



Arizona State Board of Physical Therapy

Newsletter

January 2004

Board President's Perspective

2004 Board of Physical Therapy

Helene M. Fearon, PT
Physical Therapist, Phoenix
Term Expires: 1-15-07

Don Farris
Public Member, Glendale
Term Expires: 1-19-04

Donna Borden, PT
Physical Therapist, Flagstaff
Term Expires: 1-17-05

Joni Kalis, PT
Physical Therapist, Tucson
Term Expires: 1-24-06

Public Member-Vacant

Executive Director
Heidi Herbst Paakkonen
heidi.herbst-paakkonen@
ptboard.state.az.us

Licensing Administrator
Carol Lopez
carol.lopez@ptboard.state.az.us

Investigator
Peggy Hiller, PT
peg.hiller@ptboard.state.az.us

AZ Board of Physical Therapy
1400 W. Washington, #230
Phoenix, Arizona 85007
Telephone (602) 542-3095
Fax (602) 542-3093

Web site
www.ptboard.state.az.us

A review of the Board's activities last year reflects the accomplishments of the Board during Fiscal Year 2003. A sampling of these activities includes:

- Issued 100% of licenses and certificates to applicants within the time frames established by law. The average time for processing an application was 16 days.
- Investigated 100% of written complaints and unlawful practice investigations received by the Board over which the Board has jurisdiction. On average, investigated complaints were reviewed by the Board within 90 days of receipt. 27 complaint and unlawful practice investigations were opened by the Board in Fiscal Year 2003.
- Fulfilled public records requests in an average of 4.5 days.
- Processed 2,811 applications for renewal of license or certificate.
- Responded to 100% of requests for written verification of license or certificate within 15 days of receipt.
- Audited the continuing competence requirements of 6.7% of licensees. This included the 5% random sample of physical therapists initially selected for audit and all of the physical therapists who renewed their licenses past the August 31, 2002 deadline.

The following actions were taken by the Board in Fiscal Year 2003 in public session during the monthly Board meetings:

- Licensed 241 physical therapists.
- Certified 77 physical therapists assistants.
- Found 9 licensees out of compliance with continuing competence requirements.
- Processed 12 unlawful practice investigations (continuing to practice with lapsed licenses), all of which resulted in disciplinary action against the licensees.
- Conducted 1 formal hearing.
- Conducted 10 informal interviews related to complaint deliberations.
- Discussed and adopted language for the Board's Sunset continuation bill and omnibus bill for needed statute revisions for consideration by the Legislature in 2004.

The Board has identified a number of strategic issues that it intends to address during the course of Fiscal Year 2004. These include: 1) Complying with requirements associated with the Legislative Sunset Review process and working to justify the continuation of the agency after June 30, 2004; 2) Developing a psychometrically defensible jurisprudence examination for applicants for licensure and certification; 3) Securing Legislative approval to enter into an interagency service agreement with the Arizona Attorney General's Office for purposes of dedicated legal representation; 4) Securing passage of an omnibus bill that will make a number of necessary technical changes to the Arizona Physical Therapy Practice Act; and 5) Continuation of efforts to develop administrative rules and policies and procedures addressing assessment of the continuing competence of Arizona licensed physical therapists and certified physical therapist assistants.

We invite the participation of physical therapists and physical therapist assistants by observing the regulatory process. The Board continues to post their meeting times, typically held the 3rd Tuesday of each month. By learning about the Board's role in protection of the public, licensees and certificate-holders can facilitate their ability to practice most appropriately and in accordance with legal and ethical requirements.

Helene Fearon, P.T., Board President

The Arizona Board of PT: A Public Member's Perspective

As a public member of the Arizona Board of Physical Therapy, I bring a non-clinical perspective to the table. As a non-clinician who has worked in health care for many years, I also bring to the table my experience in health care.

As a member of the Board it is my responsibility to see that the public and the public welfare are protected and promoted. Protection of the practitioner is not the responsibility of the Board. However, how we hear and adjudicate complaints can promote the profession, and even protect the individual practitioner from unfounded accusations.

One of my more pleasant memories is of Jim Roush, Ph.D., PT, ATC/L, Associate Professor and President of the Physical Therapy Association thanking me for asking the hard questions that needed to be asked.

What are some of the tougher questions the Board has asked this past year?

Would the public be better protected by stronger statute language prohibiting sexual misconduct? There is a boundary between the intimate physical therapist-patient relationship and an inappropriate exploitation. This boundary can be crossed from either direction. The difficulty inherent in establishing coherent policy on this subject is enumerated in the plethora of dissimilar policies of health care boards not only in Arizona but also across the United States.

Would the public be better protected by requiring physical therapists to report information not already required by law, such as notice of potentially adverse legal action? What if a physical therapist had knowledge of another physical therapist's substance abuse? This is an area where the Board has made incremental changes to strengthen current rules and regulations.

Would the public be better protected by raising standards with respect to maintaining adequate patient records? Ironically, based on recent complaints filed with the Board, physical therapists would be better protected if they maintained better patient records! A physical therapist can be his or her own worst enemy by failing to maintain adequate patient records.

What about the future of physical therapy? How will physical therapists be impacted by the privacy requirements of HIPAA? Auditory and visual privacy demands may force a rethinking of physical therapy clinic layout.

Physical therapists, like other health care practitioners, will be increasingly challenged by more sophisticated consumers. The physical therapist who does not maintain meticulous patient records and ignores this trend in consumer behavior will not be prepared for the impact.

These future challenges also impact the Board of Physical Therapy. Barbara Safriet, JD, Public member, FSBPT, in her keynote address at the FSBPT 2003 Spring Meeting, articulated three points, which bear repeating in this column.

First, the purpose of health care boards is to protect and promote the public welfare. Second, promoting the public welfare requires active participation in ensuring an adequate supply of appropriately educated physical therapists to meet the public need. Third, boards must advocate for these needs in the regulatory, educational and professional communities.

As a public member, I can state that the Arizona Board of Physical Therapy is actively engaged in all three areas.

Richard D. Brinkley (Former public member)

BOARD MEETING DATES

The Arizona State Board of Physical Therapy usually meets on the 4th Tuesday of each month at 1400 W. Washington, Phoenix Arizona. Meetings are open to the public. Contact the State Boards Office at 602-542-3095 to confirm dates and starting times and to obtain agendas. The following meeting dates have been scheduled for 2004:

January 27, 2004	February 24, 2004	March 23, 2004
April 27, 2004	May 25, 2004	June 22, 2004
July 27, 2004	August 24, 2004	September 28, 2004
October 26, 2004	November 2004 TBA	December 2004 TBA

Board Legislative Activities in 2004

A critical priority for the Arizona Board of Physical Therapy is securing passage of two bills by the second regular session of the 46th Arizona State Legislature that will affect the regulation of the practice of physical therapy. Of highest importance is passage of what is known as a "continuation bill". Current Arizona law mandates that the agency will terminate on June 30, 2004 and that the Physical Therapy Practice Act will be repealed on January 1, 2005. Most Arizona state agencies have a certain "life-span" or duration of time that the law stipulates they are to exist for purposes of delivering services to the residents of the state. As that termination date approaches, special Legislative committees complete a review or audit of that agency and make a determination whether to recommend to the full Legislature that the agency be continued past what is known as the "sunset date". As the Board's sunset date of June 30, 2004 is rapidly approaching, it is imperative that the agency accomplish its goal of passage of a continuation bill that will be considered when the Legislature convenes in January.

The agency cleared a major hurdle toward its goal of continuation when the Health Committee of Reference voted unanimously on October 27, 2003 to recommend the agency be continued for 10 years past June 30, 2004. The Board presented a report to the Committee that described its purpose, its accomplishments, and the potential ramifications to public protection if the agency were to sunset on its scheduled date. Senator Toni Hellon (District 26) and Representative Deb Gullett (District 11) chaired this Committee. The remaining members are Senators Barbara Leff (District 11), Dr. Henry Cannell (District 24), Linda Binder (District 3), and Richard Miranda (District 16) as well as Representatives Bob Stump (District 9), Phil Lopes (Dis-

trict 27), Philip Hanson (District 9), and Cheryl Chase (District 23). The Committee's action enabled the Board to request that a bill be drafted that, if passed by the Legislature, would grant the Board continuation until June 30, 2014; Senator Hellon has agreed to sponsor that bill, and other members will likely have signed on as co-sponsors by the time you receive this newsletter. The bill number is SB (Senate Bill) 1021, and it can be viewed on the Arizona State Legislature web-site at <http://www.azleg.state.az.us/>.

Additionally, the Board conducted a thorough review of Arizona Revised Statutes §32-2001 through §32-2052 during the summer and fall of 2003 to determine whether any revisions to those statutes are necessary in order to ensure the Board's efficacy. A number of technical changes and a smaller number of substantive changes were approved by the Board as a result of these reviews, and these changes have been incorporated into an omnibus bill that will also be sponsored by Senator Hellon. The Board resisted proposing any changes that might be perceived by stakeholders as being controversial and elected to focus on improving, and making necessary corrections to, the practice act. The Board invited the Arizona Physical Therapy Association to offer comments to the proposed changes, and was grateful to those who represented AzPTA and who presented helpful comments and insightful feedback to the process. There is no bill number as yet, but the bill, once filed, can be tracked on the Arizona Legislature web-site.

As a licensee or certificate holder you can stay informed on the progress of these bills by either tracking them yourself on <http://www.azleg.state.az.us/>, or by e-mailing the Board's Executive Director, Heidi Herbst Paakkonen, at www.ptboard.state.az.us.

Proposed changes to the Physical Therapy statutes include:

- Clarifying that physical therapist assistants are subject to many of the same regulatory requirements as physical therapists.
- Deleting the licensure exemption for athletic trainers since they are now regulated by the athletic training board.
- Adding an exemption from licensure for a PT licensed in another state who is traveling with athletic teams, athletic organizations or performing arts companies for not more than 60 days in a calendar year.
- Adding an exemption from licensure for a PT licensed in another state who enters Arizona to provide physical therapy to victims of a declared local, state or national disaster or emergency for not more than 60 days in a calendar year.
- Moving language addressing "patient care management" from rules (R4-24-303) to statute.
- Adding language addressing licensees' and certificate-holders' due process rights under A.R.S. Title 41, Chapter 6.
- Clarifying licensure requirements for foreign educated physical therapists and which requirements may be waived by the Board.
- Removing the requirement of Board approval of remediation plans for applicants attempting to pass the national examination following two failures.
- Requiring a voluntary surrender of license or certificate to occur under a Board order or consent agreement.
- Making technical and clarifying changes to more closely parallel improved "Model Practice Act" language.

Board of PT Enforcement Activities

The following is an explanation of the actions the Board may take when adjudicating a complaint:

Non-disciplinary actions:

If the Board finds that the information received in a complaint or an investigation is not of sufficient seriousness to merit direct action against the licensee or certificate holder it may take either of the following actions (A.R.S. §32-2045):

- Dismiss the complaint if it is without merit.
- File a letter of concern, which may be used in future disciplinary actions against a licensee or certificate holder.

Disciplinary actions:

If at an informal interview the Board finds a violation that constitutes grounds for disciplinary action, it may take the following actions (A.R.S. §32-2046 and 2047):

- Issue a decree of censure, which is an official reprimand against a physical therapist or physical therapist assistant.

- Place a physical therapist or physical therapist assistant on probation. The Board can prescribe a licensee's or certificate holder's scope or place of practice, supervision of practice, or the type or condition of patient or client served.

If the results of an informal interview indicate that more serious action might be in order, the Board will refer the matter to a formal hearing (A.R.S. §32-2046 and 2047) to consider the following actions:

- Suspend a license or certificate for a period prescribed by the Board.
- Revoke a license or certificate.
- Refuse to issue or renew a license or certificate.
- Impose a civil penalty of at least \$250 dollars but not more than \$10,000 for each violation of the law.
- Accept a voluntary surrendering of a license or certificate.

BOARD ACTIONS 2003

All Board actions are taken in public session. Contact the Board office for public complaint information or public records.

<u>Case #</u>	<u>Name</u>	<u>Lic. #</u>	<u>Violation</u>	<u>Action</u>
02-19	Robert Henert, PT	2670	32-2044(1) Lack of informed consent	Decree of censure
02-20	Otuome Okoye, PT	5085	32-2044(12) Unethical conduct	1 year probation: supervision, records review, ethics & documentation coursework.
			32-2044(14) Fraudulent representation	
			32-2044(20) Inadequate records	
02-22	Shaun Bartlow, PT	5176	32-2044(6) Unlawful supervision	Decree of censure
02-23	T. Michael Hakes, PT	3789	32-2044(4) Substandard care	1 year probation: supervision, records review, clinical coursework.
			32-2044(20) Inadequate documentation	
02-24	Pamela Baumgardner, PT	0716	32-2044(3) Fraudulent renewal	1 year probation: civil penalty, ethics coursework, essay.
			32-2027(A) Working with lapsed license	
03-07	Paul Kempton, PT	2430	32-2044(12) Unethical conduct	6 months probation: billing & documentation coursework, records review, billing procedures.
			32-2044(13) Fraudulent fees	
			32-2044(20) Inadequate documentation	
03-18	Daniel DeCraene, PT	4347	32-2044(4) Substandard care	1 year probation: documentation & clinical coursework, records review.
			32-2044(20) Inadequate documentation	
03-16	Diana Engler, PT	0471	32-2044(9) Disciplinary action in Maryland	Probation until 5/19/05: AZ jurisprudence exam, coursework.

The following individuals were found in violation of A.R.S. 32-2027(A) Failure to renew license or certificate by the renewal deadline of August 31, 2002. All of these individuals practiced as physical therapists unlawfully after September 1, 2003 with a lapsed license and signed consent agreements in lieu of formal hearing for disciplinary action:

<u>Case #</u>	<u>Name</u>	<u>Lic. #</u>	<u>Violation</u>	<u>Action</u>
02-10-UPI	Julie Dale, PT	3800	32-2048(A) Unlawful practice (4 months)	1 year probation, \$175 fine, essay, 35 hrs. community service
03-01-UPI	Paul Hospenthal, PT	2381	32-2048(A) Unlawful practice (5 months)	1 year probation, \$2,000 fine, essay, self-report to insurers, 35 hrs. comm. service
03-02-UPI	Anne Schwarting, PT	5828	32-2048(A) Unlawful practice (9 days)	1 year probation, \$100 fine, essay, 20 hrs. community service
03-03-UPI	Lorri Bentley, PT	5044	32-2048(A) Unlawful practice (9 months)	1 year probation, \$2,500 fine, essay, self report to insurers, 50 hrs. comm. service

CONTINUED on page 5

10 Things You Need to Know...about RENEWAL

Mark your calendars; this is the year to renew your license or certificate. Per Arizona law all licenses and certificates expire August 31, 2004 at midnight. In order to facilitate a timely renewal make note of the following:

- 1. Be on Time!** Submit the renewal application prior to August 31, 2004 in accordance with A.A.C. R4-24-205(A) and A.A.C. R4-24-208(A).
- 2. Does the Board have your current address?** Did you move during the previous renewal period? Did you notify the Board office in writing (US mail, fax or e-mail) of the change? A.R.S. § 32-2027(B).
- 3. Is the renewal application complete?** Verify you completely answered every question on the application including your home and business addresses and telephone numbers. A.R.S. § 32-2003(10).
- 4. Did you include the correct renewal fee?** The fee is \$100.00 for a physical therapist license and \$50.00 for a physical therapist assistant certificate. A.A.C. R4-24-206(3). Checks returned for insufficient funds (NSF) will not count towards timely renewal.
- 5. How can you verify receipt of your renewal?** The Board staff recommends sending the renewal application by any means of mail which requires a receipt of acceptance, i.e.

certified mail or priority mail.

- 6. Did you complete the required continuing competence requirement?** Do not submit the documentation with the renewal application. You will be notified if you are randomly selected for audit.
- 7. Change of name.** If you are submitting a name change include legal documentation describing the change, such as a copy of the marriage license, divorce decree or a copy of your social security card and driver's license.
- 8. What if you do not receive a renewal application?** The Board will be mailing the notice in early July 2004. Notify the Board immediately by fax or e-mail of the address to send the application. A.A.C. R4-24-205(B) or A.A.C. R4-24-208(B).
- 9. What happens if you miss the deadline?** You will be required to renew and reinstate your license or certificate, which requires an additional fee. A.R.S. § 32-2028.
- 10. Can you practice if you miss the deadline?** Pursuant to A.R.S. § 32-2027 you may not practice as a physical therapist or work as a physical therapist assistant until your license or certificate has been reinstated. Practicing with lapsed credentials will result in disciplinary action by the Board. A.R.S. § 32-2044.

RENEW YOUR LICENSE or CERTIFICATE ON TIME...It's the LAW!

Written verification of license or certificate is available for a fee of \$5 upon written request. Payment must be received with the request. Verifications are processed once weekly, usually on Fridays. Submit requests to the Arizona State Board of Physical Therapy.

BOARD ACTIONS 2003...Continued from page 4

The Board has taken action against the following licensees through Consent Agreements for failing to comply with continuing competence requirements during the 2000-2002 compliance period.

Case #	Name	Lic.#	Action
CC 01-2003	Pamela Baumgardner, PT	0716	\$ 250 fine 3 day license suspension 3 hrs. addl. cont. comp.
CC 02-2003	Carol Binswanger, PT	1660	\$ 750 fine 5 day license suspension 20 hrs. addl. cont. comp.
CC 03-2003	Janice Hunt Herman, PT	0667	\$ 250 fine 3 day license suspension 6 hrs. addl. cont. comp.
CC 04-2003	William Jacovini, PT	3370	\$1,500 fine 20 hrs. addl. cont. comp.
CC 06-2003	Jane Perri, PT	0215	Voluntary surrender of license
CC 07-2003	John Pozdol, PT	1944	\$ 250 fine 3 day license suspension 3 hrs. addl. cont. comp.
CC 08-2003	James Price, PT	4243	\$ 250 fine 3 day license suspension 3 hrs. addl. cont. comp.
CC 09-2003	Heather Morrison, PT	0797	\$ 250 fine 3 day license suspension 10 hrs. addl. cont. comp.

DOCUMENTATION: IT'S THE LAW

By Joni Kalis, PT, Board member

There are numerous reasons why physical therapists document in the patient record: to comply with state law; to fulfill facility or regulatory requirements; to communicate with other health care workers and 3rd party payers; and, perhaps most importantly, for ourselves and for our own record of a patient's course of treatment.

Per Arizona statute 32-2044 (20), failure to maintain adequate patient records is grounds for disciplinary action. The physical therapist is responsible for documentation of all services provided to each patient. This includes an initial evaluation containing objective findings, a diagnosis, a plan of care, a treatment record, period re-evaluation, and a discharge summary that includes the patient's response to treatment at the time of discharge. All records must be legible and contain sufficient information to identify the patient. A physical therapist is also required to be aware of fees, billing practices, and what constitutes an unreasonable or fraudulent fee.

The documentation requirements in Arizona law are actually quite minimal when compared to other states such as Oregon and Maryland. Regardless of the level of documentation required, all licensees are expected to be in compliance with state law. Many of the complaints that have come before the Board in the past two years have an element of inadequate documentation that usually reflects unfavorably on the therapist. A discussion of these cases may provide physical therapists with heightened appreciation of how the Board interprets adequate documentation.

Examples of complaints that have resulted in Board action include:

- A physical therapist had "circled" various therapeutic interventions on the daily documentation template, such as manual electric stimulation and therapeutic exercise. However, the therapist made no accompanying written entries as to what exercises were performed or where and how the electrical stimulation and other modalities were applied. The patient record did not contain adequate documentation to support the treatment billings.
- A patient claimed that she was injured by the physical therapist during the initial evaluation and a subsequent treatment session. The physical therapist treated a sacroiliac joint problem and ignored not only the primary symptoms of an L5 radiculopathy but also the physician's order and MRI results confirming the lumbar pathology. There was a significant lack of documentation in the initial evaluation, including an absence of neurological testing. The therapist

did not provide rationale for choosing to treat the sacroiliac joint instead of the lumbar spine. Although the claim of actual injury to the patient was not established, the physical therapist was disciplined for failing to maintain adequate patient records as well as for substandard care, which in Arizona statute includes "failure to act regardless of whether actual injury to the patient is established."

- A patient claimed that her neck was further injured in physical therapy. The complaint was filed against the evaluating (primary) physical therapist. After review of the patient's records that documented long-standing cervical pain and pathology, the board determined that the patient's primary physical therapist did not injure or harm the patient. However, during this record review, the Board noted that the physical therapist who provided care on the second visit (not the evaluating therapist) provided the patient with a treatment (cervical traction) that was not included in the plan of care. The Board opened an investigation of this therapist as she did not follow the plan of care, nor did she re-evaluate and update the plan of care to include traction.

- A physical therapist documented both instructional and treatment sessions with a Navajo patient who didn't speak English and who, without an interpreter, was unable to communicate with other hospital staff. This same therapist documented an extensive physical therapy exercise session with a different patient who had suffered respiratory failure the night before. Hospital records indicated that the patient would have been physically unable to perform any physical exercise after the onset of his respiratory failure. The Board determined that these treatment sessions could not

CONTINUED on page 7



Joni Kalis, PT (extreme right) with Board members Donna Borden, PT, and Helene Fearon, PT, and Board staff Heidi Herbst Paakkonen, Peg Hiller and Carol Lopez.

DOCUMENTATION...Continued from page 6

have happened and the physical therapist was found in violation of failing to adhere to recognized standards of ethics, making misleading, deceptive, untrue or fraudulent representations, and failing to maintain adequate patient records.

- A physical therapist's treatment record included inconsistencies in documentation, such as strength grades varying by an entire grade from one day to the next, and lacked adequate documentation as to the level of assistance needed for balance activities, both measures that were key areas related to the complaint. Additionally, the treatment record did not support the therapist's assertions of regular communication with the physician since these conversations were not documented. The therapist was found in violation of failing to maintain adequate patient records.

- A contract physical therapist filed a complaint against the physical therapist owner of the practice when the contractor realized that the billings for the patients treated did not match what was documented in the treatment record and marked on the daily charge sheet. The treatment records, when matched up with what was actually billed, verified the allegations of fraudulent billing. The owner of the practice was found in violation of fraudulent billing, and was also disciplined for failing to maintain adequate documentation in treatment notes for patients treated the month prior to the dates reported in the complaint.

Conversely, there have been cases where complaints were made but, after review of the patient records, the documentation by the physical therapist provided information that refuted the allegations and the complaint was dismissed. Some case examples of this include:

- A patient with low back pain filed a complaint alleging that he was treated inappropriately by a physical therapist and that the care was substandard. Review of the records supported the physical therapist in that the treatments and progression of care were appropriate for the patient's diagnosis and the complaint was dismissed.

- A patient alleged that a physical therapist offered to provide free treatment following shoulder surgery. However, copious documentation provided by the therapist, including billing documentation, discussions with the patient, conver-

sations with the physicians, and other notes made in the chart refuted the allegation and the complaint was dismissed.

- A patient alleged that her physical therapist did not progress her exercise program. The therapist's thorough documentation of specific therapeutic exercises with steady progression refuted the allegation and the complaint was dismissed.

Based on the typical documentation deficiencies encountered during Board inquiries, here are a few hints to improve your documentation:

- Clearly document all the therapeutic interventions you perform during each treatment session. Simply writing "sensory integration" or "therapeutic exercise" without the specifics of the intervention(s) isn't enough.

- Evaluations and re-evaluations should include both positive and negative objective findings, a diagnosis, and your assessment of the findings that would allow any reader of your evaluation to know your thought process in arriving at the plan of care and subsequent clinical decision making.

- Take a few extra minutes each day to ensure your documentation is thorough and legible. If it can't be read, it isn't meaningful; and if it wasn't documented, it wasn't done.

- Document the treatment time. This supports your billing.

- Document your phone calls and conversations with the patient, the physician, the billing office, the attorney, and any other persons involved in the care of the patient.

- Write a discharge summary on every patient you treat.

Your treatment record is a legal document that displays a standard of care. These records may be used as evidence for or against you in a legal proceeding. The APTA has promulgated a standard of care for physical therapy and this standard includes both the practice of physical therapy and the documentation of that care. Failure to maintain adequate documentation not only violates state law but may fall below accepted standards of care constituting negligence and grounds for a legal suit.

**VISIT THE ARIZONA BOARD OF PHYSICAL THERAPY WEBSITE AT
www.ptboard.state.az.us**

Selecting Courses for Continuing Competency

The revised statutes and rules of the Arizona State Board of Physical Therapy ("Board") mandate that all physical therapists licensed by the State Of Arizona accrue (20) contact hours of acceptable continuing competence for each licensing cycle (every two years). To determine what is acceptable continuing education requires some study. In the case of continuing competency "ignorance is not bliss". It is your responsibility to be familiar with the Practice Act. The Board's administrative rules [A.A.C. R4-24-401 through 403] define what is acceptable continuing education and divides that education into several categories. Those categories and the very specific criteria for what is acceptable continuing education in each category are more thoroughly described in the rules and are summarized elsewhere in this newsletter.

In addition to the categories and criteria listed in the rules there are several other factors that should be considered. Check out all coursework before you take the course. Getting retrospective approval for a course is difficult at best. Assure that any course you plan to attend and plan to claim as Category A has been approved by an agency/organization that the Board's administrative rules identify as an acceptable approval agency/organization. The law is very specific and some agencies and organizations that you might think are acceptable are not included in the rules. The administrative rules are very specific with respect to what organization can approve continuing education. Be assured that the course you take has been approved by one of the acceptable organizations. Also, assure that you receive a document that lists your name, the providing organization, the date(s) the course is presented, what organization approves the course, and how many CEUs are awarded for successful completion. Keep these documents so that if you are audited by the Board you will be able to provide clear evidence that you, indeed, have taken the requisite number of approved contact hours.

There are also some other considerations in selecting appropriate continuing education. Recall that the reason that the Arizona statutes require continuing competence is to assure that each therapist who retains an Arizona license

also retains and improves the licensee's knowledge and skills as a physical therapist. We as a group of therapists want to protect the public we serve by assuring that we provide the best possible treatment. Therefore, in addition to the rules specified above we suggest that you consider the following when selecting continuing education coursework:

1. Does the speaker have the necessary education and experience to present the topic of the course? The course outline should provide this information.
2. Is sufficient time given to cover all topics listed in the course outline?
3. Are there specific behavioral objectives presented in the course outline that specify what the participant will achieve by attending the course?
4. Is there sufficient research data to support the position(s) of the speaker?
5. Is the topic presented in a manner consistent with the Guide to Physical Therapist Practice?
6. Is there sufficient time for questions after the formal presentations?
7. Is the course presented in a manner consistent with the course goals? For example, if you are expected to learn clinical skills, are there practice sessions with supervision provided?

The requirement for continuing competence is not a burden but an opportunity for each therapist licensed by the State of Arizona to be the best therapist possible. We hope that the material above will help you achieve your full potential as a physical therapist and appropriately fulfill the requirement of continuing competence for renewal of your Arizona license.

David P. Guy, P.T., M.S.
Member, AZ State Board of P T Continuing Competence
Audit Committee



Questions about the continuing competence requirements?
Contact the Arizona State Board of Physical Therapy at
602-542-3095.

CONTINUING COMPETENCE ACTIVITIES

Category	Sub-category	Approved by	Activity	Contact Hours	Documentation Suggestions
A (At least 10 contact hours up to the full 20 hour requirement. No more than 5 hours non-clinical)	P T continuing education course (in-class, home study, internet, etc.)	P T, medical or health care accredited school, state or national association or national specialty society.	Attendance or participation	60 minutes of instruction equals one contact hour (not including breaks).	Copy of certificate of completion or attendance.
	Coursework for obtaining or renewing a P T clinical specialty certification.	As above	As above	As above	As above
	Coursework in a P T clinical residency program.	As above	As above	As above	As above
	Coursework in post-graduate P T education from an accredited college or university.	As above	As above	As above	As above
B (Maximum 10 contact hours from B and/or C. No more than 5 hours non-clinical)	B.1 Study Group Maximum 5 contact hours	No approval required	Structured study of one clinical P T topic; minimum 3 participants.	2 hours participation equals 1 contact hour.	Copy of sign-in log with date, location topic, hours, names of participants.
	B.2 Self-Instruction** Maximum 5 contact hours	No approval required** ** If approved by Category A organization, see above.	Structured course of study of one clinical P T topic. May be directed by internet, video, etc.	60 minutes of instruction equals one contact hour.	Copy of course outline, study notes including time spent, certificate of completion (if appropriate).
	B.3 In-service Education Maximum 5 contact hours	Applies to in-service activities or coursework NOT approved by Category A organization.	Attendance at presentation pertaining to clinical practice of P T, patient safety or welfare (includes CPR certification)	As above	Copy of sign-in or other proof of attendance including topic, date, time, place, sponsor OR certificate of completion.
C (Maximum 10 contact hours from B and/or C. No more than 5 hours non-clinical)	C.1 Practice Management Maximum 5 contact hours	No approval required ** ** If approved by Category A organization, see above.	Coursework concerning administration, professionalism, ethics or law applicable to P T.	60 minutes equals one contact hour; Must "pass" in pass/fail or "C" in graded course	Copy of sign-in or other proof of attendance including topic, date, time, place, sponsor, OR certificate of completion.
	C.2 Teaching or Lecturing Maximum 5 contact hours	No approval required	Presentation of original program relating to practice of P T principally for health care professionals	One instructional hour equals 2.5 contact hours. Must be accompanied by written materials.	Copy of written materials, course outline or abstract, course brochure or meeting announcement.
	C.3 Publication Maximum 5 contact hours	No approval required	Writing for professional publication or abstracts that have direct application to practice of P T.	Minimum of 1500 words in 3rd party publication Refereed=10 credit hours; Non-refereed=5 hours	Photocopy of published article, abstract or book chapter.

License & Certificate Renewal by August 31, 2004

Arizona State Board of Physical Therapy
1400 W. Washington, #230
Phoenix, Arizona 85007

CHANGE OF ADDRESS AND TELEPHONE

Pursuant to A.R.S. 532-2027(B), each licensee and certificate holder is responsible for reporting to the board a name change and changes in business and home addresses and telephone numbers within 30 days after the change. A name change must be accompanied by a legal document. Changes of address and telephone numbers (business or home) must be submitted to the board office in writing either via mail, fax (602-542-3093) or e-mail (carol.lopez@ptboard.state.az.us). For your convenience the following Change of Address/Telephone form may be used to submit any changes to your contact information.

Name _____ Lic. / Cert. # _____ E-mail _____

Name Change** _____ (**Must include legal documentation)

Home Address change _____

Home Telephone change _____

Business Address change _____

Business Telephone change _____