

## Arizona State Board of Physical Therapy

### Substantive Policy Statement

## ARIZONA SUPERVISION REQUIREMENTS VIA TELEHEALTH

*This substantive policy statement is advisory only. A Substantive Policy Statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on the regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedures Act. If you believe that this Substantive Policy Statement does impose additional requirements or penalties on regulated parties you may petition the agency under Arizona Revised Statutes § 41-1033 for a review of the statement. (A.R.S. § 41-1091 (B))*

**Purpose:** The purpose of this substantive policy statement (“SPS”) is to clarify general supervision requirements as it relates to physical therapy care provided via telehealth.

**Summary:** Consistent with the purpose of telehealth to increase public access to physical therapy services while protecting public health and safety, physical therapists shall determine and document on initial evaluation and each re-evaluation that treatment is appropriate for telehealth instead of in person. For each treatment visit, physical therapists and physical therapist assistants shall document in the medical record consent for telehealth care, and follow all general supervision requirements pursuant to A.R.S. § 32-2043 as it relates to A.A.C. R4-24-303. In accordance with A.A.C. R4-24-303 (F)(4) re-evaluations and each therapeutic intervention shall be performed in person by the physical therapist.

#### **Considerations/Assumptions:**

- Services provided are in the best interest of the patient.
- Telehealth statutes do not supersede the law but rather should be interpreted to ensure one’s practice is in accordance with the statutes and rules that govern the practice of physical therapy.
- There are specific clinical aspects of skilled care that can only be evaluated/re-evaluated by a physical therapist in person. These include, but are not limited to: tone, palpation of painful areas, joint integrity, joint mobility/accessory joint motion, circumferential measurements, adhesions/scar mobility, skin temperature, sensation, contractures, compensatory movement patterns, and isolated manual muscle strength.
- Third party payer requirements such as supervisory visits and re-assessments do not supersede the laws and rules governing the practice of physical therapy.

#### **References:**

The following statutes and rules are referenced as it relates to this SPS:

##### **A.R.S. § 32-2043 Supervision; patient care management**

F. A physical therapist is responsible for managing all aspects of the physical therapy care of each patient. A physical therapist must provide:

1. The initial evaluation of and documentation for a patient.
2. Periodic reevaluation of and documentation for a patient.

##### **A.A.C. R4-24-303 Patient Care Management**

A. A physical therapist is responsible for the scope of patient management in the practice of physical therapy as defined by A.R.S. § 32-2001. For each patient, the physical therapist shall:

1. Perform and document an initial evaluation;
2. Perform and document periodic reevaluation;

F. A physical therapist who provides general supervision for a physical therapist assistant shall:

(F)(3) Go to the location at which and on the same day that the physical therapist assistant provides a selected treatment intervention if the physical therapist, after consultation with the physical therapist assistant, determines that going to the location is in the best interest of the patient; and

(F)(4) Perform a reevaluation and provide each therapeutic intervention for the patient that is done on the day of the reevaluation every 4<sup>th</sup> treatment visit or every 30 days, whichever comes first.

**A.R.S. § 36-3602A.** Except as provided in subsection G of this section, before a health care provider delivers health care through telehealth, the treating health care provider shall obtain verbal or written informed consent, including by electronic means, from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.

F. Services provided through telehealth are subject to this state's laws and rules governing the health care provider's scope of practice and the practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607.

**A.R.S. § 36-3603.** State Jurisdiction; Scope: This article applies to the practice of telehealth within this state. This article does not expand, reduce or otherwise amend the health care provider licensing requirements of title 32.

**A.R.S. § 36-3605.** Health care providers; determination of telehealth medium: Consistent with the best practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607, a health care provider shall make a good faith effort in determining both of the following:

1. Whether a health care service should be provided through telehealth instead of in person. The health care provider shall use the health care provider's clinical judgment in considering whether the nature of the services necessitates physical interventions and close observation and the circumstances of the patient, including diagnosis, symptoms, history, age, physical location and access to telehealth.

2. The communication medium of telehealth and, whenever reasonably practicable, the telehealth communication medium that allows the health care provider to most effectively assess, diagnose and treat the patient. Factors the health care provider may consider in determining the communication medium include the patient's lack of access to or inability to use technology or limits in telecommunication infrastructure necessary to support interactive telehealth encounters.

As provided in **A.R.S. § 36-3606**: A health care provider who is not licensed in this state may provide telehealth services to a person located in this state if the health care provider complies with all of the requirements listed.

**Additional References:**

Arizona State Board of Physical Therapy SPS 2006-02 Supervision; Documentation

<https://ptboard.az.gov/resources/policy-statement-2006-02-supervisiondocumentation>

Arizona Telehealth Advisory Committee

<https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/telehealthadvisorycommittee.html>

[https://www.azahcccs.gov/AHCCCS/Downloads/TelehealthAdvisoryCommittee/Presentations/TAC\\_BestPracticesRecommendations2022.pdf](https://www.azahcccs.gov/AHCCCS/Downloads/TelehealthAdvisoryCommittee/Presentations/TAC_BestPracticesRecommendations2022.pdf)

Federation of State Boards of Physical Therapy: Telehealth in Physical Therapy/Policy Recommendations for Appropriate Regulation

<https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Telehealth-in-Physical-Therapy>