She relies on friends and family to provide transportation. Her daughter has been running errands and will be picking Mrs. Jones up but you notice that the daughter has not come yet. You have front row concert seats and are meeting a friend in 15 minutes. No one else is in the office and as it stands, you need to lock up. You search for the daughter’s phone number but can’t find it, and Mrs. Jones is unable to recall the number herself. What do you do? Do you: A) sit with Mrs. Jones in the office and wait until the daughter arrives, or B) have Mrs. Jones wait outside the office in the parking lot?

"What is the right thing to do?" While it is human nature for us to want to satisfy our own desires, it is our ethical responsibility to put the needs of the clients first. As much as you may have wanted to attend the concert and as much as the seats may have cost, there is no comparison in price that matches another person’s life, well-being, and safety.

Ethical Approaches

There are different schools of thought which utilize ethics to make decisions. We will explore five of these.

Utilitarianism:

“Actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness” – John Stuart Mill

Utilitarianism is the ethical approach that promotes the maximum of pleasure and happiness with the minimum of pain and suffering. This sounds pretty reasonable

and most people would tend to agree that given a choice between pleasure and pain, most people are going to go with pleasure. Utilitarianism takes this approach a step further in not only seeking benefits of pleasure for oneself, but making decisions that will give the most people benefits, while inflicting suffering as little as absolutely possible (Driver, 2014).

Personalized:

This relatively recent take on ethical responsibility has been brought to light due to medical advances and the ability to personalize a client's profile in order to concentrate their treatment or tailor their prescription. Modern science has even mapped the human genome through Whole Genome Sequencing. The original intention is to reduce the amount of mortality and morbidity due to faulty diagnosis or prescription from an adverse drug response. But how much information is too much information? Where does the "right to know" boundary lie? What if we knew an unborn fetus has a grave disorder? What if a new drug was known to treat this disorder but in doing so put the pregnant mother at risk? (Vogenberg, 2018)

Deontologic:

According to the Encyclopedia Britannica, the philosophy of Deontology is derived from the Greek deon, "duty," and logos, "science," focusing on logic and ethics Deontological thought comes from the place that there is definitely a "right" and a "wrong" and that humans should strive to always do the right thing, regardless of the cost ("Deontological ethics," 2014).

Ethical Intuitionism:

Ethical intuitionism relies heavily on our intuitive sense or 'common sense' to guide our moral compass. It supposes that there are certain inherent truths that we can discern without having facts or a formal education on the subject. We don't need a religious teaching or edict from the Queen to tell us that taking care of our young is a good thing or that kicking animals is a bad thing. Sadly, this doesn't mean that everyone is on the same page with these inherent truths, which is where the law of Karma comes in (Stratton-Lake, 2014).

Natural Law Theory:

Natural Law is one of those rare ethics philosophies that both theists and atheists can actually agree on. This law speaks to our common sense approach to basic survival, basic goodness, and basic decency as human beings. It states, "The atheist uses reason to discover the laws governing natural events and applies them to thinking about human action. Actions in accord with such natural law are morally correct. Those that go against such natural laws are morally wrong. For the theists there is a deity that created all of nature and created the laws as well and so obedience to those laws and the supplement to those laws provided by the

deity is the morally correct thing to do" (Murray, 2014).

Ethics Versus Morals

While these terms are often used interchangeably, there is a difference between ethics and morals. Morals generally refer to what an individual considers "right" and "wrong" or wrong, whereas ethics are rules that are generally agreed upon by a group of people, such as a workplace, or society at large. ("Ethics vs", 2018) Shared morals may help guide ethical policies, and in turn ethics may help guide morals. However, this distinction is important to make as situations may occur in which a physical therapist's personal morals do not perfectly align with a code of ethics.

Morality is defined as: "conformity to the rules of right conduct; moral or virtuous conduct" ("Morality," 2014). Morals can be virtuous, but they stem from a cultural, religious, or belief system context, that can change and evolve.

As part of determining a code of ethics that protects and benefits all people, we take bits and pieces of what has worked for thousands of years, what is deemed "true" and "virtuous" and what is in the best interest of our community. Let's take a look at some more of these contributing thoughts that make up the whole.

Altruism: Altruism is the practice of acting towards the benefit of another without any regard to benefit for yourself.

Dignity: All people have the right to their own dignity or "worthiness." They have the right to be treated with respect regardless of background, income level, ability, gender, age, or any other factor that uses a hierarchical pecking order. When all else fails, stick with the golden rule, "Treat others as you would want to be treated."

Equality: Equality is a leveling of the playing field. In cases of economic parity and great need for healthcare, equality and justice both serve the community by saying that everyone deserves equal access to healthcare.

Freedom: Freedom in the framework of ethics says that a person has the freedom of their own autonomy, up to, but not including the freedom to affect another person negatively. A scenario which describes this term is the following: A person has a right to choose to smoke tobacco, but they do not have the freedom to make that health choice for other people via second hand smoke. Therefore we have laws which limit the areas in which to smoke.

Prudence: Caution and discretion in practical manners.

We now have a basic knowledge of some of the foundations of ethical reasoning and how morals can be brought into play. However, what are values and how do they fit in? Values are a way to quantify the worthiness of the principles and morals a group holds dear. "Family Values" encompasses many characteristics that would be thought as the

most beneficial way to raise and care for a family. In the same way, ethical values are the pathway that the healthcare field utilizes as their foundation for the success of their patients, colleagues, employees, and research participants.

Values are of great benefit to:

- clients who know their rights and choices will be respected and that they will be treated with dignity as a partner in their path to well being
- employees who know what is expected of them and have the comfort and empowerment of recourse and redress if an issue or concern comes up
- colleagues who will be treated with professional respect for their knowledge and expertise that they bring
- research participants who are empowered by their contribution and autonomy to choose to participate
- the PT, who knows their tradition is from a long line of tried and proven methods that benefit and serve their community with dignity

While we looked at all of the values, the virtues, and the morals of operating within an ethical model, the bottom line is: following the Code of Ethics keeps your patients safe and your business secure. Operating within ethical standards not only ensures that you are serving your patients to the best of your ability, it protects your license and therefore, your livelihood. While you may encounter local, cultural, and practical variations, the standards within the Code of Ethics are recognized throughout the world, and becoming familiar with them will provide knowledge you will use for the rest of your practice.

Bioethical Concerns

Bioethical concerns relate to how we approach newer technologies ethically. Examples include: Artificial insemination, cloning, stem cell research, and prolonging care for those in long-term comas. These are not "naturally" occurring for humans, but instead is the result of human engineering. There is great debate among cultures and religious groups who have moral objections to invasive procedures.

HIPAA

HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs (HIPAA, 2017).

Licensure and Regulation

As members of a health care profession, and similar to other health care professions,

physical therapists in the United States are licensed and regulated by individual states. This information reviews the licensure status of physical therapists in all states and the District of Columbia, describes the purpose and requirements of state licensure, outlines licensing board structure, and provides information about terms and titles. Other than the information specifically about licensure of the physical therapist, the following information also applies to the physical therapist assistant. Information specific to physical therapist assistant licensure/regulation can be found in the section on physical therapist assistants.

State Licensure and Regulation

Physical therapists are licensed in all 50 states and the District of Columbia. State licensure is required in each state in which a physical therapist practices and must be renewed on a regular basis, with a majority of states requiring continuing education or some other continuing competency requirement for renewal. A physical therapist must practice within the scope of physical therapy practice defined by his or her state law governing the licensure and practice of physical therapy (often referred to as the "practice act").

Purpose and Requirements for State Licensure

State licensure is inherently restrictive for the licensee and exclusive to the particular profession. Only those who "meet and maintain prescribed standards" established by the State's regulatory board will, for the protection and benefit of the public, be allowed to profess their qualifications and provide their services to the public. The public is dependent upon the State to evaluate and affirm the qualifications for licensure of physical therapists. One of the main tools used by a State's regulatory entity to determine if a physical therapist has met that threshold is the physical therapist's passage of the National Physical Therapy Exam (NPTE) of the Federation of State Boards of Physical Therapy (FSBPT). The NPTE is the only examination for licensure of physical therapists—all 50 states and the District of Columbia use it. The NPTE is "competency specific" and covers the entire scope of entry-level practice, including theory, examination and evaluation, diagnosis, prognosis, treatment intervention, prevention, and consultation that are consistent with the exam blueprint. A formal, systematic process referred to as an "analysis of practice" determines the contents of a licensure examination. This process begins with the identification of work requirements for entry-level practitioners and ends with the development of a formal set of test specifications that delineates the knowledge and skills related to safe and effective entry-level practice.

Because physical therapy practice evolves, it is imperative that the licensure examinations be updated on an ongoing basis. Thus, a practice analysis must be conducted periodically to ensure that changes in entry-level requirements are incorporated into the licensure examinations. Revisiting the practice analysis regularly ensures that fewer test questions are included on skill areas of decreasing importance and more test questions address skill areas of increasing importance. The time frame for updating a practice analysis varies by profession; for the physical therapy profession this

analysis is conducted at least every 5 years.

Another important qualification for licensure is graduation from an accredited physical therapy education program or a program that is deemed substantially equivalent. The Commission on Accreditation of Physical Therapy Education (CAPTE), recognized by the United States Department of Education as the specialized accrediting agency for physical therapy education programs, sets the quality threshold standards that physical therapist programs must meet in order to be accredited.

State Regulatory Boards

Most jurisdictions have independent state boards of physical therapy, but some jurisdictions' physical therapy boards are part of state medical boards or combined with other professions. There are also a few "super boards," under which all regulatory activities are subordinate to one board, with distinct committees or commissions for the various professions. Independent licensing boards are preferred because they provide the necessary expertise specifically for regulation of physical therapy practice. Most jurisdictions have licensing board members who are appointed by an elected official, usually the governor. Often they include 1 to 2 public members. Smaller jurisdictions may have fewer than 5 total board members, while larger ones have far greater numbers. When a state's practice act is silent on an issue or intervention, the determination of what constitutes practice "beyond the scope" of physical therapy is predominantly the responsibility of licensing board members. Scope of practice changes as contemporary practice evolves, and boards need the latitude to determine the appropriateness of physical therapy procedures as they relate to both established and evolving scope of practice.

The Model Practice Act for Physical Therapy

Over decades, the various physical therapy practice acts have contained functional and useful regulatory language but also some problematic language. Most jurisdictional practice acts had their origins in the 1950s and early 1960s, and amendments turned some practice acts into cobbled-together collections of regulatory language that are very diverse in their approach to the basic board responsibility of protecting the public and regulating the profession. FSBPT created *The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change (MPA)* in 1997 as the preferred tool for revising and modernizing physical therapy practice acts. FSBPT encourages jurisdictions to review, improve, and strengthen practice acts, using the latest edition of the MPA as a resource. The continuing movement to update physical therapy practice acts helps ensure that they provide the legal authority to fully protect the public while effectively regulating the profession. The FSBPT task force that began developing the MPA in 1994 originally envisioned a model act that could be used cafeteria style to allow states to change a specific section of a practice act as needed. While the MPA can be used effectively in this manner, it also is a tightly constructed and integrated model for the regulation of physical therapy. The sections of the MPA complement each other—certain areas of the MPA are indispensable from others, and changes in one area might require modification of a state's practice act in other areas. The commentary sections of the MPA

identify important cross-links in statute language. Since 1997 many states have enacted large portions of and, in some instances, nearly the entire Model Practice Act as their state statute.

Terms and Titles of the Physical Therapy Profession

State regulation restricts how licensees represent themselves, including their use of titles and/or letters, so that they do not mislead the public. For example, a medical or osteopathic physician practices and represents to the public that he or she practices medicine but not dentistry. When practitioners other than physical therapists represent that they are providing "physical therapy" or "physiotherapy," they are violating the very spirit and core of licensure law by misrepresenting themselves to the public. A claim that "physical therapy" or "physiotherapy" is a generic term is misleading to the public. The protection of these terms is not referring to protection against the use of various physical agents, modalities, or procedures by others, but rather is against the inappropriate labeling of those modalities and procedures as physical therapy. In addition the title "PT" is the professional and regulatory designation that practice acts require physical therapists (and no others) in the United States to use to denote licensure. The use of the initials "DPT" by physical therapists indicates that they have obtained a doctoral degree in physical therapy (DPT). Use of the initials "DPT" should be used in conjunction with the licensure designation of "PT."

Direct Access to Physical Therapist Services

The vast majority of U.S. jurisdictions have some form of patient access to evaluation and treatment by licensed physical therapists. Access to physical therapist services is critical to ensuring optimum patient functional status and independence. Throughout the experience of obtaining direct access at the state level, physical therapists have been questioned about their ability to identify a patient's signs and symptoms correctly, especially those that may represent cancer or other life-threatening conditions, if the patient has not first been screened by a physician. The misguided presumption is that physical therapists are not sufficiently educated or clinically trained to correctly diagnose an underlying pathological condition. This argument falsely concludes that direct access to physical therapists is therefore a threat to the safety of the public. However, a closer look at the facts and evidence proves otherwise.

Physical therapists diagnose impairments, functional limitations, and disabilities related to medical conditions, movement dysfunction, and other health-related disorders. Physical therapists do not provide a medical diagnosis. However, they are well-prepared to identify when a patient's signs and symptoms potentially lie outside the scope of the physical therapist's diagnosis and require a referral to a physician for further diagnostic work-up and identification of underlying pathology. The examination process, routinely employed by physical therapists, ensures that direct access to physical therapists also allows referral to physicians when indicated. With more than 30 years of experience with direct access in the states that permit it, physical therapists have not been noted to misinterpret a patient's signs and symptoms as non-pathological leading to serious injury or death. Physical therapist malpractice rates do not differ between states with patient

direct access and those with a physician referral requirement. Furthermore, when the number of complaints filed against physical therapists with state licensure boards were examined prior to and after elimination of the physician referral requirement, no increase of complaints centered on patient harm was found. In a study from 2017 entitled "The Influence of Patient Choice of First Provider on Costs and Outcomes: Analysis From a Physical Therapy Patient Registry," outcomes from direct access care and physician referral were compared. No difference in care or outcomes were found, and additionally the direct access group was noted to spend $1,543 less on average on total treatment costs, indicating that direct access is equally as safe and potentially more cost-efficient. (Denninger, 2017). Most referrals from physicians are written as "evaluate and treat." Medical "diagnoses" may be non-specific terms such as "low back pain." Even if a specific medical diagnosis is provided along with an "evaluate and treat" referral, it is incumbent upon the physical therapist to identify the rehabilitation diagnosis. Physical therapists independently design the plan of care and the schedule of implementation. It is the physical therapist who has ultimate responsibility for what interventions will be provided, how many times a week or month the patient will be seen, and the overall duration of the episode of care. Direct access also supports a collaborative model of practice between physicians and physical therapists and can create opportunities that enhance patient management, safety, and outcomes. Collaboration is, in many respects, the flip side of the direct access "coin." Historically, physical therapists emerged as a profession within the medical model, not as an alternative to medical care. Traditionally, physical therapists receive a substantial proportion of their clinical education and training in academic medical centers and hospitals, where team collaboration is paramount. Both physical therapists and physicians have a mutual respect for, and deep understanding of, their complementary roles in patient care. Direct access does not alter that relationship; it merely allows the collaboration to be initiated by the physical therapist at a point in the physical therapy episode of care that is most beneficial to the patient and most cost effective for the health care system.

Indiana Regulations

INDIANA CODE § 25-27
ARTICLE 27. PHYSICAL THERAPISTS
INDIANA CODE § 25-27-1
Chapter 1. Regulation of Physical Therapists by
Medical Licensing Board
IC 25-27-1-1 Definitions
Sec. 1. For the purposes of this chapter:

(1) "Physical therapy" means the evaluation of, administration of, or instruction in physical rehabilitative and habilitative techniques and procedures to evaluate, prevent, correct, treat, alleviate, and limit physical disability, pathokinesiological function, bodily malfunction, pain from injury, disease, and any other physical disability or mental disorder, including:
(A) the use of physical measures, agents, and devices for preventive and therapeutic purposes;

(B) neurodevelopmental procedures;
(C) the performance, interpretation, and evaluation of physical therapy tests and measurements; and
(D) the provision of consultative, educational, and other advisory services for the purpose of preventing or reducing the incidence and severity of
physical disability, bodily malfunction, and pain.
(2) "Physical therapist" means a person who practices physical therapy as defined in this chapter.
(3) "Physical therapist's assistant" means a person who assists in the practice of physical therapy as defined in this chapter.
(4) "Board" refers to the medical licensing board.
(5) "Committee" refers to the Indiana physical therapy committee established under section 4 of this chapter.
(6) "Person" means an individual.
(7) "Sharp debridement" means the removal of foreign material or dead tissue from or around a wound, without anesthesia and with generally no bleeding, through the use of:
(A) a sterile scalpel;
(B) scissors;
(C) forceps;
(D) tweezers; or
(E) other sharp medical instruments; in order to expose healthy tissue, prevent infection, and promote healing.
(8) "Spinal manipulation" means a method of skillful and beneficial treatment by which a physical therapist uses direct thrust to move a joint of the patient's spine beyond its normal range of motion, but without exceeding the limits of anatomical integrity.
(Formerly: Acts 1957, c.198, s.1; Acts 1971, P.L.379, SEC.1.) As amended by P.L.150-1986, SEC.4; P.L.259-1987, SEC.1; P.L.240-1989, SEC.1; P.L. 98-2013, Sec.1.
IC 25-27-1-2 Unlawful practices
Sec. 2. (a) Except as otherwise provided in this chapter, it is unlawful for a person to:
(1) practice physical therapy;
(2) profess to be a physical therapist, physiotherapist, or physical therapy technician or to use the initials "P.T.", "P.T.T.", or "R.P.T.", or any other letters, words, abbreviations, or insignia indicating that the person is a physical therapist; or
(3) practice or assume the duties incident to physical therapy; without first obtaining from the board a license authorizing the person to practice physical therapy in this state.
(b) Except as provided in section 2.5 of this chapter, it is unlawful for a person to practice physical therapy other than upon the order or referral of a physician, podiatrist, psychologist, chiropractor, dentist, nurse practitioner, or physician assistant holding an unlimited license to practice medicine, podiatric medicine, psychology, chiropractic, dentistry, nursing, or as a physician assistant, respectively. It is unlawful for a physical therapist to use the services of a physical therapist's assistant except as provided under this chapter. For the purposes of this subsection, the function of:
(1) teaching;
(2) doing research;
(3) providing advisory services; or
(4) conducting seminars on physical therapy;

is not considered to be a practice of physical therapy.
(c) Except as otherwise provided in this chapter, it is unlawful for a person to act as a physical therapist's assistant or to use initials, letters, words, abbreviations, or insignia indicating that the person is a physical therapist's assistant without first obtaining from the board a certificate authorizing the person to act as a physical therapist's assistant. It is unlawful for the person to act as a physical therapist's assistant other than under the direct supervision of a licensed physical therapist who is in responsible charge of a patient or under the direct supervision of a physician. However, nothing in this chapter prohibits a person licensed or registered in this state under another law from engaging in the practice for which the person is licensed or registered. These exempted persons include persons engaged in the practice of osteopathy, chiropractic, or podiatric medicine.
(d) Except as provided in section 2.5 of this chapter, this chapter does not authorize a person who is licensed as a physical therapist or certified as a physical therapist's assistant to:
5
(1) evaluate any physical disability or mental disorder except upon the order or referral of a physician, podiatrist, psychologist, chiropractor, or dentist;
(2) practice medicine, surgery (as described in IC 25-22.5-1-1.1(a)(1)(C)), dentistry, optometry, osteopathy, psychology, chiropractic, or podiatric medicine; or
(3) prescribe a drug or other remedial substance used in medicine.
(Formerly: Acts 1957, c.198, s.2; Acts 1971, P.L.379, SEC.2.) As amended by P.L.137-1985, SEC.8; P.L.157-1986, SEC.2; P.L.259-1987, SEC.2; P.L.240-1989, SEC.2; P.L.217-1993, SEC.4; P.L. 98-2013, Sec.2.
IC 25-27-1-2.5 Evaluations and treatment without a referral; exceptions
Sec. 2.5. (a) Except as provided in subsection (b), a physical therapist may evaluate and treat an individual during a period not to exceed fourty-two (42) calendar days beginning with the date of the initiation of treatment without a referral from a provider described in section 2(b) of this chapter. However, if the individual needs additional treatment from the physical therapist after fourty-two (42) calendar days, the physical therapist shall obtain a referral from the individual's provider, as described in section 2(b) of this chapter.
(b) A physical the
(1) the physical therapist is acting on the order or referral of a physician, an osteopath, or a chiropractor; and
(2) the referring physician, osteopath, or chiropractor has examined the patient before issuing the order or referral.
As added by P.L.98-2013, SEC.3.
IC 25-27-1-3 Repealed
(Repealed by P.L.150-1986, SEC.14.)
IC 25-27-1-3.1 Practice of certain occupations or professions and first aid not prohibited
Sec. 3.1. This chapter does not prohibit any of the following:
(1) The practice of any occupation or profession for which a person is licensed, certified, or registered in Indiana by a state agency. The persons who are exempted by this subdivision include persons licensed, certified, or registered to practice osteopathy, chiropractic, or podiatric medicine.
(2) The practice of any health care occupation or profession by a person who is practicing

within the scope of the person's education and experience.
(3) The performance of any first aid procedure incidental to a person's employment or volunteer duties.
(4) The performance of an emergency first aid procedure by any person.
As added by P.L.150-1986, SEC.5.
IC 25-27-1-3.5 Sharp debridement referral
Sec. 3.5. A physical therapist may not perform sharp debridement unless the physical therapist is acting on the order or referral of a:
(1) physician or osteopath licensed under IC 25-22.5; or
(2) podiatrist licensed under IC 25-29.
As added by P.L.98-2013, SEC.4.
IC 25-27-1-4 Indiana physical therapy committee
Sec. 4. (a) There is created a five (5) member Indiana physical therapy committee to assist the board in carrying out this chapter regarding the qualifications and examinations of physical therapists and physical therapist's assistants. The committee is comprised of:
(1) three (3) physical therapists;
(2) a licensed physician; and
(3) one (1) member who is a resident of the state and who is not associated with physical therapy in any way, other than as a consumer.
(b) The governor shall make each appointment for a term of three (3) years. Each physical therapist appointed must:
(1) be a licensed physical therapist meeting the requirements of this chapter;
(2) have had not less than three (3) years experience in the actual practice of physical therapy immediately preceding appointment; and
(3) be a resident of the state and actively engaged in this state in the practice of physical therapy during incumbency as a member of the committee.
(Formerly: Acts 1957, c.198, s.4; Acts 1971, P.L.379, SEC.3.) As amended by Acts 1981, P.L.222, SEC.195; P.L.150-1986, SEC.6.
IC 25-27-1-5 Determination of qualifications; administration of examinations; standards for competent practice
Sec. 5. (a) The committee shall:
(1) pass upon the qualifications of physical therapists who apply for licensure and physical therapist's assistants who apply for certification;
(2) provide all examinations either directly or by delegation under subsection (c);
(3) determine the applicants who successfully pass examinations;
(4) license qualified applicants; and
(5) propose rules concerning the competent practice of physical therapy to the board.
(b) The board shall adopt rules, considering the committee's proposed rules, establishing standards for the competent practice of physical therapy.
(c) The committee may approve and utilize the services of a testing company or agent to prepare, conduct, and score examinations.
(d) The board shall adopt rules, considering the committee's proposed rules, concerning a continuing competency requirement for the renewal of a:
(1) license for a physical therapist; and
(2) certificate for a physical therapist's assistant.
(Formerly: Acts 1957, c.198, s.5; Acts 1971, P.L.379, SEC.4.) As amended by Acts 1981,

P.L.222, SEC.196; P.L.150-1986, SEC.7; P.L.259-1987, SEC.3; P.L.197-2011, SEC.116.6 IC 25-27-1-6 Evidence of qualification
Sec. 6. (a) Each applicant for a license as a physical therapist or certification as a physical therapist's assistant must present satisfactory evidence that the applicant:
(1) does not have a conviction for a crime that has a direct bearing on the applicant's ability to practice competently; and
(2) has not been the subject of a disciplinary action initiated by the licensing agency of another state or jurisdiction on the grounds that the applicant was unable to practice as a physical therapist or physical therapist's assistant without endangering the public.
(b) Each applicant for a license as a physical therapist must submit proof to the committee of the applicant's graduation from a school or program of physical therapy that meets standards set by the committee. Each applicant for a certificate as a physical therapist's assistant must present satisfactory evidence that the applicant is a graduate of a two (2) year college level education program for physical therapist's assistants that meets the standards of the committee. At the time of making application, each applicant must pay a fee determined by the board after consideration of any recommendation of the committee.
(c) An applicant may appeal the committee's decision to deny licensure to the committee within fifteen (15) days after the applicant receives notification of the committee's decision. Upon receiving an appeal under this subsection, the committee shall set the matter for an administrative hearing under IC 4-21.5.
(Formerly: Acts 1957, c.198, s.6; Acts 1971, P.L.379, SEC.5.) As amended by Acts 1981, P.L.222, SEC.197; Acts 1982, P.L.113, SEC.66; P.L.150-1986, SEC.8; P.L.149-1987, SEC.78; P.L.152-1988, SEC.23; P.L.33-1993, SEC.48.
IC 25-27-1-7 Examination; reexamination
Sec. 7. (a) All examinations of the applicants for licensure as physical therapists or for certification as physical therapist's assistants shall be held in Indiana at least twice a year.
(b) Examinations shall include a written or computer examination which must test the applicant's knowledge of the basic and clinical sciences as they relate to physical therapy, physical therapy theory and procedures, and such other subjects as the committee may deem useful to test the applicant's fitness to practice physical therapy or to act as a physical therapist's assistant.
(c) Any qualified applicant who fails an examination and is refused a license or certificate may take another examination within the time limits set by the committee upon payment of an additional fee determined by the board after consideration of any recommendation of the committee.
(d) Nothing in this section shall be construed as a prohibition against any qualified applicant who has failed an examination from making further application for a license to practice physical therapy or for a certificate to act as a physical therapist's assistant when the application is accompanied by the fee determined by the board after consideration of any recommendation of the committee.
(Formerly: Acts 1957, c.198, s.7; Acts 1971, P.L.379, SEC.6.) As amended by P.L.136-1984, SEC.1; P.L.150-1986, SEC.9; P.L.173-1996, SEC.14.
IC 25-27-1-8 Issuance of license; renewal; reinstatement; temporary nonrenewable permit; retirement from practice
Sec. 8. (a) The committee shall license as a physical therapist each applicant who:

(1) successfully passes the examination provided for in this chapter; and
(2) is otherwise qualified as required by this chapter.
(b) All licenses and certificates issued by the committee expire on the date of each even-numbered year specified by the Indiana professional licensing agency under IC 25-1-5-4. A renewal fee established by the board after consideration of any recommendation of the committee must be paid biennially on or before the date specified by the Indiana professional licensing agency, and if not paid on or before that date, the license or certificate becomes invalid, without further action by the committee. A penalty fee set by the board after consideration of any recommendation of the committee shall be in effect for any reinstatement within three (3) years from the original date of expiration.
(c) An expired license or certificate may be reinstated by the committee up to three (3) years after the expiration date if the holder of the expired license or certificate:
(1) pays a penalty fee set by the board after consideration of any recommendation of the committee; and
(2) pays the renewal fees for the biennium. If more than three (3) years have elapsed since expiration of the license or certificate, the holder may be reexamined by the committee. The board may adopt, after consideration of any recommendation of the committee, rules setting requirements for reinstatement of an expired license.
(d) The committee may issue not more than two (2) temporary permits to a physical therapist or physical therapist's assistant. A person with a temporary permit issued under this subsection may practice physical therapy only under the direct supervision of a licensed physical therapist license or certificate may not be surrendered to the committee without the written consent of the committee if any disciplinary proceedings are pending against a holder of a license or certificate under this chapter.
(Formerly: Acts 1957, c.198, s.8; Acts 1971, P.L.379, SEC.7.) As amended by Acts 1981, P.L.222, SEC.198; P.L.136-1984, SEC.2; P.L.150-1986, SEC.10; P.L.149-1987, SEC.79; P.L.48-1991, SEC.48; P.L.214-1993, SEC.59; P.L.244-1995, SEC.1; P.L.173-1996, SEC.15; P.L.1-2006, SEC.467.
IC 25-27-1-9 Foreign applicants; license or certificate by endorsement; fee
Sec. 9. (a) The committee may register and furnish a license or certify by endorsement any applicant who presents evidence satisfactory to the committee of being duly licensed to practice physical therapy or to act as a physical therapist's assistant in another state if the applicant is otherwise qualified as required in section 6 of this chapter. However, the committee shall register and furnish a license or certificate by endorsement to any applicant who is licensed to practice physical therapy or to act as a physical therapist's assistant in another state if:
(1) the applicant is otherwise qualified as required under section 6(a) and 6(b) of this chapter; and
(2) the applicant has successfully passed a licensure examination in another state equal to or exceeding the examination standards of Indiana. At the time of making an application, the applicant shall pay a fee determined by the board after consideration of any recommendation of the committee.
(b) The committee may license as a physical therapist or certify as a physical therapist's assistant any person who has graduated as a physical therapist or physical therapist's assistant, whichever is appropriate, in a foreign country from an educational program approved by the committee if the applicant presents satisfactory evidence to the

committee that the applicant:
(1) does not have a conviction for:
(A) an act that would constitute a ground for disciplinary sanction under IC 25-1-9; or
(B) a crime that has a direct bearing on the applicant's ability to practice competently; and
(2) has not been the subject of a disciplinary action initiated by the licensing agency of another state or jurisdiction on the grounds that the applicant was unable to practice as a physical therapist or physical therapist's assistant without endangering the public; and
that the applicant has successfully passed the physical therapy licensure or physical therapist's assistant certification examination provided for by this chapter. However, the committee, in evaluating an educational program under this subsection shall approve at least three (3) credential evaluating agencies acceptable to the board for the purpose of evaluating educational programs.
(c) At the time of making an application under subsection (b), the applicant shall pay a fee determined by the board after consideration of any recommendation of the committee.
(Formerly: Acts 1957, c.198, s.9; Acts 1971, P.L.379, SEC.8.) As amended by Acts 1981, P.L.222, SEC.199; Acts 1982, P.L.113, SEC.67; P.L.136-1984, SEC.3; P.L.150-1986, SEC.11; P.L.259-1987, SEC.4; P.L.152-1988, SEC.24; P.L.96-1990, SEC.15; P.L.2-1995, SEC.97; P.L.244-1995, SEC.2.
IC 25-27-1-10 Repealed
(Repealed by Acts 1981, P.L.222, SEC.296.)
IC 25-27-1-10.1 Repealed
(Repealed by P.L.152-1988, SEC.30.)
IC 25-27-1-11 Refund of fees
Sec. 11. The fees collected under this chapter shall under no circumstances be refunded to the applicant.
(Formerly: Acts 1957, c.198, s.11.) As amended by Acts 1981, P.L.222, SEC.201; P.L.150-1986, SEC.13.
IC 25-27-1-12 Violation of chapter; injunction
Sec. 12. A person who violates this chapter commits a Class B misdemeanor. In addition the board may, in the name of the state, through the attorney general, apply in any court to enjoin any person from practicing physical therapy or acting as a physical therapist's assistant, in violation of IC 25-27-1-2.
(Formerly: Acts 1957, c.198, s.12; Acts 1971, P.L.379, SEC.10.) As amended by Acts 1978, P.L.2, SEC.2546.
TITLE 844. MEDICAL LICENSING BOARD
ARTICLE 6. PHYSICAL THERAPISTS AND PHYSICAL THERAPISTS' ASSISTANTS
Rule 1. General Provisions
844 IAC 6-1-1 Abbreviations defined (Repealed)
Sec. 1. (Repealed by Medical Licensing Board of Indiana; filed Sep 22, 1994, 4:30 p.m.: 18 IR 266)
844 IAC 6-1-2 Definitions
Authority: IC 25-27-1-5
Affected: IC 25-27-1-2; IC 25-27-1-8
Sec. 2. (a) The definitions in this section apply throughout this article.
(b) "Board" refers to the medical licensing board of Indiana.

(c) “Bureau” refers to the health professions bureau.
(d) “Committee” refers to the Indiana physical therapy committee.
(e) "Contact hour" means a unit of measure for a continuing competency activity. One (1) contact hour equals at least fifty (50) minutes in a learning activity.
(f) "Continuing competency" means those continuing competency activities as used in 844 IAC 6-8-1.
(g) “Direct supervision” means that the supervising physical therapist or physician at all times shall be available and under all circumstances shall be absolutely responsible for the direction and the actions of the person supervised when services are performed by the physical therapist’s assistant or holder of a temporary permit issued under IC 25-27-1-8(d). For the holder of a temporary permit issued under IC 25-27-1-8(d), unless the supervising physical therapist or physician is on the premises to provide constant supervision, the holder of a temporary permit shall meet with the physical therapist or physician at least once each working day to review all patients’ treatments. This meeting must include the actual presence of the physical therapist or physician and the holder of a temporary permit. The patient’s care shall always be the responsibility of the supervising physical therapist or physician. Reports written by the holder of a temporary permit for inclusion in the patients’ record shall be countersigned by the physical therapist or physician who may enter any remarks, revisions, or additions as the physical therapist or physician deems appropriate. With respect to the supervision of physical therapist’s assistants under IC 25-27-1-2(c), unless the supervising physical therapist or physician is on the premises to provide constant supervision, the physical therapist’s assistant shall consult with the supervising physical therapist or physician at least once each working day to review all patients’ treatments. The supervising physical therapist or physician shall examine each patient not less than:
(1) every fourteen (14) days for inpatients in either a hospital or comprehensive rehabilitation facility;
(2) the earlier of every ninety (90) days or six (6) physical therapy visits for patients in a facility for the mentally retarded (MR) and developmentally disabled (DD) and school system patients; and
(3) the earlier of every thirty (30) days or every fifteen (15) physical therapy visits for all other patients; to review the patients’ treatment and progress. If this daily consultation is not face-to-face, the physical therapist or physician may not supervise more than the equivalent of three (3) full-time physical therapist’s assistants. A consultation between a supervising physical therapist or a physician and the physical therapist’s assistant may be in person, by telephone, or by a telecommunications device for the deaf (TDD), so long as there is interactive communication concerning patient care.
(h) “Physical therapist’s assistant” means a person who is registered by the committee to assist in the practice of physical therapy under the direct supervision of a licensed physical therapist or under the direct supervision of a physician by performing those assigned physical therapy procedures identified in subsection (i)(3) but not those specified in subsection (i)(1) or (i)(2).
(i) “Physical therapy” includes, but is not limited to, such measures as the following:
(1) Performing and interpreting tests and measurements of neuromuscular, musculoskeletal, cardiac, and pulmonary functions as a part of treatment, interpretation of physician referrals, initial patient evaluation, initial and ongoing treatment planning,

periodic reevaluation of the patient, and adjustment of the treatment plan.
(2) Planning initial and subsequent treatment programs on the basis of test findings and within the orders of a referring practitioner who is licensed to practice medicine, osteopathic medicine, dentistry, podiatry, or chiropractic.
(3) Administering treatment through the use of physical, chemical, or other properties of heat or cold, light, water, electricity, massage, mechanical devices, and therapeutic exercise, which includes all types of physical rehabilitative techniques and procedures.
(Medical Licensing Board of Indiana; 844 IAC 6-1-2; filed Mar 10, 1983, 3:59 p.m.: 6 IR 773; filed Jun 11, 1984, 1:02 p.m.: 7 IR 1937; filed Mar 6, 1986, 3:00 p.m.: 9 IR 1662; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2731; filed Apr 14, 1994, 5:00 p.m.: 17 IR 2077; filed Sep 22, 1994, 4:30 p.m.: 18 IR 261; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 26, 2004, 10:15 a.m.: 28 IR 209; readopted filed Nov 17, 2010, 9:48 a.m.: 20101215-IR-844100405RFA; filed Jan 30, 2013, 12:31 p.m.: 20130227-IR-844120204FRA)

844 IAC 6-1-3 Standards of practice for physical therapy services

Authority: IC 25-27-1-5

Affected: IC 25-27-1-1

Sec. 3. (a) A physical therapy service shall be under the direction of a licensed physical therapist who is qualified by experience, demonstrated ability, and specialized education.
(b) A physical therapist shall develop a plan of care for each patient referred and shall be responsible for the plan implementation and modification. A physical therapist shall consult with the referring practitioner regarding any contraindicated or unjustified treatment.
(c) The physical plant shall be planned, constructed, and equipped to provide adequate space and proper environment to meet the service needs with safety and efficiency.
(Medical Licensing Board of Indiana; 844 IAC 6-1-3; filed Mar 10, 1983, 3:59 p.m.: 6 IR 773; filed Jun 11, 1984, 1:02 p.m.: 7 IR 1938; filed Sep 22, 1994, 4:30 p.m.: 18 IR 262; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070051RFA)

844 IAC 6-1-4 Accreditation of educational programs

Authority: IC 25-27-1-5

Affected: IC 4-22-2-21; IC 25-27-1-1

Sec. 4. (a) The committee shall maintain a list of physical therapy and physical therapist's assistant educational programs that the committee has approved. This list shall be available in written form from the Health Professions Bureau, 402 West Washington Street, Room W066, Indianapolis, Indiana 46204.
(b) An approved program is one maintaining standards equivalent to those adopted by the Commission on Accreditation in Physical Therapy Education (CAPTE), Accreditation Handbook, April 2002 edition. These standards are hereby adopted as those of the committee and are hereby incorporated by reference under IC 4-22-2-21 and do not include any amendments or subsequent editions. A copy of such standards shall be available for public inspection at the office of the Health Professions Bureau, 402 West Washington Street, Room W066, Indianapolis, Indiana 46204. Copies of such standards are available from the American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, Virginia 22314 or at http://www.apta.org/Education/accreditation.
(c) An educational program, or a graduate or candidate for graduation from an

educational program, which is not on the list of approved programs maintained by the committee, may apply to the committee for approval by petition demonstrating that the educational program meets the committee's standards for approval.
(d) The committee may remove an educational program from its list of approved programs upon the grounds that the educational program no longer meets its standards for approval.
(Medical Licensing Board of Indiana; 844 IAC 6-1-4; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2732; filed Sep 22, 1994, 4:30 p.m.: 18 IR 263; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Oct 7, 2002, 11:51 a.m.: 26 IR 377; filed Aug 26, 2004, 10:20 a.m.: 28 IR 203)
Rule 2. Fees
844 IAC 6-2-1 Fees for licensed physical therapists and certified physical therapists' assistants (Repealed)
Sec. 1. (Repealed by Medical Licensing Board of Indiana; filed Feb 11, 2002, 4:35 p.m.: 25 IR 2247)
844 IAC 6-2-2 Fees
Authority: IC 25-1-8-2; IC 25-27-1-5
Affected: IC 25-27-1-7
Sec. 2. (a) The board shall charge and collect the following fees:
Application for licensure/certification $100
Application to repeat national examination $50
Licensure/certification renewal $100 biennially
Temporary permit $50
Verification of licensure/certification $10
Duplicate wall license/certification $10
(b) Applicants required to take the national examination for licensure shall pay a fee directly to a professional examination service in the amount set by the examination service.
(Medical Licensing Board of Indiana; 844 IAC 6-2-2; filed Feb 11, 2002, 4:35 p.m.: 25 IR 2247; readopted filed Oct 10, 2008, 8:57 a.m.: 20081105-IR844080340RFA)

Rule 3. Admission to Practice
844 IAC 6-3-1 Licensure by endorsement
Authority: IC 25-27-1-5
Affected: IC 4-1-8-1; IC 25-1-9; IC 25-27-1
Sec. 1. The committee may issue a license by endorsement to an applicant who completes the following:
(1) Submits a sworn application in proper form.
(2) Submits the fee specified in 844 IAC 6-2-2.
(3) Presents satisfactory evidence that he or she does not have a conviction for an act, within or outside of this state that would constitute a ground for disciplinary sanction under IC 25-1-9.
(4) Has been certified by a written examination provided by the committee. The uniform criterion-referenced passing score on the physical therapy and physical therapist's assistant examinations, which has been adopted by the board of directors of the

Federation of State Boards of Physical Therapy, is the required passing score. This criterion-referenced passing score shall be a scaled score of six hundred (600). If the applicant was licensed in a state that required an examination, other than an examination provided by the committee, the committee shall determine whether the applicant took and passed a postgraduate written examination substantially equivalent in content and difficulty to the examination adopted by the committee.
(5) Submits verification from all states in which the applicant has been or is currently licensed-certified. The verification must include a statement verifying whether the applicant has ever been disciplined in any manner.
(6) Submits an official transcript of grades from a physical therapy school or physical therapist's assistant school evidencing that the applicant is a graduate of a physical therapist or physical therapist's assistant entry-level educational program that meets the requirements of 844 IAC 6-1-4 and that a degree has been conferred. If the transcript is not in English, the applicant must submit a certified copy of an official English translation. Graduates of a foreign physical therapy program must submit notarized copies of their transcripts if official transcripts are unavailable.
(7) Submits one (1) passport-type quality photograph of the applicant taken within the last eight (8) weeks.
(8) Submits the applicant's valid United States Social Security number.
(9) Meets all other minimum requirements as specified in IC 25-27-1.
(Medical Licensing Board of Indiana; 844 IAC 6-3-1; filed Mar 10, 1983, 3:59 p.m.: 6 IR 774; filed Jun 11, 1984, 1:02 p.m.: 7 IR 1938; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2732; filed Apr 5, 1990, 2:45 p.m.: 13 IR 1413; filed Sep 22, 1994, 4:30 p.m.: 18 IR 263; readopted filed Nov 9, 2
(6) Submits an official transcript of grades from a physical therapy or physical therapist's assistant school showing evidence that the applicant is a graduate of a physical therapy or a physical therapist's assistant program that has been approved by the committee under 844 IAC 6-1-4 and that a degree has been conferred.
(7) Submits a certified copy of an English translation of any document that is not in English.
(8) Meets all other minimum requirements specified in IC 25-27-1.
(b) The committee may issue a license by examination to an applicant who has been educated as a physical therapist in a foreign country who submits the following:
(1) Information required by subsection (a).
(2) A certified copy of all academic records and an evaluation, from an accredited evaluation service approved by the committee, of all academic records and credentials for the committee's consideration in determining educational equivalence, such equivalence to be determined by the committee.
(c) For an applicant who has failed to pass the examination, in this state or any other state, the following apply:
(1) After the first attempt, the applicant may retake the examination at their first available opportunity.
(2) After the second attempt, the applicant must wait at least ninety (90) days before reapplying to take the licensure examination.
(3) After the third attempt or subsequent attempt, the applicant must wait at least one hundred eighty (180) days before reapplying to take the licensure examination.

(4) The applicant must pay the reexamination fee specified in 844 IAC 6-2-2.
(Medical Licensing Board of Indiana; 844 IAC 6-3-2; filed Mar 10, 1983, 3:59 p.m.: 6 IR 774; filed Jun 11, 1984, 1:02 p.m.: 7 IR 1939; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2733; filed Apr 5, 1990, 2:45 p.m.: 13 IR 1414; filed Sep 22, 1994, 4:30 p.m.: 18 IR 264; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 26, 2004, 10:20 a.m.: 28 IR 204)
844 IAC 6-3-3 Licensure for foreign graduates (Repealed)
Sec. 3. (Repealed by Medical Licensing Board of Indiana; filed Aug 6, 1987, 3:00 pm: 10 IR 2736)
844 IAC 6-3-4 Applications for licensure as a physical therapist or certification as a physical therapist's assistant
Authority: IC 25-27-1-5
Affected: IC 25-27-1-6; IC 25-27-1-8
Sec. 4. (a) Persons desiring licensure as a physical therapist or certification as a physical therapist's assistant must file a completed application on a form provided by the committee.
(b) Persons submitting a completed application may be issued a temporary permit as provided by IC 25-27-1-8(d).
(c) At the time of submitting an original application to the committee, the applicant shall show to a staff member of the bureau, or to a member of the committee, the original physical therapist's or physical therapist's assistant's diploma or a certified copy of the diploma. A photocopy of the diploma may then be made for the files of the committee. In the event that such diploma has been lost or destroyed, the applicant shall submit the following:
(1) A statement under the signature and seal of the dean of the school from which the applicant graduated verifying that the applicant has satisfactorily completed:
(A) the prescribed course of study;
(B) the actual degree conferred; and
(C) the date the degree was conferred.
(2) An affidavit made before a duly authorized official to administer oaths, fully and clearly stating the circumstances under which the applicant's diploma was lost or destroyed.
(d) The fee for an application as specified in 844 IAC 6-2-2 shall be made payable to the health professions bureau. The fee is nonrefundable if the applicant should decide to withdraw the application.
(Medical Licensing Board of Indiana; 844 IAC 6-3-4; filed Mar 10, 1983, 3:59 p.m.: 6 IR 775; filed Oct 17, 1986, 2:00 p.m.: 10 IR 433; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2733; filed Sep 22, 1994, 4:30 p.m.: 18 IR 265; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 26, 2004, 10:20 a.m.: 28 IR 204)
844 IAC 6-3-5 Temporary permits
Authority: IC 25-27-1-5
Affected: IC 25-27-1-6
Sec. 5. (a) For applicants for licensure by endorsement, the committee may not issue more than two (2) temporary permits to an applicant for a license as a physical therapist or a certificate as a physical therapist's assistant where the applicant submits verification of a valid license to practice physical therapy or a valid certificate to act as a physical

therapist's assistant from another jurisdiction and meets the requirements of section 1(1) through 1(4) and 1(7) of this rule, except where the applicant has graduated from an educational program in another state, country, or territory, not approved by the committee.
(b) For recent graduates, the committee may issue not more than two (2) temporary permits to an applicant for a license as a physical therapist or a certificate as a physical therapist's assistant who is a graduate of an approved physical therapy program or an approved physical therapist's assistant program that meets the standards set by the committee and who has applied for and been approved by the committee to take the examination for which the applicant has applied for licensure or certification.
(c) A candidate for a license as a physical therapist or for a certificate as a physical therapist's assistant holding a temporary permit under this section shall only work under the direct supervision of a licensed physical therapist and shall report to the committee, on a form provided by the committee, the name of the facility and supervising physical therapists.
(d) A temporary permit shall expire on the earliest date that any one (1) of the following events occurs:
(1) The applicant is licensed or certified.
(2) The application for licensure or certification is disapproved.
(3) Ninety (90) days has passed since the issuance of the temporary permit.
(Medical Licensing Board of Indiana; 844 IAC 6-3-5; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2734; filed Sep 22, 1994, 4:30 p.m.: 18 IR 265; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Oct 7, 2002, 12:02 p.m.: 26 IR 378; filed Aug 26, 2004, 10:20 a.m.: 28 IR 205)
844 IAC 6-3-6 Social Security numbers
Authority: IC 4-1-8-1; IC 25-27-1-15
Affected: IC 25-27-1-6
Sec. 6. (a) An applicant who applies for a license, certificate, or permit under IC 25-27-1 must submit to the committee the applicant's United States Social Security number.
(b) No application for a license, certificate, or permit will be approved before the Social Security number is submitted to the committee.
(c) The bureau and the committee will release the applicant's Social Security number as provided in state or federal law.
(d) The bureau and the boards may allow access to the Social Security number of each person who holds a license, certificate, or permit issued under IC 25-27-1 or has applied for a license, certificate, or permit under IC 25-27-1 to the following:
(1) A testing service that provides the examination for licensure to the bureau or the boards.
(2) An individual state regulatory board or an organization composed of state regulatory boards for the applicant's or licensee's profession for the purpose of coordinating licensure and disciplinary activities between the individual states.
(Medical Licensing Board of Indiana; 844 IAC 6-3-6; filed Aug 26, 2004, 10:20 a.m.: 28 IR 205)
Rule 4. Registration of Licensed Physical Therapists and Physical Therapists' Assistants
844 IAC 6-4-1 Mandatory registration; renewal
Authority: IC 25-27-1-5

Affected: IC 25-27-1-8
Sec. 1. (a) Every physical therapist holding a license issued by the committee shall renew his or her license biennially on or before July 1 of each even numbered year.
(b) A licensee's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the licensee from renewing such license.
(c) Every physical therapist's assistant holding a certificate issued by the committee shall renew his or her certificate biennially on or before July 1 of each even-numbered year.
(d) A certificate holder's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the certificate holder from renewing such certificate.
(Medical Licensing Board of Indiana; 844 IAC 6-4-1; filed Mar 10, 1983, 3:59 p.m.: 6 IR 775; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2735; filed Sep 22, 1994, 4:30 p.m.: 18 IR 266; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Feb 10, 2003, 3:30 p.m.: 26 IR 2372)
844 IAC 6-4-2 Address; change of name
Authority: IC 25-27-1-5
Affected: IC 25-27-1-8
Sec. 2. Each licensee is responsible for providing the committee with a current address, telephone number, and name change as applicable within thirty (30) days of the change.
(Medical Licensing Board of Indiana; 844 IAC 6-4-2; filed Mar 10, 1983, 3:59 p.m.: 6 IR 775; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2735; filed Sep 22, 1994, 4:30 p.m.: 18 IR 266; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070051RFA)
844 IAC 6-4-3 Reinstatement of delinquent license
Authority: IC 25-27-1-5
Affected: IC 25-27-1-8
Sec. 3. (a) A physical therapist or physical therapist's assistant who is less than three (3) years delinquent in renewing a license or certificate shall be reinstated upon receipt of a renewal application, reinstatement fee, and renewal fees.
(b) If more than three (3) years have elapsed since the expiration of a license or certificate, the applicant shall meet all requirements of 844 IAC 6-3-1 except that, where the applicant has not practiced for more than three (3) years, the committee may, after an appearance before the committee, require the applicant to retake and pass the examination provided by the committee.
(Medical Licensing Board of Indiana; 844 IAC 6-4-3; filed Mar 10, 1983, 3:59 p.m.: 6 IR 775; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2735; filed Apr 5, 1990, 2:45 p.m.: 13 IR 1414; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 26, 2004, 10:20 a.m.: 28 IR 206)
Rule 5. Repealed
844 IAC 6-5-1 Denial of license; cause (Repealed)
Sec. 1. (Repealed by Medical Licensing Board of Indiana; filed Aug 6, 1987, 3:00 pm: 10 IR 2736)
Rule 6. Reinstatement of Suspended License

844 IAC 6-6-1 Evidence for reinstatement (Repealed)
Sec. 1. (Repealed by Medical Licensing Board of Indiana; filed Aug 26, 2004, 10:20 a.m.: 28 IR 209)
844 IAC 6-6-2 Petitions for reinstatement (Repealed)
Sec. 2. (Repealed by Medical Licensing Board of Indiana; filed Aug 26, 2004, 10:20 a.m.: 28 IR 209)
844 IAC 6-6-3 Duties of suspended licensees, certificate holders
Authority: IC 25-22.5-2-7; IC 25-27-1-5
Affected: IC 25-1-9
Sec. 3. In any case where a person's license or certificate has been suspended under IC 25-1-9, said person shall do the following:
(1) Within thirty (30) days from the date of the order of suspension, file with the physical therapy committee an affidavit showing the following:
(A) All active patients then under the licensee's or certificate holder's care have been notified in the manner and method specified by the committee of the licensee's or certificate holder's suspension and consequent inability to act for or on their behalf in a professional capacity. Such notice shall advise all such patients to seek the services of another licensee or certificate holder of good standing of their own choice.
(B) All hospitals and medical and health care facilities where such licensee or certificate holder has privileges or staff status have been informed of the suspension order.
(C) Reasonable arrangements were made for the transfer of patient records, radiographic studies, and test results, or copies thereof, to a succeeding licensee or certificate holder employed by the patient or those responsible for the patient's care.
(2) Prove compliance with this section as a condition precedent to reinstatement.
(Medical Licensing Board of Indiana; 844 IAC 6-6-3; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2736; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 26, 2004, 10:20 a.m.: 28 IR 206)
844 IAC 6-6-4 Protection of patients' interests
Authority: IC 25-22.5-2-7; IC 25-27-1-5
Affected: IC 25-1-9
Sec. 4. Whenever a person's license or certificate has been suspended under IC 25-1-9 and said person has not fully complied with section 3 of this rule and this section or if said licensee or certificate holder has disappeared, died, or is otherwise unable to comply with section 3 of this rule and this section, the physical therapy committee shall request the health professions bureau or the Indiana Chapter of the American Physical Therapy Association to take such action as may be appropriate to protect the interests of that person's patients.
(Medical Licensing Board of Indiana; 844 IAC 6-6-4; filed Aug 6, 1987, 3:00 p.m.: 10 IR 2736; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 26, 2004, 10:20 a.m.: 28 IR 206)
Rule 7. Standards of Professional Conduct
844 IAC 6-7-1 Definitions
Authority: IC 25-27-1-5
Affected: IC 25-1-9
Sec. 1. For purposes of the standards of professional conduct and competent practice of physical therapy or practice as a physical therapist assistant, the following definitions

apply:
“Practitioner” means a person holding a license to practice physical therapy; a person holding a certificate to practice as a physical therapist assistant; or a person holding a temporary permit issued by the committee.
“Professional incompetence” may include, but is not limited to, a pattern or course of repeated conduct by a practitioner demonstrating a failure to exercise such reasonable care and diligence as is ordinarily exercised by practitioners in the same or similar circumstances in the same or similar locality.
(Medical Licensing Board of Indiana; 844 IAC 6-7-1; filed Oct 3, 1988, 2:36 p.m.: 12 IR 386; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; readopted filed Oct 4, 2007, 3:35 p.m.: 20071031-IR-844070051RFA)
844 IAC 6-7-2 Standards of professional conduct and competent practice
Authority: IC 25-27-1-5
Affected: IC 16-39-1-1; IC 25-1-9-9; IC 25-27-1; IC 34-6-2-99; IC 34-30-15-1
Sec. 2. (a) A practitioner when engaging in the practice of physical therapy shall abide by, and comply with, the standards of professional conduct in this section.
(b) A practitioner shall maintain the confidentiality of all knowledge and information regarding a patient, including, but not limited to, the patient’s:
(1) diagnosis;
(2) treatment; and
(3) prognosis;
of which the practitioner has knowledge during the course of the patient-practitioner relationship. Information about a patient shall be disclosed by a practitioner when required by law, including, but not limited to, the requirements of IC 34-30-15-1 et seq. and IC 16-39-1-1 et seq., and any amendments thereto, or when authorized by the patient or those responsible for the patient’s care.
(c) A practitioner shall give a truthful, candid, and reasonably complete account of the patient’s condition to the patient or to those responsible for the patient’s care, except where a practitioner reasonably determines that the information is detrimental to the physical or mental health of:
(1) the patient; or
(2) those persons responsible for the patient’s care.
(d) The practitioner shall give reasonable written notice to the patient and to the referring physician, podiatrist, psychologist
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(1) represent;
(2) advertise;
(3) state; or
(4) indicate;
the possession of any degree recognized as the basis for licensure to practice physical therapy unless the practitioner is actually licensed on the basis of such
degree in the state or states in which he/she practices.
(g) A physical therapist shall not delegate to supportive personnel any service that requires the skill, knowledge, and judgment of the licensed physical therapist.
(h) A physical therapist’s assistant shall not accept a delegation of a service that exceeds the scope of practice of their certificate as defined in 844 IAC 6-1-2(g)(3).

(i) A practitioner who has personal knowledge based upon a reasonable belief that another practitioner holding the same license or certificate has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of physical therapy shall promptly report such conduct to a peer review or similar body, as defined in IC 34-6-2-99 and as provided in IC 34-30-15-1 et seq., having jurisdiction over the offending practitioner and the matter. This provision does not prohibit a practitioner from promptly reporting said conduct directly to the physical therapy committee. Further, a practitioner who has personal knowledge of any person engaged in, or attempting to engage in, the unauthorized practice of medicine or physical therapy shall promptly report such conduct to the medical licensing board or the physical therapy committee.
(j) A practitioner who voluntarily submits himself or herself to, or is otherwise undergoing a course of treatment for:
(1) addiction;
(2) severe dependency upon alcohol or other drugs or controlled substances; or
(3) psychiatric impairment;
where such treatment is sponsored or supervised by a committee for impaired practitioners of a state, regional, or local organization of professional health care providers, or where such treatment is sponsored or supervised by a committee for impaired practitioners of a hospital, shall be exempt from reporting to a peer review committee as set forth in subsection (i) or to the physical therapy committee so long as the practitioner is complying with the course of treatment and making satisfactory progress. If the practitioner fails to comply with or is not benefited by the course of treatment, the practitioner-chief administrative officer, his or her designee, or any member of the committee for impaired practitioners shall promptly report such facts and circumstances to the physical therapy committee. Subsection (i) and this subsection shall not, in any manner whatsoever, directly or indirectly, be deemed or construed to prohibit, restrict, limit, or otherwise preclude the physical therapy committee from taking such action as it deems appropriate or as may otherwise be provided by law.
(k) Fees charged by a practitioner for his or her professional services shall be reasonable and shall reasonably compensate the practitioner only for services actually rendered.
(l) A practitioner shall not enter into agreement for, charge, or collect an illegal or clearly excessive fee.
(m) Factors to be considered in determining the reasonableness of a fee include, but are not limited to, the following:
(1) The difficulty or uniqueness, or both, of the services performed and the time, skill, and experience required.
(2) The fee customarily charged in the locality for similar practitioner services.
(3) The amount of the charges involved.
(4) The quality of performance.
(5) The nature and length of the professional relationship with the patient.
(6) The experience, reputation, and ability of the practitioner in performing the kind of services involved.
(n) A practitioner shall not pay, demand, or receive compensation for referral of a patient except for a patient referral program operated by a professional society or association.
(o) A practitioner shall be responsible for the conduct of each and every person employed by the practitioner for every action or failure to act by said employee or employees in the

course of the employment relationship.
(p) A practitioner shall not, on behalf of:
(1) himself or herself;
(2) a partner;
(3) an associate;
(4) a shareholder in a professional corporation; or
(5) any other practitioner or specific health care provider affiliated with the practitioner;
use, or participate in the use of, any form of public communication containing a false, fraudulent, misleading, deceptive, or unfair statement or claim.
(q) Subject to the requirements of subsection (p), and in order to facilitate the process of informed selection of a practitioner by the public, a practitioner may advertise services through the public media, provided that the advertisement is dignified and confines itself to the existence, scope, nature, and field of practice of physical therapy.
(r) If the advertisement in subsection (q) is communicated to the public by radio, cable, or television, it shall be prerecorded and approved for broadcast by the practitioner, and a recording and transcript of the actual transmission shall be retained by the practitioner for a period of five (5) years from the last date of broadcast.
(s) If a practitioner advertises a fee for:
(1) a service;
(2) a treatment;
(3) a consultation;
(4) an examination; or
(5) any other procedure;
the practitioner must render that service or procedure for no more than the fee advertised.
(t) Except as otherwise provided in these rules, a practitioner shall not contact or solicit individual members of the public personally or through an agent in order to offer services to such person or persons unless that individual initiated contact with the practitioner for the purpose of engaging that practitioner's professional services.
(u) A practitioner may, whenever the practitioner believes it to be beneficial to the patient, and upon approval of the referring physician, podiatrist, psychologist, chiropractor, or dentist, send or refer a patient to a qualified specific professional health care provider for treatment or health care that falls within the specific professional health care provider's scope of practice. Prior to any such referral, however, the practitioner shall examine or consult with, or both, the patient and the referring physician, podiatrist, psychologist, chiropractor, or dentist to ensure that a condition exists in the patient that would be within the scope of practice of the specific professional health care provider to whom the patient is referred or sent.
(v) A practitioner, upon:
(1) his or her retirement;
(2) discontinuation of the practice of physical therapy;
(3) leaving or moving from a community;
shall not sell, convey, or transfer for valuable consideration, remuneration, or anything of value patient records of that practitioner to any other practitioner.
(w) A practitioner, upon:
(1) retiring from private practice;

(2) discontinuation of the private practice of physical therapy;
(3) leaving or moving from a community;
shall notify all of his or her active patients in writing, or by publication once a week for three (3) consecutive weeks in a newspaper of general circulation in the community, that he or she intends to discontinue his or her practice of physical therapy in the community and shall notify the referring physician, podiatrist,
psychologist, chiropractor, or dentist of each active patient. The practitioner discontinuing his or her practice shall make reasonable arrangements with his/her active patients for the transfer of his/her records, or copies thereof, to the referring physician, podiatrist, psychologist, chiropractor, or dentist who shall make the records, or copies thereof, available to the succeeding practitioner or to a program conducted by a professional society or association.
(x) As used herein, "active patient" applies and refers to a person whom the practitioner has:
(1) examined;
(2) treated;
(3) cared for; or
(4) otherwise consulted with;
during the two (2) year period prior to retirement, discontinuation of the practice of physical therapy, or leaving or moving from a community.
(y) A practitioner shall not base his fee upon the uncertain outcome of a contingency, whether such contingency be the outcome of litigation or any other occurrence or condition that may or may not develop, occur, or happen.
(z) A practitioner shall not attempt to exonerate himself or herself from or limit his or her liability to a patient for his or her personal malpractice except that a practitioner may enter into agreements that contain informed, voluntary releases or waivers of liability, or both, in settlement of a claim made by a patient or by those responsible for a patient's care.
(aa) A practitioner shall not attempt to preclude, prohibit, or otherwise prevent the filing of a complaint against him or her by a patient or other practitioner for any alleged violation of this title, IC 25-27-1 et seq., or any other law.
(bb) A practitioner shall maintain adequate patient records.
(cc) A practitioner shall not interfere with, or refuse to cooperate in, an investigation or disciplinary proceeding by willful misrepresentation of facts or the use
of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any legal action.
(dd) A practitioner shall not aid or abet a person not licensed or certified in this state who directly or indirectly performs activities requiring a license or certificate.
(ee) A practitioner shall not practice as a physical therapist or work as a physical therapist's assistant when physical or mental abilities are impaired by the use of:
(1) controlled substances;
(2) other habit-forming drugs;
(3) chemicals; or
(4) alcohol.
(ff) A practitioner shall not engage in the performance of substandard care due to a deliberate or negligent act or failure to act regardless of whether there was actual injury

to the patient.
(gg) A practitioner shall not engage in sexual misconduct, including the following:
(1) Making sexual advances.
(2) Requesting sexual favors.
(3) Engaging in verbal conduct or physical contact of a sexual nature with patients, clients, or coworkers.
(hh) A practitioner who has been convicted of a felony, or who has pled no contest or any other finding of guilt as to such felony, in this or any other state, territory, or country, which demonstrates impaired judgment or risk to the public in the practitioner's future provision of physical therapy service, may be deemed to be in violation of this section.
(ii) Failure to comply with the above standards of professional conduct and competent practice of physical therapy may result in disciplinary proceedings against the offending practitioners. Further, all practitioners licensed in Indiana shall be responsible for having knowledge of these standards of conduct and practice.
(Medical Licensing Board of Indiana; 844 IAC 6-7-2; filed Oct 3, 1988, 2:36 p.m.: 12 IR 386; errata filed Oct 11, 1988, 3:00 p.m.: 12 IR 391; readopted filed Nov 9, 2001, 3:16 p.m.: 25 IR 1325; filed Aug 26, 2004, 10:20 a.m.: 28 IR 207)
Rule 8. Continuing Competency Requirements
844 IAC 6-8-1 Continuing competency requirements
Authority: IC 25-27-1-5
Affected: IC 25-1-4; IC 25-27-1-5
Sec. 1. (a) Twenty-two (22) hours of continuing competency activities are required for the biennial renewal period, of which two (2) hours must be in an ethics and Indiana jurisprudence course as it relates to the practice of physical therapy.
(b) Only activities that have been approved under this article will be accepted as credit for license or certification renewal.
(c) Continuing competency hours:
(1) must be obtained within the biennial renewal period; and
(2) may not be carried over from one (1) renewal period to another.
(d) If a license or certification is valid for less than twelve (12) months, no continuing competency activity is required for renewal. If the license or certification is valid for twelve (12) to twenty-three (23) months, twelve (12) hours of continuing competency activities are required for renewal, which shall include the two (2) hours of an ethics and Indiana jurisprudence course as it relates to the practice of physical therapy.
(e) Audits for compliance with continuing competency requirements and actions regarding noncompliance will be conducted as provided for in IC 25-1-4.
(Medical Licensing Board of Indiana; 844 IAC 6-8-1; filed Jan 30, 2013, 12:31 p.m.: 20130227-IR-844120204FRA)
844 IAC 6-8-2 Responsibilities of licensees
Authority: IC 25-27-1-5
Affected: IC 25-27-1-5
Sec. 2. A license or certificate holder shall do the following:
(1) Certify completion of continuing competency activities required by this rule at the time of license or certification renewal.
(2) Retain verification of completion of continuing competency activities required by this rule for three (3) years after the last renewal date.

(3) Present proof of completion of continuing competency activities required by this rule at the request of the committee in a format that is verifiable by the committee.
(Medical Licensing Board of Indiana; 844 IAC 6-8-2; filed Jan 30, 2013, 12:31 p.m.: 20130227-IR-844120204FRA)
844 IAC 6-8-3 License or certification period; number of hours required
Authority: IC 25-1-4-8; IC 25-27-1-5
Affected: IC 25-27-1-5
Sec. 3. (a) During each two (2) year license period, a physical therapist or physical therapist's assistant must complete at least twenty-two (22) hours of continuing competency activities of which at least ten (10) hours must be in category I courses and two (2) hours must be in an ethics and Indiana jurisprudence course as it relates to the practice of physical therapy.
(b) A physical therapist or physical therapist's assistant may not earn more than ten (10) category II credit hours towards the requirements under this section.
(Medical Licensing Board of Indiana; 844 IAC 6-8-3; filed Jan 30, 2013, 12:31 p.m.: 20130227-IR-844120204FRA)
844 IAC 6-8-4 "Category I continuing competency activities" and "category II continuing competency activities" defined
Authority: IC 25-27-1-5
Affected: IC 25-1-4-0.2
Sec. 4. (a) As used in this rule, "category I continuing competency activities" includes the following and must be at least one (1) contact hour in length and be relevant to the practice of physical therapy:
(1) Formally organized courses.
(2) Workshops.
(3) Seminars.
(4) Symposia.
(5) Home study programs, including approved computer, audio, and video instructional programs, designed by committee-approved organizations and subject to committee verification and approval procedures.
(6) Approved "for credit" courses that are related to the practice of physical therapy from an approved organization as defined in IC 25-1-4-0.2.
(b) The following conversion will be used for “category I continuing competency credit”:
(1) One (1) semester hour equals fifteen (15) contact hours.
(2) One (1) quarter hour equals ten (10) contact hours.
(3) One (1) trimester hour equals twelve and one-half (12.5) hours.
(c) As used in this rule, "category II continuing competency activities" includes the following:
(1) Professional research/writing. A licensee or certificate holder may receive continuing competency credit for publication of scientific papers, abstracts, or review articles in peer-reviewed and other professional journals; publication of textbook chapters; and poster or platform presentations at conferences sponsored by any approved entity up to a maximum of ten (10) hours per biennium. The following conversion will be used for continuing competency credit:
(A) Ten (10) hours for each refereed article.

(B) Three (3) hours for each nonrefereed article, abstract of published literature or book review.
(C) Eight (8) hours for each published textbook chapter.
(D) Five (5) hours for each poster or platform presentation or review article.
(2) Teaching as an adjunct responsibility at an accredited PT or PTA program. Two (2) hours of credit for each academic credit hour awarded by the accredited PT or PTA program for the first time the course is taught up to a maximum of ten (10) hours per biennium.
(3) Participation as a presenter in an approved workshop, continuing education course, seminar, or symposium. Two (2) contact hours for each one (1) hour of presentation for first event, with a maximum of ten (10) hours per biennium.
(4) Supervision of physical therapist students or physical therapist's assistant students from accredited programs in full-time clinical internships or residency programs. One (1) contact hour for every forty (40) hours of supervision with a maximum of ten (10) contact hours per biennium.
(5) In-house or in-service seminars related to the practice of physical therapy. One (1) credit hour for each hour of in-service. Maximum of four (4) hours per biennium. Documentation shall consist of a description of the topic, date, duration, and the name of the presenter.
(6) Actively participating with professional organizations related to the practice of physical therapy, with one (1) credit hour for each six (6) months service as an officer, delegate, or committee member, for a maximum of six (6) hours per biennium.
(7) Certification of clinical specialization by the American Board of Physical Therapy Specialties (ABPTS) or another organization approved by the Indiana physical therapy committee: ten (10) hours maximum per biennium. Credit may be awarded only in the year that certification or recertification is obtained.
(8) Certificate of Advanced Proficiency for the PTA by the APTA: five (5) hours maximum per biennium to be awarded. Credit may be awarded only in the year that certification or recertification is obtained.
(9) Attendance at INAPTA state or district meetings that are at least one (1) hour in length, for a maximum of one (1) hour per meeting, for a maximum of four (4) hours per biennium.
(10) Other scholarly or educational, or both, activities related to the practice or management of physical therapy and not described above, with approval from the committee.
(Medical Licensing Board of Indiana; 844 IAC 6-8-4; filed Jan 30, 2013, 12:31 p.m.: 20130227-IR-844120204FRA)
844 IAC 6-8-5 Approved organizations; standards for approval
Authority: IC 25-1-4; IC 25-27-1-5
Affected: IC 25-1-4-0.2; IC 25-27-1-5
Sec. 5. (a) In addition to those approved organizations approved under IC 25-1-4-0.2, the following organizations are approved organizations for the purpose of approving and sponsoring continuing competency courses without making further application to the committee:
(1) American Physical Therapy Association (APTA).
(2) American Physical Therapy Association Indiana Chapter (INAPTA).

(3) Federation of State Boards of Physical Therapy (FSBPT).
(4) United States Department of Education.
(5) Council on Postsecondary Education.
(6) Joint Commission on Accreditation of Hospitals.
(7) Joint Commission on Health Care Organizations.
(8) Federal, state, and local governmental agencies.
(9) A national, state, district, or local organization that operates as an affiliated entity under the approval of any organization listed in subdivisions (1) through (8).
(10) A college or other teaching institution accredited by the United States Department of Education or the Council on Postsecondary Education or a regional accreditation association.
(b) The committee will approve continuing competency activities if it determines that the activity:
(1) contributes directly to professional competency;
(2) relates directly to the practice, management, or education of physical therapy practitioners; and
(3) is conducted by individuals who have demonstrated expertise in the subject matter of the program.
Prior approval by the committee is not required for the aforementioned approved organizations. Proof of content shall be demonstrated by the original workshop or conference brochure, agenda, or materials given to participants during the presentations and evidence of successful completion of the course provided by the course instructor, such as certificate of completion or signed agenda indicating completion.
(Medical Licensing Board of Indiana; 844 IAC 6-8-5; filed Jan 30, 2013, 12:31 p.m.: 20130227-IR-844120204FRA)

APTA Code of Ethics

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Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural

differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public. (Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or

vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations. (Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, healthcare delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Values: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

("Code ", 2013)

APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010. The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve. This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code The Preamble states as follows:

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

2. Provide standards of behavior and performance that form the basis of professional accountability to the public.

3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.

4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.

5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of

the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist.

Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments and activity limitations.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word "shall" and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word "shall" serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation. The Preamble states that "[n]o Code of Ethics is exhaustive nor can it address every situation." The Preamble also states that physical therapists "are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive." Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist's ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

Topics

Respect

Principle 1A states as follows:

> **1A.** Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
>
> **Interpretation:** Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A states as follows:

> **2A.** Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
>
> **Interpretation:** Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

Principle 2C states as follows:

> **2C.** Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
>
> **Interpretation:** The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

Principles 3, 3A, and 3B state as follows:

> **3.** Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)
>
> **3A.** Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
>
> **3B.** Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best

practice), practitioner experience, and patient/client values.

Interpretation: Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice.

With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner.

A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Principle 8C.

Supervision

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the APTA Web site. See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

> **4.** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)
>
> **Interpretation:** Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Principle 4C states as follows:

> **4C.** Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.
>
> **Interpretation:** When considering the application of "when appropriate" under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies. Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation. The EJC Opinion titled Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Exploitation

Principle 4E states as follows:

> **4E.** Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees, or students.
>
> **Interpretation:** The statement is fairly clear – sexual relationships with their patients/clients, supervisees, or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:
>
> Physical therapists shall not exploit persons over whom they have supervisory,

evaluative, or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient. One's ethical decision-making process should focus on whether the patient/client, supervisee, or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible. The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

Interpretation: The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority. Principles 5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities. Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on

reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Professional Competence

Principle 6A states as follows:

6A. Physical therapists shall achieve and maintain professional competence.

Interpretation: 6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge, and skills. Numerous factors including practice setting, types of patients/clients, personal interests, and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the APTA Web site.

Professional Growth

Principle 6D states as follows:

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Interpretation: 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E states as follows:

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

Interpretation: Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled Professional Fees for Physical Therapy Services. Additional resources on documentation and coding include the House of Delegates policy titled Documentation Authority for Physical Therapy Services and the Documentation and Coding and Billing information on the APTA Web site.

Pro Bono Services

Principle 8A states as follows:

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: The key word in Principle 8A is "or." If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled Guidelines: Pro Bono Physical Therapy Services. Additional resources on pro bono physical therapy services are available on the APTA Web site.

Principle 8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. (APTA, 2013)

Case Examples

- During a continuing education course, a fellow physical therapy participant tells a story about trying an untested ointment modality on a patient with some success. Upon returning to work, you find that you have a similar patient. What do you do?
    - Though the modality tried by the fellow colleague appeared to have positive results, you should choose to use equipment, techniques, and data that have been evidence-based and recognized within the field of physical therapy.

- A PT is planning on taking a vacation with plans for the PTA to cover her patients while she is gone. While reviewing her files, she notices that a patient will be due for a re-evaluation during the time she is scheduled off. What should be done?
    - The PT will need to complete the re-evaluation before her vacation as this

is a task that the PTA is unable to do. Best practice will be getting the re-evaluation done before it is overdue.

- A famous hockey player has just been admitted to your practice. Everyone in the office is buzzing with excitement. “What room is he in?” “What are his injuries?” “I wonder if he will be able to finish this season?” Should you engage in the discussion?
    - Engaging in discussions that disclose a person's identity, as well as condition, are clear contradictions to the principle of 2E, which states physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed as required by law. Any behavior similar to this example should be avoided.

- You've recently registered a new patient who no longer drives. In order to come to his visits, he must arrange rides through a service that offers rides for disabled clients. What APTA core value does this uphold?
    - Coordinating appointment dates and times with the ride service and completing the paperwork they require is an example demonstrating the APTA’s core value of social responsibility by advocating for patients' rights to access necessary transportation services.

- You began treating a patient without a doctor’s referral. How long may you continue to treat the patient before a referral is required by Indiana law?
    - A physical therapist may provide treatment for no more than 24 calendar days from the initiation of treatment before a referral from a physician, chiropractor, or osteopath is needed.

- A new patient comes in for an evaluation. The patient is in severe pain. Should the physical therapist start treating the pain or complete the evaluation first?
    - Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT. Despite how much pain the patient is in, the physical therapist must attempt to complete as much of the evaluation as possible to understand the condition they are dealing with.

- A physical therapist is referred to perform a spinal manipulation on a patient. What criteria must be completed before the therapist can perform the manipulation?
    - Indiana requires that the referral came from a chiropractor, osteopath, or physician and they must have examined the patient prior to beginning PT treatment.

- A child has been receiving physical therapy for 5 years for a brain trauma injury. The parents want the child to continue physical therapy services although clearly the progress notes and records do not reflect significant improvement the past 6

months. Should the PT continue treating the patient?

- Recording or documenting improvements such so that continued care will be authorized and reimbursed is in contradiction to principle 3A and 3B, demonstrates poor professional judgment, and has subsequent legal ramifications.

- One of your patients frequents a chiropractor for a condition unrelated to the carpal tunnel syndrome you are treating. This clinic utilizes a modality that you are not familiar with. How should you address this with your patient?
    - Rather than expressing your doubts regarding this modality; honor the patient's autonomy (principle 2C) and right to make treatment decisions on their own behalf and respect the chiropractor's treatment as valid and complementary.

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