



## North Dakota Board of Physical Therapy

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A task force was convened on Friday April 1, 2011 at the Hilton Garden Inn Fargo, ND.

The following were in attendance

Shannon Harms PT, Jeff Haney PT, Amy Ellbert PT, Kathleen Day PT President of NDPTA, Betsy Bjoralt PT President of NDBPT Kevin Axtman PT NDPTA Liaison, and Bruce Wessman PT Executive Officer NDBPT.

The intent of this meeting was twofold

- 1) Share information from the Board on its interpretation of the supervision of supportive personnel regulations
- 2) Gather information from the PT's on how they are interpreting and practicing within those same guidelines.

Kevin Axtman provided the following handouts

- 1) Supervision and Use of Physical Therapy Personnel (PT in motion Jan.2006)
- 2) Use of Physical Therapy Assistants (PTAs) under Medicare (APTA document)
- 3) Use of Physical Therapy Aides under Medicare (APTA document)
- 4) The Model Practice Act from FSBPT dealing with supervision definitions
- 5) FSBPT Jurisdiction Licensure Reference Guide Topic: Types of aide Assistance (PT and PTA)

Bruce Wessman provided the following

- 1) Title 61.5 North Dakota Board of Physical Therapy (rules and regulations)
- 2) Chapter 43-26.1 North Dakota Century code (PT practice act)
- 3) A document that summarized the above as they relate to supervision of supportive personnel
- 4) Questions from the field. A list of recent questions to the Board regarding supervision issues.
- 5) Copies of the PT Board minutes from May 3<sup>rd</sup> and May 26<sup>th</sup>

### SUPERVISION REQUIREMENTS OF PTAs IN VARIOUS SETTINGS

-Discussion was held regarding the appropriate level of supervision when treating outpatients.

The general consensus was that if the PT is billing for outpatient services, the supervision requirements for outpatient clinics should be followed regardless if the service was performed in a nursing home, the patient's home, a school setting, etc.

-Discussion was held regarding the appropriate level of supervision in TCU settings. The general consensus was that TCU are operated under the accreditation standards of long term care and therefore the supervision requirements should be that of LTC/Nursing home.

-Discussion was held regarding the appropriate level of supervision in Swing Bed settings. The general consensus was that Swing Beds are operated under the acute setting and therefore the supervision requirements should be that on a hospital setting.

**Following the NDBPT meeting held May 9<sup>th</sup> 2011, the Board decided that the supervision requirements of a swing bed and TCU should be similar and will be viewed as equivalent to the supervision requirements of a LTC setting.**

## Chapter 61.5-05-01 SUPERVISION OF SUPPORTIVE PERSONNEL

-Discussion was held regarding 61.5-05-01-02 2. Service in home health, long term care, and school settings.  
C. "a joint visit by the physical therapist and physical therapist assistant or a conference between the physical therapist and physical therapist assistant must be made prior to or on the first physical therapist assistant visit to the patient. The physical therapist must complete the initial evaluation.

D. " At least once every sixth visit or at least once every thirty calendar days, whichever occurs first, the physical therapist must visit the patient. Following each onsite visit by the physical therapist, the medical/education record must reflect a documented conference with the physical therapist assistant outlining treatment goals and program modification. The physical therapist must make the final visit to terminate the plan of care," It does not appear that these rules are being interpreted the same by physical therapists. The emphasis seems to be on meeting the 6<sup>th</sup> visit or 30 calendar day's requirement, but not the documentation requirements that a conference took place. A recommendation was made that the term "conference" needs to be defined by the Board. Could conference be interpreted to mean communication between the PT and PTA? Another recommendation from this section was to define the term "visit". Does this limit the PTA to 3 days if the patient is receiving 2 "visits: daily, or does "visit "encompass all treatments during the same day?

**Following the NDBPT meeting held, May 9<sup>th</sup> 2011, The Board defined "Conference" as written or verbal communication. The Board defined "Visit" to encompass all treatment during the same day.**

## QUESTIONS FROM THE FIELD

-Discussion was held regarding the question “Can a PTA supervise a PT aide in a hospital or clinic setting”? The rules and regulations do not address supervision requirements of a PTA supervising an aide. Both are considered supportive personnel and are under the supervision of a PT. The following is taken from the NDBPT minutes May 3<sup>rd</sup> 2010. “The practice act allows for offsite supervision of aides only in cases where the PTA is allowed to work without onsite supervision and then only when working directly with a PT with a specific patient or when performing non-patient related tasks. The practice act does not allow for PTA to supervise a PT aide in settings where the PTA requires onsite supervision by a PT”  
The rationale for this is that a PT aide requires direct supervision by a physical therapist when performing “routine tasks as assigned”

-Discussion was held regarding PTA and wound care. As per the NDBPT minutes May 3<sup>rd</sup> 2010 “The NDBPT concurs with APTA’s stance on wound care. PTA can be involved in wound care as long as the Plan of Care does not include Selective Debridement” Also noted was that the use of autolytic or enzymatic agents would be considered legend drugs by the ND pharmacy board and therefore a physician’s referral or a plan of care signed by the provider would be required.

-Discussion was held regarding the question “Can a PTA perform soft tissue mobilization? The ND rules and regulations prohibit PTA from performing manual therapy. Section 61.5-03-04-01 Evidence of Competence. 1. Qualification for manual therapy as defined in subsection 3 of North Dakota Century Code section 43-26.1-01 and subsection 6 of North Dakota Administrative Code section 61.5-01-02-01 other than high velocity, low amplitude thrust manual therapy, include:

a) Graduate of a United States accredited, entry level physical therapy program.

The practice act and rules and regulations define “Manual Therapy” means the use of techniques such as mobilization or manipulation, manual lymphatic drainage, and manual traction on one or more regions of the body.

The board determined that myofascial release could be a form of massage, soft tissue mobilization or stretching. Therefore if a PTA is competent in MFR they could perform this. If MFR is considered a form of massage it should be billed as massage. If it is considered stretching then it should be billed under therapeutic exercise. A PTA performing MFR should not bill this as manual therapy since they are prohibited from performing manual therapy in North Dakota.

Discussion was held regarding the question “ There is some different interpretations of how a Massage Therapist can be used to perform manual therapy ( within the scope of their practice) and it is being billed under the 97140 code with supervision by a PT or chiropractor, What is the correct use of massage therapist and the use of the 97140 code?”

If a massage therapist (or any other licensed entity other than a PTA) is working in a PT setting they would be considered an aide. If they are an independent practitioner then the PT Board would not regulate them but their corresponding board would.