Meet Your Staff!

The Board of Physical Therapy staff has undergone several changes this past year. Karen Donahue PT, DPT was promoted to Executive Director in September 2018; Veronica Cardoza was promoted to Administrative Services Officer in November 2018; Monica Crowley was promoted to Licensing Administrator in November 2018 and the Board hired two Investigators: Michael Balbarin, PT and Mindy Richardson, PT.
A New Fast and Inexpensive Way to Get the Privilege to Practice in Remote States

What is the Physical Therapy Compact?

Modification of the Board of Physical Therapy Rules, that enable the Arizona Board of Physical Therapy to be in compliance with the Interstate Compact, were passed by the Governor’s Review Board on February 5, 2019. This month, licensee and certificate holders will be able to participate in the compact, if they choose.
The Physical Therapy Compact (PT Compact) allows eligible licensed physical therapists (PTs) to practice and licensed physical therapist assistants (PTAs) to work in a Compact member state, other than their home state, without going through the usual process for licensure in the remote state.

**How does the PT Compact work?**
Eligible PTs and PTAs in Compact member states currently issuing and accepting compact privileges have the option of obtaining a compact privilege in other PT Compact member states. To be eligible, the licensee must:

- Have permanent residence in a PT Compact state that is issuing compact privileges (home state);
- Hold a valid license in his or her permanent state of residence;
- Complete any jurisprudence requirements for the state(s) in which they are seeking compact privileges; and
- Be free of disciplinary action for at least two years and have no encumbrances on any license.

The PT Compact Commission will verify eligibility, issue compact privileges, and notify the remote state of the individual’s authorization to provide physical therapy services under the compact privilege.

**What states are currently issuing and accepting compact privileges?**
A map of all states currently issuing and accepting compact privileges is available at ptcompact.org. Not all PT Compact member states are ready to issue and accept compact privileges. More states will be ready in the near future once necessary processes and rules are implemented. Once a state is ready, it will begin issuing compact privileges through ptcompact.org.

**How do I get compact privileges?**
Eligible PTs and PTAs can obtain compact privileges at ptcompact.org through a fast and convenient online process. In most cases, compact privileges will be issued within minutes of purchase.

**How much does a compact privilege cost?**
The fee to purchase compact privilege varies from state to state. There is a $45 Commission fee and a state fee charged for each compact privilege. A list of state fees is posted at ptcompact.org.

**What are the benefits of getting a compact privilege?**
- Faster – Online purchasing process takes a matter of minutes
- Efficient – Eligibility is verified automatically, avoiding the need for paperwork
- Inexpensive – Compact privileges typically cost less than regular remote state licenses
- Easier – There are no continuing education requirements for compact privileges

**VERIFY YOUR ELIGIBILITY AND PURCHASE COMPACT PRIVILEGES IN JUST A FEW MINUTES AT PTCOMPACT.ORG!**
New for 2020 Renewal: Continuing Competency Requirements for the Physical Therapist Assistant

Physical Therapist Assistants will be required to obtain ten (10) continuing competency credit hours at the next renewal period that concludes on August 31, 2020.

R4-24-401 (B) “A certified physical therapist assistant shall earn ten (10) contact hours of continuing competence for each compliance period to be eligible for certificate renewal.

1. The certificate holder shall earn at least six (6) contact hours from Category A continuing competence activities. No more than three (3) of the required contact hours from Category A may be obtained from nonclinical work.

2. No more than four (4) contact hours may be earned by the certificate holder during any compliance period from Categories B and C continuing competence activities. No more than two (2) contact hours from Categories B and C may be obtained from nonclinical course work.

3. If the certificate holder’s initial certificate is for one (1) year or less, the certificate holder shall earn six (6) contact hours from Category A continuing competence activities during the initial compliance period. No more than three (3) of the required contact hours from Category A may be obtained from nonclinical course work.

Continuing Competency Credit (Category C) Now Available for Clinical Instructors

Clinical Instructors will now be able to receive continuing competence credit for education and supervision of students under Category C.

R4-24-402 (D)(4) Clinical Instruction: Maximum of five (5) contact hours for physical therapists and two (2) contact hours for physical therapist assistants.

a. Clinical instruction involves assisting a student physical therapist or physical therapist assistant or a physical therapist resident or fellow acquire clinical skills required of a physical therapist or physical therapist assistant.

b. An individual to whom clinical instruction is provided shall be enrolled in:

i. A physical therapist or physical therapist assistant program accredited by the Commission on Accreditation of Physical Therapy Education; or,

ii. A physical therapist residency or fellowship program approved by the American Physical Therapy Association.

C. The program referenced under subsection(D)(4)(b) shall provide the enrolled individual with proof of completing the hours of clinical instruction.

d. Each 120 hours of clinical instruction equals one (1) contact hour.
New Continuing Competence Requirements for Arizona PTs and PTAs

Do you know an online system exists for you to manage all aspects of your Continuing Competence (CE/CC) professional development activities? This comprehensive system is called aPTitude and was built by the Federation of State Boards of Physical Therapy (FSBPT) to help you maintain compliance with your license requirements, and support your continuing competence efforts.

Use aPTitude to:

- Maintain your licensure information and transcript of CC/CE
- Securely store CC/CE completion certificates
- Be reminded of license renewal and CE/CC deadlines
- Track CC/CE completion progress for one or many states
- Find CC/CE courses and activities

And best of all there is no cost to use aPTitude – regardless of where you are licensed and how many licenses you maintain!

View this brief video highlighting aPTitude's easy to use features, and then register and get started today!

Already registered? Don’t forget to use aPTitude frequently to maintain your information and to take advantage of its many current and future features. We have recently enhanced the look and simplified the user experience so check out the new improvements!

For more information, contact us at 703.299.3100, option 5, or aPTitudeHelp@fsbpt.org.
Mandatory Reporting of all DUI Charges

All applicants, licensee and certificate holders are required by Statute to report any DUI charges (not convictions) to the Board within 10 business days. R4-24-312 states:

“As required by A.R.S. §32-3208, an applicant, licensee or certificate holder who is charged with a misdemeanor involving conduct that may affect patient safety or a felony shall provide written notice of the charge to the Board within 10 working days after the charge has been filed.”

The law requires written notification even if the incident occurred on a weekend or on a day the licensee or certificate holder was not engaged in patient care. You may send written notification to: Karen.donahue@ptboard.az.gov.

The Investigators Corner...

Episode 1: Susan goes to Australia

In the Administrative law system, those involved in the allegations are identified by two separate yet equally important groups, the public, who bear the outcome of the improprieties and the Physical Therapists/Physical Therapist Assistants who commit the alleged violations of law. The dedicated physical therapists who investigate these allegations are members of an elite group known as the State of Arizona Board of Physical Therapy. These are their stories... (Da Dah)

(The following story is FICTIONAL and does not depict any actual person, event or complaint)

In rural Arizona there exists a medical clinic that serves a small community of primarily farmers. Due to the location and size of the facility, the availability of physical therapists/physical therapist assistants is minimal. The clinic administration, in efforts to serve the community by the provision of outpatient physical therapy services, engages with an employment firm and hires Susan, PT as a contract physical therapist for a 6-month contract. Susan, a veteran physical therapist of over 25 years of practice with extensive experience in orthopedic and neuromuscular impairments, is the only physical therapist employed by the clinic. The physical therapy department consists of Susan, PT and an office manager, Frank. The clinic provides outpatient therapy services to 15 patients per day, 5 days per week with a variety of musculoskeletal impairments.

During the time Susan is fulfilling the 6-month contract to provide services, she receives and accepts an invitation to speak and attend a conference in Australia. Susan will be out of the country for 12 days.
Realizing that she will need to seek coverage for continuation of care for her patients, she asks the office manager to call other facilities to see if there was someone who was interested in providing services in her absence. Frank contacts many facilities without success, but does locate a physical therapist assistant, Jill with over 2000 hours of employment, who is willing to provide clinic services. Susan, PT requests that Frank contact and hire Jill, PTA for the 8 clinic days. Jill, PTA accepts the temporary assignment, as the pay is double what she is currently receiving.

Prior to leaving for conference, Susan PT, provides instruction to Frank, the office manager “I want no changes in protocols. Nothing is to be changed in the patient’s treatment while I am gone.”

Jill, PTA arrives at the clinic the following day and is greeted by Frank. Frank informs her that Susan stated that she wanted nothing to be change in the protocols for all the patients that she will be seeing at the facility. Jill requests to review the patient records. Frank states that the patient records are electronic and only Susan has the password to enter into the clinical aspect of the EMR to access patient records. Frank reports that Susan did not leave the password. Frank informs Jill, PTA that she should write her notes on paper and he will scan them into the patient record. Neither Frank or Jill have any contact information for Susan while she is out of the country.

Jill, wanting to fulfill her obligation and not turn any patient away from receiving care, decides to provide services to the patients over the next 8 business days. She handwrites all of her documentation as she is not able to access the medical records. In order to ensure that she does not change any of the protocols, she asks each patient to tell her what they have been doing for treatment and engages in the provision of services based upon their reports.

Susan PT arrives back in the States and returns to the clinic the following Monday morning. The third patient of the day, JC, complains that he was injured by treatment performed by the PTA. He presents with marked bruising and swelling of the ankle that was not present at the last visit in which Susan provided treatment. In questing JC, Susan discovers that joint mobilizations were performed to the ankle that was recovering from a non-union fracture and was being treated for an infection. Susan, is furious that a patient was injured by the PTA in her absence and files a Complaint with the Board of Physical Therapy.

Interview is conducted with Susan PT by the investigator. In the interview, Susan confirms that she was the supervising physical therapist for Jill. Susan states that she never met or had a conversation with Jill before, during or after her return from Australia. “I thought it was adequate to just tell my office staff what should be done. I assumed the PTA, having my office staff tell her pointedly, this is the way I want it done would be sufficient. I have never had a PTA override my instructions ever! I told Frank specifically that I wanted all precautions taken with Mr. JC. I did not need to speak directly with the PTA. If it is good enough to tell my office manager what to inform the PTA to do for the past 25 years, then it is good enough for this rural clinic as well. Everyone who is licensed understands or should understand the parameters to which they function. It is obvious what to do. The PTA should understand that they operate under the supervision of the PT and I was clear on my instructions. I am just at a loss; I have never seen that type of arrogance in a PTA before.”
Interview is conducted with Jill, PTA by the investigator. In the interview Jill confirms that she provided services for 8 days while Susan was in Australia. Jill states that she never met or had a conversation with Susan before, during or after her trip to Australia. Jill also confirms that she did not have any contact information for any physical therapist, including Susan. “I showed up and found out that Susan did not leave me any information and that I could not access patient records. I had heard that another physical therapist was performing evaluations and assumed that person was my supervising physical therapist. I felt I had good enough experience and was comfortable with the patient population to perform treatment. Since I did not have the treatment plan, I did what the patient told me their treatment was and based my treatment on what I had done with patients with similar diagnosis is the past.”

Legal and Ethical considerations. Potential violation of:

**For Susan, PT**

ARS 32-2044(4) “Engaging in the performance of substandard care by a physical therapist due to a deliberate or negligent act or failure to act regardless of whether actual injury to the patient is established.”

- *Susan failed on each date of service to determine, based upon the acuity of the patient and treatment plan whether it was appropriate to utilize the PTA in performing selected treatment interventions.*
- *Susan failed to communicate any patient information or provide an patient information to the PTA.*
- *Susan failed to provide any mechanism for communication with Frank or Jill.*

ARS 32-2044(6) “Failing to supervise assistive personnel, physical therapy students or interim permit holders in accordance with this chapter and rules adopted pursuant to this chapter.”

*Susan was unable to select herself as supervising physical therapist due to:*

- *Her inability to go to the location at which and on the same day that the PTA provides a selected treatment intervention if the physical therapist, after consultation with the PTA, determines that going to the location is in the best interest of the patient.*
- *Her failure to provide contacting information*
- *Her failure to on each patient visit, determine, based on patient’s acuity and treatment plan, whether it is appropriate to use assistive personnel to perform a treatment intervention or physical therapy task for the patient.*

ARS 32-2044(12) “Failing to adhere to the recognized standards of Ethics of the physical therapy profession.”

- *Susan did not place her patient’s interest above her own when she went to Australia.*
- Susan failed to make professional judgments that were in her patient’s best interests.
- She failed to take responsibility for the physical therapy care of her patients.
- The severity and acuity of JC’s injury should have precluded Susan from delegating care.

For Jill, PTA

ARS 32-2044(5) “Engaging in the performance of substandard care by a physical therapist assistant, including exceeding the authority to perform tasks selected and delegated by the supervising licensee regardless of whether actual injury to the patient is established.”

- Jill engaged in the provision of physical therapy services without receiving delegation from a physical therapist or had knowledge of who was her supervising physical therapist.
- Jill selects to perform interventions independently without receiving supervision or reviewing the patient record.
- Jill performed an intervention not delegated by a physical therapist or identified in the plan of care which resulted in an adverse response to treatment for patient JC.

ARS 32-2044(17) “Failing to report to the board any direct knowledge of an unprofessional, incompetent or illegal act that appears to be in violation of this chapter or Board rules.”

- Jill failed to report that she was not being supervised or delegated to on a daily basis by a licensed physical therapist.

Armchair quarterback corner... How could this have been avoided?

If Susan had hired a physical therapist who was willing to take the responsibility to supervise Jill, PTA under general or on-site supervision and provided both therapist and PTA with access to the patient records, then it is likely that JC would have received appropriate treatment and not have experienced an adverse response to the treatment provided. If Susan could not locate a physical therapist to replace her, then she either could have closed the clinic for the 8 treatment days and refer patients to other facilities for treatment, if needed; or she could have cancelled her plans to attend the conference in Australia in order to continue to provide services to the patients under her care.

Jill, PTA should have refused to provide treatment to patient when she did not have access to the patient record and did not receive delegation from a licensed physical therapist. Jill should have informed Frank to cancel all of the patient visits until Susan’s return or for either Jill or Frank to locate a physical therapist who was willing to take responsibility for the patient’s care and to delegate to the PTA under on-site or general supervision.
Licensee and Certificate Holders Who Were Disciplined by the Board in 2018

For more information, please refer to the Board’s Website: ptboard.az.gov.

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<th>Outcome</th>
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<td>A.R.S§ 32-2044 (4)(13)(20)</td>
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