FLEX CEUs

# Ethics & Jurisprudence for the Illinois Physical Therapist

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## OUTLINE

# Introduction

This course fulfills the 3-hour continuing competency requirements for ethics, laws, and regulations for physical therapists practicing in the state of Illinois. 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 Illinois 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.

# Illinois Regulations

**TITLE 68: PROFESSIONS AND OCCUPATIONS**

**CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

**SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS**

**PART 1340 ILLINOIS PHYSICAL THERAPY ACT**

- Section 1340.15 Application for Licensure Under Section 8.1 of the Act (Grandfather) (Repealed)
- Section 1340.20 Approved Curriculum

- Section 1340.30 Application for Licensure on the Basis of Examination
- Section 1340.40 Examination
- Section 1340.50 Endorsement
- Section 1340.55 Renewals
- Section 1340.57 Fees
- Section 1340.60 Restoration
- Section 1340.61 Continuing Education
- Section 1340.65 Unprofessional Conduct
- Section 1340.66 Advertising
- Section 1340.70 Granting Variances

**Section 1340.20 Approved Curriculum**

a) In determining whether an applicant's curriculum should be approved, the Department of Financial and Professional Regulation-Division of Professional Regulation (Division) may consider accreditation of the applicant's school by the Commission on Accreditation in Physical Therapy Education (CAPTE).

b) The Division shall, upon the recommendation of the Physical Therapy Licensing and Disciplinary Board (Board), approve an applicant's physical therapist curriculum if the school from which the applicant graduated meets the following minimum criteria:

1) It is legally recognized and authorized by the jurisdiction in which it is located to confer a physical therapy degree;

2) It has a faculty sufficient to make certain that the educational obligations to the student are fulfilled. The faculty must have demonstrated competence as evidenced by appropriate degrees in their areas of teaching from professional colleges or institutions; and

3) It maintains permanent student records that summarize the credentials for admission, attendance, grades and other records of performance.

4) For applicants graduating prior to January 1, 2002, the applicant's curriculum shall have a minimum of 120 semester hours that shall include a minimum of 50 semester

hours credit in general education and at least the following subject areas in professional education (a minimum of 57 semester hours required):

A) Basic Health Sciences

i) Anatomy

ii) Physiology

iii) Pathology

iv) Kinesiology

v) Neurology

vi) Psychology

B) Clinical Sciences to include, but not limited to the major areas of:

i) Medicine

ii) Surgery

iii) Physical therapy theory and application, including therapeutic exercise, evaluation procedures, physical agents, mechanical modalities, electrotherapy, massage, orthotics and prosthetics, and professional issues

C) Clinical Education – a minimum of 800 clock hours.

5) Applicants graduating after January 1, 2002 must have a minimum of a master's degree in physical therapy.

6) No course in which the applicant received a grade lower than a C will be accepted for coursework.

c) The Division shall, upon the recommendation of the Board, approve an applicant's physical therapist assistant curriculum if it meets the following minimum criteria:

1) The school from which the applicant graduated:

A) Is legally recognized and authorized by the jurisdiction in which it is located to offer a physical therapist assistant curriculum that leads to an associate degree;

B) Has a faculty sufficient to make certain that the educational obligations to the student are fulfilled. The faculty must have demonstrated competence as evidenced by appropriate degrees in their areas of teaching from professional colleges or institutions; and

C) Maintains permanent student records that summarize the credentials for admission, attendance, grades and other records of performance.

2) The applicant's curriculum includes at least the following subject areas in professional education (a minimum of 29 semester hours required):

A) Basic Health Sciences, which shall include the following:

i) Anatomy and physiology

ii) Pathology

iii) Psychology

iv) Kinesiology

B) Clinical Sciences to include, but not be limited to, the major areas of:

i) Medicine and surgery

ii) Applied physical therapy science, including gross evaluation techniques, physical agents, mechanical modalities, therapeutic exercise, electrotherapy, massage, and professional issues; and

C) Clinical Education − a minimum of 600 clock hours.

3) No course in which the applicant received lower than a C will be accepted for coursework.

d) Recommendation of Approval

1) The Division, upon the recommendation of the Board, has determined that the

curricula of all physical therapist and physical therapist assistant programs accredited by CAPTE on or after January 1, 1996 meet the minimum criteria set forth in subsections (b) and (c) and are, therefore, approved.

2) In the event of a decision by CAPTE to deny or withdraw accreditation of any physical therapist or physical therapist assistant program, the Board shall proceed to evaluate the curriculum and either approve or disapprove it in accordance with subsections (b) and (c).

e) Graduates from Outside the United States

1) A graduate of a physical therapist program outside the United States or its territories shall have his or her credentials evaluated, by a credentialing service acceptable to the Department, to determine equivalence of education to an approved curriculum in the United States. The credentialing service must have a physical therapist consultant on its staff. The Department and the Board recognize the Foreign Credentialing Commission of Physical Therapy, Inc. (FCCPT), P.O. Box 25827, Alexandria, Virginia 22313 as an acceptable service. A person who graduated from a physical therapist program outside the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL).

2) A graduate of a physical therapist assistant program outside the United States or its territories shall have his or her credentials evaluated, by a credentialing service acceptable to the Department, to determine equivalence of education to a physical therapist assistant degree conferred by a regionally accredited college or university in the United States. The Board recognizes FCCPT as an acceptable service. A person who graduated from a physical therapist assistant program outside the United States or its territories and whose first language is not English shall submit certification of passage of TOEFL.

3) An individual who is deficient in course work may complete the required courses at a regionally accredited college or university within the United States or its territories. The individual will be required to submit an official transcript from the program indicating successful completion of the course and a course description. A passing CLEP (College Level Examination Program) test score is also acceptable in satisfying a deficiency requirement.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.30 Application for Licensure on the Basis of Examination**

a) An applicant for a physical therapist license by examination shall submit:

1) A completed and signed application on forms provided by the Division;

2) Certification of graduation from a physical therapist program, signed by the Director of the Physical Therapy Program or other authorized university official and bearing the seal of the university, which meets the requirements set forth in Section 1340.20; and

3) The required fee set forth in Section 1340.57.

b) An applicant for a physical therapist assistant license by examination shall submit:

1) A completed and signed application on forms provided by the Division;

2) Certification of graduation from a physical therapist assistant program and attainment of a minimum of an associate's degree signed by the director of the Physical Therapist Program or other authorized school official and bearing the seal of a school that meets the requirements set forth in Section 1340.20; and

3) The required fee set forth in Section 1340.57.

c) If supporting documentation for the application is not in English, a certified translation must be included.

d) An applicant shall have 60 days, or until the next date when the test is administered, after approval of the application to take the examination. If the examination is not taken on the authorized test date, the examination fee is forfeited and the applicant shall resubmit the required examination fee to the designated testing service. An applicant who fails to take the examination on the authorized test date shall forfeit the right to work as a physical therapist or physical therapist assistant until the examination is passed.

e) If the applicant has ever been licensed/registered in another state or territory of the United States, the applicant shall also submit a certification, on forms provided by the Division, from the state or territory of the United States in which the applicant was originally licensed and the state in which the applicant predominantly practices and is currently licensed, stating:

1) The time during which the applicant was licensed/registered in that jurisdiction, including the date of the original issuance of the license;

2) A description of the examination in that jurisdiction; and

3) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

f) An applicant for a license, who has successfully completed the examination recognized by the Division in another jurisdiction but who has not been licensed in that jurisdiction, shall file an application in accordance with subsection (a) or (b) and have the examination scores submitted to the Division by the reporting entity.

g) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:

1) Provide such information as may be necessary; and/or

2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information.

h) If the applicant has been determined eligible for licensure except for passing of the examination, the applicant shall be issued a letter of authorization that allows the applicant to practice under supervision in accordance with Section 2 of the Illinois Physical Therapy Act (the Act). Supervision shall constitute the presence of the licensed physical therapist on site to provide supervision. The applicant shall not begin practice as a physical therapist or physical therapist assistant, license pending, until the letter of authorization is received from the Division.

i) Examination Prior to Graduation

1) An applicant enrolled in an approved physical therapy program or physical therapy assistant program may apply to take the examination no more than 120 days prior to graduation if the applicant provides certification from the physical therapy program or physical therapy assistant program of the date upon which the applicant is expected to graduate. If certification of graduation is not received within 90 days after the scheduled graduation date, the results of the examination shall be void.

2) The results of the examination shall be made available to the applicant, but no license shall be issued until the Division has received certification that the applicant graduated within 90 days after the scheduled graduation date specified in the certification received from the physical therapy program or physical therapy assistant program required by subsection (i)(1), and until the applicant has met all other requirements for licensure set forth in the Act and this Part.

3) If the applicant fails the examination, the applicant must submit a certificate of graduation to the Division or its designated testing service prior to taking the next examination.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.40 Examination**

a) The examination for a physical therapist license shall be the National Physical Therapy Examination (NPTE) of the Federation of State Boards of Physical Therapy for physical therapists.

b) The examination for a physical therapist assistant license shall be the NPTE for physical therapist assistants.

c) The passing score for the physical therapy and physical therapist assistant examination shall be the passing score established by the testing entity. The scores shall be submitted to the Division from the designated testing service.

d) An applicant who fails the examination 3 times in any jurisdiction will be required to furnish proof of remedial training to the Board on forms provided by the Division. The proof shall include certification that the applicant successfully completed a structured clinical training program of not less than 3 months on a full-time basis. The training shall be under the direct, on site, personal supervision of a licensed physical therapist preapproved by the Department or Board.

e) Any person licensed in Illinois as a physical therapist or physical therapist assistant shall not be admitted to the examination. However, in no way shall this provision limit the Division's ability to require reexaminations for restoration or enforcement purposes.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.50 Endorsement**

a) An applicant who is currently licensed under the laws of another state or territory of the United States and who wishes to be licensed as a physical therapist or physical therapist assistant by endorsement shall submit:

1) A completed and signed application, on forms provided by the Division;

2) Certification, on forms provided by the Division, of successful completion of an approved physical therapist or physical therapist assistant program as set forth in Section 1340.20;

3) Certification from the state or territory of original licensure and the state in which the applicant is currently licensed and practicing, if other than original, stating the time during which the applicant was licensed in that state, whether the file on the applicant contains record of any disciplinary actions taken or pending, and the applicant's license number;

4) If the applicant's first language is not English, certification of passage of TOEFL. This provision does not apply to individuals who are licensed in a U.S. jurisdiction and have been actively practicing in another U.S. jurisdiction for 3 years prior to the date of application for licensure in Illinois;

5) A report of the applicant's examination record forwarded directly from the test reporting service; and

6) The required fee set forth in Section 1340.57.

b) The Division shall examine each endorsement application to determine whether the requirements in the jurisdiction at the date of licensing were substantially equivalent to the requirements then in force in this State and whether the applicant has otherwise complied with the Act.

c) The Division shall either issue a license by endorsement to the applicant or notify the applicant in writing of the reasons for the denial of the application.

d) When an applicant for licensure by endorsement as a physical therapist or

physical therapist assistant is notified in writing by the Division that the application is complete, the applicant may practice in Illinois for one year or until licensure has been granted or denied, whichever period of time is lesser, as set forth in Section 2(4) of the Act.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.55 Renewals**

a) Every physical therapy license issued under the Act shall expire on September 30 of each even-numbered year. Every physical therapist assistant license issued under the Act shall expire on September 30 or each odd-numbered year. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee and completing continuing education (CE) as set forth in Section 1340.61.

b) It is the responsibility of each licensee to notify the Division of any change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to renew a license or pay the renewal fee.

c) Practicing or offering to practice on a license that has expired shall be considered unlicensed activity and shall be grounds for discipline as set forth in Section 31 of the Act.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.57 Fees**

The following fees shall be paid to the Division and are not refundable:

a) Application Fees

1) The fee for application for a license as a physical therapist or physical therapist assistant is $100. In addition, applicants for an examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the

applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.

2) The fee for application as a continuing education sponsor is $500. Illinois State colleges and universities and Illinois State agencies are exempt from payment of this fee.

b) Renewal Fees

1) The fee for the renewal of a license shall be calculated at the rate of $30 per year.

2) The fee for renewal of CE sponsor approval is $250 for the renewal period.

c) General Fees

1) The fee for the restoration of a license other than from inactive status is $50 plus payment of all lapsed renewal fees, but not to exceed $200.

2) The fee for restoration of a license from inactive status is the current renewal fee.

3) The fee for the issuance of a duplicate license, for the issuance of a replacement license for a license that has been lost or destroyed or for the issuance of a license with a change of name or address, other than during the renewal period, is $20. No fee is required for name and address changes on Division records when no duplicate license is issued.

4) The fee for a certification of a licensee's record for any purpose is $20.

5) The fee to have the scoring of an examination authorized by the Division reviewed and verified is $20 plus any fees charged by the designated testing service.

6) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

7) The fee for a roster of persons licensed as physical therapists or physical therapist assistants in this State shall be the actual cost of producing the roster.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.60 Restoration**

a) Any person seeking restoration of a license that has expired or been placed on inactive status for more than 5 years shall submit:

1) A completed and signed application, on forms provided by the Division;

2) The required fee set forth in Section 1340.57; and

3) Proof of having met the CE requirements set forth in Section 1340.61. CE must be completed during the 24 months preceding application for restoration. In addition, the applicant shall submit one of the following:

A) Certification of current licensure from another state or territory completed by the appropriate state board and proof of current active practice;

B) An affidavit attesting to military service as set forth in Section 15 of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 15 of the Act are satisfied, the applicant will not be required to pay a restoration fee or any lapsed renewal fees;

C) Proof of passage of the examination set forth in Section 1340.40; or

D) Evidence of recent attendance at educational programs in physical therapy, including attendance at college level courses, special seminars, or any other similar program, or evidence of recent related work experience to show that the applicant has maintained competence in the applicant's field. The Division will accept:

i) For an applicant whose license has lapsed 5 to 10 years, 160 contact hours of clinical training under the supervision of a licensed physical therapist preapproved by the Board.

ii) For an applicant whose license has lapsed for 10 years or more, 320 contact hours of clinical training under the supervision of a licensed physical therapist preapproved by the Board.

b) A person applying for restoration of a license that has expired for 5 years or less shall submit:

1) A completed and signed application, on forms provided by the Division;

2) The required fees set forth in Section 1340.57. If application is made within 2 years after discharge from military service, and if all other provisions of Section 15 of the Act are satisfied, the applicant will be required to pay only the current renewal fee; and

3) Proof of the required hours of CE set forth in Section 1340.61. These CE hours shall be earned within the 2 years immediately preceding the restoration of the license.

c) A licensee seeking restoration of a license that has been on inactive status for less than 5 years shall have the license restored upon payment of the current renewal. A licensee seeking restoration of a license shall be required to submit proof of the required

hours of CE set forth in Section 1340.61. These CE hours shall be earned within the 2 years immediately preceding the restoration of the license.

d) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking restoration shall be requested to:

1) Provide such information as may be necessary; and/or

2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts of information. Upon the recommendation of the Board and approval by the Director, an applicant shall have the license restored or will be notified in writing of the reason for the denial of the application.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.61 Continuing Education**

a) CE Hour Requirements

1) Every physical therapist shall complete 40 hours of CE relevant to the practice of physical therapy during each prerenewal period as a condition of renewal. Beginning with the September 2016 renewal, at least 3 hours of the 40 hours must include content related to the ethical practice of physical therapy.

2) Every physical therapist assistant shall complete 20 hours of CE relevant to the practice of physical therapy during each prerenewal period as a condition of renewal. Beginning with the September 2017 renewal, at least 3 hours of the 20 hours must include content related to the ethical practice of physical therapy.

3) A prerenewal period is the 24 months preceeding September 30 in the year of the

renewal.

4) A CE hour equals 50 minutes. After completion of the initial CE hour, credit may be given in one-half hour increments.

5) Courses that are part of the curriculum of a university, college or other educational institution shall be allotted CE credit at the rate of 15 CE hours for each semester hour or 10 CE hours for each quarter hour of academic credit awarded.

6) A renewal applicant is not required to comply with CE requirements for the first renewal following the original issuance of the license.

7) Physical therapists and physical therapist assistants licensed in Illinois but residing and practicing in other states must comply with the CE requirements set forth in this Section. CE credit hours used to satisfy the CE requirements of another state may be submitted for approval for fulfillment of the CE requirements of the State of Illinois if the CE requirements in the other state are equivalent to the CE requirements in this Section.

b) Approved CE

1) All CE activities shall be relevant to the advancement, extension and enhancement of providing patient/client management, including but not limited to physical therapy examination, evaluation, intervention, and prevention and providing physical therapy services or fulfilling the other professional roles of a physical therapist or physical therapist assistant. Courses not acceptable for the purpose of this definition include, but are not limited to, personal estate planning, personal financial planning, personal investments, and personal health.

2) CE hours may be earned by verified attendance at or participation in a program that is offered by an approved CE sponsor who meets the requirements set forth in subsection (c). Credit shall not be given for courses taken in Illinois from unapproved sponsors.

3) CE may also be earned from the following activities:

A) Teaching a course for an approved CE sponsor or a CAPTE accredited PT or PTA program. An applicant will receive 2 hours of credit for each CE hour awarded to course attendees the first time the course is taught and 1 hour of credit for each CE hour the second time the same course is taught; no credit will be given for teaching the same course 3 or more times. A maximum of 50% of the total CE requirements may be earned through CE instruction. The applicant must be able to provide verification of unique content for each CE course taught via course goals, objectives, and outline.

B) American Board of Physical Therapy Specialties (ABPTS) Clinical Specialist Certification. An applicant will receive 40 hours of CE credit for the prerenewal period in which the initial certification is awarded.

C) American Physical Therapy Association (APTA)-approved post-professional clinical residency or fellowship. An applicant will receive 1 hour of CE credit for every 2 hours spent in clinical residency, up to a maximum of 20 hours. Clinical residency hours may not be used for CE credit if the applicant is also seeking CE credit for hours earned for post-professional academic coursework in the same prerenewal period.

D) Professional research/writing. An applicant may receive CE 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 entity that has preapproved status, up to a maximum of 50% of the total CE requirements:

i) 15 hours for each refereed article.

ii) 3 hours for each non-refereed article, abstract of published literature or book review.

iii) 5 hours for each textbook chapter.

iv) 5 hours for each poster or platform presentation or review article.

E) Self-study. A maximum of 50% of the total CE requirements may be earned through the following self-study activities:

i) An applicant may obtain CE credit by taking correspondence or web-based courses from an approved CE sponsor. These courses shall include a test that must be passed in order to obtain credit.

ii) An applicant can receive CE credit for utilizing moderated teleconferences, webinars, or prerecorded professional presentations offered by approved sponsors. The applicant will be responsible for verifying purchase/registration for teleconferences or audio presentations.

iii) An applicant can receive CE credit for completion of published tests/quizzes based on APTA publications. The applicant will be responsible for verifying successful completion. (These publication-based tests/quizzes, typically offered for less than 1 hour of CE credit, are the only exception to the requirement that all approved CE activities must be at least 1 hour.)

F) Journal clubs. Up to 5 hours of CE credit may be obtained for participation in a journal club. Credit will be earned based on actual hours of participation and must be verified with an attendance list and list of articles from peer-reviewed journals discussed at each meeting.

G) Educational programs at Illinois Physical Therapy Association (IPTA) district meetings. Up to 5 hours of CE credit may be obtained for attendance at these programs. Credit will be earned based on actual hours of participation and must be verified with an attendance list and referenced presentation materials.

H) Departmental inservices. Up to 5 hours of CE credit may be obtained for attendance at inservices at healthcare facilities or organizations. Credit will be earned based on actual hours of participation and must be verified with an attendance list and referenced presentation materials.

I) Up to 5 CE hours may be earned for completion of skills certification courses. A maximum of 2 hours in cardiopulmonary resuscitation certified by the American Red Cross, American Heart Association, or other qualified organization may be accepted, while a maximum of 3 hours may be accepted for certification or recertification in Basic Life Support for Healthcare Providers (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS) or their equivalent.

J) Clinical instructor. Up to 5 hours of CE credit may be obtained by being a clinical instructor for either PT or PTA students. Credit will be earned based on hours of cumulative student clinical instruction, with 1 hour of CE credit per 120 student hours. CE credit hours for clinical instruction will be awarded by the student's academic institution.

4) CE will not be awarded for the following types of activities:

A) Entry-level physical therapist or physical therapist assistant academic coursework.

B) Employee orientation programs.

C) Professional meetings or conventions, other than educational programming by approved sponsors.

D) Committee meetings.

E) Work experience.

F) Individual scholarship, mass media programs or self-study activities not identified in subsection (b)(2)(E).

c) CE Sponsors and Programs

1) Approved sponsor, as used in this Section, shall mean:

A) APTA and its components, including programs, courses and activities approved by the IPTA;

B) Federation of State Boards of Physical Therapy, including programs, courses and activities approved through its ProCert program;

C) Colleges, universities, or community colleges or institutions with physical therapist or physical therapist assistant education programs accredited by the Commission on Accreditation in Physical Therapy Education; for post-professional academic coursework, all regionally accredited colleges and universities would be approved sponsors; and

D) Any other person, firm, association, corporation, or group that has been approved and authorized by the Division pursuant to subsection (c)(2) upon the recommendation of the Board to coordinate and present CE courses or programs.

2) Entities seeking a license as a CE sponsor pursuant to subsection (c)(1)(D) shall file a sponsor application, along with the required fee set forth in Section 1340.57. (State agencies, State colleges and State universities in Illinois shall be exempt from paying this fee.) The applicant shall certify to the following:

A) That all courses and programs offered by the sponsor for CE credit will comply with the criteria in subsection (b) and all other criteria in this Section. The applicant shall be required to submit a sample 3 hour CE program with course materials, presenter qualifications and course outline for review prior to being approved as a CE sponsor;

B) That the sponsor will be responsible for verifying attendance at each course or program, and provide a certification of attendance as set forth in subsection (c)(7)(A); and

C) That, upon request by the Division, the sponsor will submit evidence as is necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there is not full compliance with the statute and this Part and that this information is necessary to ensure compliance.

3) Each licensed sponsor shall submit by September 30 of each even-numbered year a sponsor application along with the renewal fee set forth in Section 1340.57.

4) Each CE program by a licensed sponsor shall provide a mechanism for written evaluation of the program and instructor by the participants. The evaluation forms shall be kept for 5 years and shall be made available to the Division upon written request.

5) All courses and programs shall:

A) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of physical therapy;

B) Provide experiences that contain scientific integrity, relevant subject matter and course materials;

C) Be developed and presented by persons with education and/or experience in the subject matter of the program;

D) Provide for a mechanism for the evaluation of the program by the participants;

E) Be open to all licensed physical therapists and physical therapist assistants and not be limited to the members of a single organization or a group; and

F) Specify the number of CE hours that may be applied toward Illinois CE requirements for licensure renewal.

6) Certificate of Attendance by a Licensed Sponsor

A) It shall be the responsibility of the sponsor to provide each participant in a program with a certificate of attendance signed by the sponsor. The sponsor's certificate of attendance shall contain:

i) The name of the sponsor;

ii) The name of the participant;

iii) A detailed statement of the subject matter;

iv) The number of hours actually attended in each topic;

v) The date of the program;

vi) Signature of the sponsor.

B) The sponsor shall maintain these records for not less than 5 years.

7) The licensed sponsor shall be responsible for assuring verified continued attendance at each program. No renewal applicant shall receive credit for time not actually spent attending the program.

8) Upon the failure of a licensed sponsor to comply with any of the foregoing requirements, the Division, after notice to the sponsor and hearing before and recommendation by the Board pursuant to the Administrative Hearing Rules (see 68 Ill. Adm. Code 1110) shall thereafter refuse to accept CE credit for attendance at or participation in any of that sponsor's CE programs until the Division receives reasonably satisfactory assurances of compliance with this Section.

d) CE Earned in Other Jurisdictions

1) If a licensee has earned CE hours in another jurisdiction from a nonapproved sponsor for which he/she will be claiming credit toward full compliance in Illinois, that applicant shall submit an application along with a $20 processing fee prior to taking the program or 90 days prior to the expiration date of the license. The Board shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.

2) If a licensee fails to submit an out of state CE approval form within the required time, late approval may be obtained by submitting the application with the $20 processing fee plus a $10 per CE hour late fee not to exceed $150. The Board shall review and recommend approval or disapproval of this program using the criteria set forth in this Section.

e) Certification of Compliance with CE Requirements

1) Each renewal applicant shall certify, on the renewal application, full compliance

with CE requirements set forth in subsection (a).

2) The Division may require additional evidence demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance for a minimum of 5 years.

3) When there appears to be a lack of compliance with CE requirements, an applicant will be notified and may request an interview with the Board, at which time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].

f) Waiver of CE Requirements

1) Any renewal applicant seeking renewal of his/her license without having fully complied with these CE requirements shall file with the Division a renewal application, the renewal fee set forth in Section 1340.57, a statement setting forth the facts concerning the noncompliance, and a request for waiver of the CE requirements on the basis of those facts. If the Division, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that good cause has been shown for granting a waiver, the Division shall waive enforcement of the CE requirements for the renewal period for which the applicant has applied.

2) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:

A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period; or

B) Extreme hardship, which shall be determined on an individual basis by the Board and shall be limited to documentation of:

i) An incapacitating illness documented by a currently licensed physician;

ii) A physical inability to travel to the sites of approved programs; or

iii) Any other similar extenuating circumstances.

3) If an interview with the Board is requested at the time the request for the waiver is filed with the Division, the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.

4) Any renewal applicant who submits a request for waiver pursuant to subsection (f)(1) shall be deemed to be in good standing until the Division's final decision on the application has been made.

(Source: Amended at 41 Ill. Reg. 2912, effective March 1, 2017)

**Section 1340.65 Unprofessional Conduct**

a) Pursuant to Section 17(l)(H) of the Act, unprofessional conduct in the practice of physical therapy shall include, but not be limited to:

1) The promotion of the sale of services, goods, appliances or drugs in such manner as to exploit the patient or client for the financial gain of the practitioner or of a third party.

2) Directly or indirectly offering, giving, soliciting, or receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient or client.

3) Revealing of personally identifiable facts, data or information about a patient or client obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law.

4) Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform.

5) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that the person to whom the responsibilities were delegated is not qualified by training, experience, or licensure to perform them.

6) Failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a licensed physical therapist.

7) Overutilizing services by providing excessive evaluation or treatment procedures not warranted by the condition of the patient or by continuing treatment beyond the point of possible benefit.

8) Making gross or deliberate misrepresentations or misleading claims as to professional qualifications or of the efficacy or value of the treatments or remedies given or recommended, or those of another practitioner.

9) Gross and willful and continued overcharging for professional services, including filing false statements for collection of fees for which services are not rendered.

10) Failing to maintain a record for each patient that accurately reflects the evaluation and treatment of the patient.

11) Advertising or soliciting for patronage in a manner that is fraudulent or misleading. Examples of advertising or soliciting which is considered fraudulent or misleading shall include, but not be limited to:

A) Advertising by means of testimonials, anecdotal reports of physical therapy practice successes or claims of superior quality of care to entice the public; or

B) Advertising which contains false, fraudulent, deceptive or misleading materials, warranties or guarantees of success, statements which play upon vanities or fears of the public or statements which promote or produce unfair competition.

b) The Division hereby incorporates by reference the "Code of Ethics", July 2010, approved by the American Physical Therapy Association, 1111 North Fairfax Street, Alexandria VA 22314, with no later amendments or editions.

(Source: Amended at 38 Ill. Reg. 19686, effective October 10, 2014)

**Section 1340.66 Advertising**

a) Persons licensed to practice physical therapy in the State of Illinois may advertise in any medium or other form of public communications in a manner which presents information to the public in a truthful, direct, dignified and readily comprehensible manner.

b) If an advertisement is communicated to the public over television or radio, it shall be prerecorded and approved for broadcast by the licensee and a recording of the actual transmission, including videotape, shall be retained by the licensee for 3 years.

c) Information which may be contained in advertising shall include, but not be limited to:

1) Licensee's name, address, office hours and telephone number;

2) Schools attended;

3) Announcement of additions to or deletions from professional staff;

4) Announcement of the opening of, change of, or return to practice;

5) Professional memberships;

6) Credit arrangements and/or acceptance of Medicare/Medicaid patients and credit cards;

7) Foreign language ability;

8) Usual and customary fees for routine professional services which must include a statement that fees may be adjusted due to complications or unforeseen circumstances; and

9) Description of offices in which licensee practices, e.g., accessibility to the disabled, convenience of parking.

d) Information which may be untruthful, fraudulent, deceptive or misleading includes, but is not limited to, that which:

1) Contains an offer to treat patients independent of referrals or a current and relevant diagnosis from a physician, dentist or podiatrist;

2) Contains a misrepresentation of fact or omits a material fact required to prevent deception;

3) Guarantees favorable results or creates false or unjustified expectations of

favorable results;

4) Takes advantage of the potential client's fears, anxieties, vanities, or other emotions;

5) Contains testimonials and/or exaggerations pertaining to the quality of physical therapy care;

6) Describes as available products or services which are not permitted by the laws of this State or applicable Federal laws; and

7) Advertises professional services which the licensee is not licensed to render.

(Added at 16 Ill. Reg. 3175, effective February 18, 1992)

**Section 1340.70 Granting Variances**

a) The Director may grant variances from this Part in individual cases when he or she finds that:

1) the provision from which the variance is granted is not statutorily mandated;

2) no party will be injured by the granting of the variance; and

3) the rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.

b) The Director shall notify the Board of the granting of the variance, and the reasons for granting the variance, at the next meeting of the Board.

(Source: Amended at 38 Ill. Reg. 19686, effective October 10, 2014)

("Title 68", 2017)

# 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.

- 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.

- You have just taken a position a new position at an Illinois clinic and the clinic wants to produce a small promotional video to post on their social media. The planned advertisement will contain an announcement of you as a new staff member and information about your experience. What extra steps must you take if the advertisement will be aired on television?
    - If the advertisement is to be aired on radio or television you must approve a pre-recorded version of it and then keep a recording of the advertisement for 3 years.

- 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.

- A physical therapist originally received their Illinois license on January 1, 2017. When will they need to renew their license?
    - September 2018. All physical therapist licenses expire on September 30 of even numbered years.

- 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.

# REFERENCES


- "APTA Guide for Professional Conduct." *Core Ethics Documents.* American Physical Therapy Association. 2017, http://www.apta.org/Ethics/Core/
- Denninger, Cook, Chapman, McHenry, and Thigpen. "The Influence of Patient Choice of First Provider on Costs and Outcomes: Analysis From a Physical Therapy Patient Registry." *Journal of Orthopedic and Sports Physical Therapy* 2017 Feb
- "Code of Ethics for Physical Therapist." *Core Ethics Documents.* American Physical Therapy Association. 2013, http://www.apta.org/Ethics/Core/
- "The Code of Hammurabi." *Artsy for Education.* THE ART GENOME PROJECT. 2014, https://www.artsy.net
- "Deontological ethics." *Encyclopaedia Britannica.* Encyclopaedia Britannica. Retrieved May 21, 2014 from http://www.britannica.com.
- Driver. "The History of Utilitarianism." *Stanford Encyclopedia of Philosophy,* Stanford Center for the Study of Language and Information, http://plato.stanford.edu. 2014, September 22
- "Ethics." *Dictionary.com.* Dictionary Online. http://dictionary.reference.com. 2014, May 12
- "Ethics vs Morals." *Diffen.* Diffen. https://www.diffen.com/ 2018, June 12
- "The Oath." *The Internet Classics Archive.* Retrieved May 27, 2015 from http://classics.mit.edu.
- "Morality." *Dictionary.com.* Dictionary Online. Retrieved May 21, 2014 from

http://www.dictionary.reference.com.

- Murray. “When Judges Believe in 'Natural Law'.” *The Atlantic*. 2014, Jan 27

- “TITLE 68: PROFESSIONS AND OCCUPATIONS CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS PART 1340 ILLINOIS PHYSICAL THERAPY ACT” *Part 1340 Illinois Physical Therapy Act,* Joint Committee on Administrative Rules. 2017, March 1

- Stratton-Lake, Philip. "Intuitionism in Ethics" *Stanford Encyclopedia of Philosophy* 2014

- F. Randy Vogenberg, Carol Isaacson Barash, Michael Pursel “Personalized Medicine Part 2: Ethical, Legal, and Regulatory Issues.” *National Center for Biotechnological Information.* National Center for Biotechnological Information. Retrieved June 11, 2018 from https://www.ncbi.nlm.nih.gov

- “What is the Purpose of HIPAA” *HIPAA Journal.* Compliancy Group. 2017 https://www.hipaajournal.com/purpose-of-hipaa/