

JANET NAPOLITANO
Governor



HEIDI HERBST PAAKKONEN
Executive Director

JONI KALIS, P.T.
President

ARIZONA STATE BOARD OF PHYSICAL THERAPY
4205 NORTH 7TH AVENUE, SUITE 208 PHOENIX, ARIZONA 85013
(602) 274-0236 Fax (602) 274-1378
www.ptboard.state.az.us

REGULAR SESSION MEETING MINUTES
September 25, 2007

MEMBERS PRESENT: Joni Kalis, P.T., President
Mark Cornwall, P.T., Ph.D., Vice President
Randy Robbins, Secretary
James Sieveke, P.T., O.C.S., Member
Lisa Akers, P.T., Member

MEMBERS ABSENT: Merlin Gossman, Member

OTHERS PRESENT: Heidi Herbst Paakkonen, Executive Director
Peg Hiller, P.T., Investigator
Paula Brierley, Licensing Administrator
Keely Versteegen, Assistant Attorney General

CALL TO ORDER – 8:30 a.m.

1. Review and Approval of Draft Minutes

August 30, 2007; Regular Session Meeting

Hearing no revisions to the draft Ms. Kalis moved to adopt the minutes as drafted. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

COMPLAINTS, INVESTIGATIONS and COMPLIANCE

2. Informal Hearing

#06-21; Melissa Hourihan, P.T.

Ms. Kalis announced the beginning of the informal hearing. Ms. Akers disclosed for the record that she attended physical therapy school with Ms. Hourihan but that she does not have any biases toward the licensee. The Board and staff exchanged introductions with Ms. Hourihan and her attorney, Gail Hornstein. Ms. Kalis reviewed the informal hearing procedures and potential outcomes. Ms. Hiller summarized the complaint and the status of the case stating that the Board held its initial review during the regular session meeting on July 25, 2007. This complaint was opened upon receipt of a complaint from a former patient, D.C., alleging that Ms. Hourihan made exaggerated claims about the ability of the VAX-D machine to cure his herniated disks and that the VAX-D treatments were ineffective in treating his condition. Ms. Hourihan treated D.C. for 22 visits in July and August 2006. In her response to the complaint Ms. Hourihan affirmed that D.C. was a reasonable candidate for VAX-D therapy as set forth in the manufacturer's guidelines, although his rehab potential was poor to fair. Ms. Hourihan asserted that she advised D.C. about his prognosis and the likely outcome of VAX-D treatment and that he agreed to the proposed plan of care. Following the initial review the Board moved the case to an informal hearing and requested that Ms. Hourihan submit more detailed information about the VAX-D traction machine and its use. Ms. Hiller noted the possible jurisdiction identified for the case in

the Board's supplemental investigative report and called to the Board's attention the materials that Ms. Hourihan submitted describing the VAX-D machine and treatment. Ms. Hornstein made an opening statement on behalf of Ms. Hourihan. She noted that the complaint was filed by D.C.'s physician and not the patient which amounts to double-hearsay in that the patient never made adverse statements to the Board about the care he received from Ms. Hourihan. She stated that her client appropriately documented her treatment plan and rationale. Ms. Hornstein noted that some of the treatment records were not sent to the Board by Ms. Hourihan's former employer, SpineDEX which is where D.C. was treated and that Ms. Hourihan had left that facility's employ by the time the complaint was filed. In response to the Board's questions Ms. Hourihan estimated that approximately 75% of her patients were treated by the VAX-D machine – mostly for chronic pain. She stated that she didn't receive any incentives for using VAX-D on her patients while at SpineDEX and she alone chose how her patients were to be treated. Ms. Hourihan stated that she has used VAX-D for eight years and she is familiar with the research on the treatment. She noted that some patients have gradual changes and other patients will have a significant improvement toward the end of their program. Ms. Hourihan commented that D.C. was an appropriate patient and didn't have any contraindications and she listed him as "poor to fair" because of his bony changes and age. She further stated that she discussed of this information with him. Ms. Hourihan noted that the patient's other option was to have surgery which he didn't want to do. She cited the fall he experienced in 2005 which likely precipitated his increase in pain. She explained her rationale for choosing the VAX-D and believes that she documented it appropriately. The Board questioned why she didn't test to clear D.C.'s hip and concluded that his problems were specific to his back. Ms. Hourihan stated that she didn't follow only the manufacturer's guidelines for the VAX-D and she relies on her expertise of eight years. Ms. Hourihan noted that she did use the information from the patient's MRI to arrive at her treatment plan. The Board asked why she didn't document any re-evaluation measurements. She admitted that she could have documented more objective information in the notes. She stated that there are graphs that are generated by the VAX-D which contains some objective measurements that were not submitted to the Board and that she cannot obtain copies of them since she left the employment of the facility. Ms. Hourihan explained that the discharge summary notes there were no updated measurements at that time because the patient did not return for treatment. She advised the Board that she does a thorough consultation with each patient and discusses reasonable expectations. The Board questioned whether she provided a home program; Ms. Hourihan stated that she did but that this was not recorded in the patient's chart. Ms. Hourihan indicated that she believes the patient came to her specifically to receive the VAX-D and if she thought that he was not a good candidate she would have referred him elsewhere. She stated that she did not offer him traditional physical therapy although she considers what she does as traditional but with an added modality. She reiterated that she provided D.C. with VAX-D treatment because that is what he sought. Ms. Hourihan stated that the clinic established the \$150 private pay rate for the VAX-D treatment and noted that D.C. paid this fee each time he received treatment. Ms. Hourihan commented that she did test the cervical spine but admitted that her notes were not complete and that she should have documented his response to treatment. She noted that her subjective notations indicates that he had dips and valleys with some dates D.C. reporting some improvement with respect to his pain level throughout the episode of care. Ms. Hourihan stated that she left SpineDEX because it had become an unpleasant workplace and she has since opened her own clinic where she uses VAX-D. In closing Ms. Hourihan stated that she did a thorough job of evaluating D.C. and that she explained the treatment and his prognosis to him. She reiterated the patient sought the treatment and it is possible that his pain would have subsided had he not discontinued treatment. Ms. Hourihan admitted her documentation was not as complete as it should be, but she now dictates her notes which enables her to be more thorough than she was able to be while at SpineDEX.

The Board discussed whether the care was appropriate, whether the licensee accurately represented the efficacy of the proposed treatment and whether she selected the appropriate intervention for D.C. The Board discussed how the patient may have perceived the literature on the VAX-D. With respect to documenting the clinical rationale, treatment goals and patient response to treatment the Board noted that Ms. Hourihan admitted she was not as complete as she should have been in these areas. The Board also commented that screening of the hip was not established in the record, no re-evaluation was performed at about the mid-point of the episode of care, and there is no documentation of her assessment and testing of the cervical spine and no notations of any treatment provided to that area. The Board also noted that 10 treatment visits with no improvement of D.C.'s symptoms should have prompted her to re-evaluate the patient. The Board questioned a clinical and physiological basis upon which a patient could experience 22 treatments and suddenly experience significant improvement on the 23rd or 24th visit. It was noted that the initial evaluation was deficient in that there was no reflex or slump testing, it did not clear the hip, and it does not indicate the pain generator. Additionally there was no neuro testing or documentation of a home exercise program, and no re-evaluation. Ms. Kalis moved to adopt the following findings of fact: Ms. Hourihan's evaluation of D.C. was deficient in that she did not test the patient's reflexes, perform a slump test, or clear the hip; Ms. Hourihan's evaluation describes radicular symptoms in the assessment but none of the tests documented supports this determination; Ms. Hourihan's evaluation was deficient in that there was no documentation of her performing a cervical spine assessment of D.C. other than measuring range of motion; Ms. Hourihan failed to document D.C.'s response to cervical spine treatment; Ms. Hourihan failed to document having provided D.C. with a home exercise program; Ms. Hourihan failed to document a re-evaluation of D.C. and Ms. Hourihan failed to establish a clinical rationale to support the plan of care for D.C. encompassing 22 treatment visits. Dr. Cornwall seconded the motion. The motion carried by a unanimous vote with Ms. Akers abstaining from the vote. Ms. Kalis moved to find Ms. Hourihan in violation of A.R.S. §32-2044(20), failing to maintain adequate patient records, and A.R.S. §32-2044(22), promoting an unnecessary device, treatment intervention unwarranted by the condition of the patient beyond the point of reasonable benefit. Dr. Cornwall seconded the motion. The motion carried by a unanimous roll-call vote with Ms. Akers abstaining from the vote. Dr. Cornwall moved to require Ms. Hourihan serve a term of probation of six months during which time she engage a Board staff-approved documentation mentor for the purpose of assessing her knowledge and skill deficiencies and who shall submit to the Board an assessment, remediation plan, and progress reports as dictated by the remediation plan. Mr. Robbins seconded the motion. Following discussion Ms. Kalis offered a friendly amendment extending the probation to 12 months to better ensure Ms. Hourihan can complete the requirement. Mr. Sieveke seconded the motion. The motion carried by a unanimous roll call vote with Ms. Akers abstaining from the vote.

3. Initial Review of Complaint

#07-02; Tracy Carroll, P.T.

Ms. Kalis introduced the complaint and Ms. Hiller reported that this complaint was opened on in response to a complaint filed by a representative of PacifiCare's Peer Review Committee. The complaint concerns treatment Ms. Carroll provided to L.F. following surgical reconstruction of her right thumb by Dr. J. David Gibeault in April of 2006. Dr. Gibeault referred L.F. to Rehab Solutions for physical therapy and Ms. Carroll's initial evaluation and single treatment of LF occurred on May 10, 2006 approximately 5 weeks following the surgery. The complaint noted that Dr. Gibeault referred L.F. for a "custom thumb splint" designed to avoid all adduction of thumb and that if the physical therapist is unable to make this splint L.F. must be referred to a certified hand therapist. The complaint noted that Ms. Carroll referred L.F. to an orthotist, providing a catalog picture of the splint to be obtained, and the orthotist provided L.F. with an

'off the shelf' prefabricated splint that was inappropriate and did not provide the positioning and support to "safely and functionally protect the surgical procedure." The complaint also alleged L.F. was referred for therapy twice weekly for six weeks but Ms. Carroll saw L.F. and provided her with some home exercises and she never saw the patient again, did not make a return appointment, and did not examine the splint that LF was given resulting in therapy not provided timely as prescribed. In her written response to the complaint Ms. Carroll states she has been a certified hand therapist since 1993 and she is familiar with standard rehabilitation guidelines for L.F.'s surgical procedure and during the May 10, 2006 treatment of L.F. she followed Dr. Gibeault's written instructions to initiate active-assisted and passive range of motion exercises avoiding thumb adduction. Ms. Carroll stated that she gave L.F. a comprehensive home program and the patient demonstrated excellent technique and appropriate caution and her prognosis was excellent. She further stated that Dr. Gibeault's prescription was not for a custom splint and that pre-fabricated splints are standard and customary for this post-op condition. Ms. Carroll noted that L.F. cancelled her next therapy appointment at Dr. Gibeault's request and that she never saw the patient after the initial visit but that her office assisted in setting L.F. up with an appointment with another hand therapist at Hand in Hand Inc., forwarded her records to Hand in Hand, and transitioned her into rehabilitation without a break in care. Ms. Hiller called to the Board's attention the report addendum that contained the treatment records that Ms. Carroll failed to provide as requested following Ms. Hiller's review of the licensee's response to the notification of complaint. The Board commented on concerns relative to the communication between Ms. Carroll and the referring physician. The Board also discussed whether L.F.'s symptoms were such that an off-the-shelf splint was actually contraindicated and whether Ms. Carroll met the standard of care to order the off-the-shelf splint Ms. Kalis moved to invite Ms. Carroll to an informal hearing. Mr. Sieveke seconded the motion. The Board discussed adding possible additional jurisdiction to the investigation to include A.R.S. §32-2044(14), making misleading, deceptive, untrue or fraudulent representations in the practice of the profession; A.R.S. §32-2044(18), interfering with an investigation or disciplinary proceeding by failing to cooperate or by willful misrepresentation of facts and A.R.S. §32-2044(13), charging unreasonable or fraudulent fees for services performed or not performed for her use of the CPT code 97504. Ms. Kalis amended her motion to include the additional allegations. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

4. Initial Review of Licensee Continuing Competence Non-Compliance

07-05-CC; Tara Kempers, P.T.

Ms. Herbst Paakkonen advised the Board that Ms. Kempers renewed her physical therapist license for the 2004-2006 licensure compliance period and accordingly signed a statement affirming that she had completed the continuing competence requirements of R4-24-401 through R4-24-403. In September of 2006 Ms. Kempers was selected at random for audit and although receipt of her notice was delayed her submission was received by the Board office on February 6, 2007 which was within the 30-day deadline established by Board rule. Ms. Herbst Paakkonen stated that on February 27, 2007 the Board found Ms. Kempers' initial audit documentation submission out of compliance with the continuing competence requirements based on the fact that two of the courses she submitted as a Category A course lacked sufficient documentation rendering her deficient a total of 5 hours. The Board granted her 6 months with which to come into compliance with the requirement and her deadline was established as September 8, 2007. However, Ms. Kempers failed to submit any new documentation to demonstrate that she came into compliance before her September 8, 2007 deadline. Dr. Cornwall moved to offer Ms. Kempers a consent agreement with the findings of fact listed in the Board memorandum, with conclusions of law that she violated A.R.S. §32-2044(1), (specifically A.A.C. R4-24-401 through 403) and with disciplinary action consisting of a civil penalty of \$500, a requirement to complete

the balance of the continuing competence contact hours within 60 days, and a five day suspension of her physical therapist license to be verified by her employer. The motion also stipulated that failure on the part of Ms. Kempers to sign the consent agreement within 20 days will result in the case being remanded to an informal hearing. Ms. Kalis seconded the motion. The motion carried by a unanimous vote.

07-06-CC; Judith Bates, P.T.

Ms. Herbst Paakkonen advised the Board that Ms. Bates renewed her physical therapist license for the 2004-2006 licensure compliance period and accordingly signed a statement affirming that she had completed her 10-hour continuing competence requirement of R4-24-401 through R4-24-403. In November of 2006 Ms. Bates was selected at random for audit and although receipt of her notice was delayed her submission was received by the Board office on December 14, 2006 which was within the 30-day deadline established by Board rule. Ms. Herbst Paakkonen stated that on February 27, 2007 the Board found Ms. Bates' initial audit documentation submission out of compliance with the continuing competence requirements based on the fact that the course she submitted as a Category A course lacked sufficient documentation rendering her deficient a total of 10 hours. The Board granted her 6 months with which to come into compliance with the requirement and her deadline was established as September 9, 2007. However, Ms. Bates failed to submit any new documentation to demonstrate that she came into compliance before her September 9, 2007 deadline. Dr. Cornwall moved to offer Ms. Bates a consent agreement with the findings of fact listed in the Board memorandum, with conclusions of law that she violated A.R.S. §32-2044(1), (specifically A.A.C. R4-24-401 through 403) and with disciplinary action consisting of a civil penalty of \$500, a requirement to complete the balance of the continuing competence contact hours within 60 days, and a five day suspension of her physical therapist license to be verified by her employer. The motion also stipulated that failure on the part of Ms. Bates to sign the consent agreement within 20 days will result in the case being remanded to an informal hearing. Ms. Kalis seconded the motion. The motion carried by a unanimous vote.

07-07-CC; Melody Pinkerton, P.T.

Ms. Herbst Paakkonen advised the Board that Ms. Pinkerton reinstated her physical therapist license for the 2004-2006 licensure compliance period and accordingly signed a statement affirming that she had completed the continuing competence requirements. In November of 2006 Ms. Pinkerton was selected at random for audit her submission was received by the Board office on December 22, 2006 which was within the 30-day deadline established by Board rule. Ms. Herbst Paakkonen noted that on February 27, 2007 the Board found the licensee out of compliance with the continuing competence requirements based on the fact that a course she submitted as a Category A course lacked sufficient documentation, and because she failed to submit any documentation to support her claim that she completed her CPR recertification under Category B (In-service) rendering her deficient a total of 4 hours. The Board granted her 6 months with which to come into compliance with the requirement. Ms. Pinkerton forwarded another submission but on May 22, 2007 the Board again found Ms. Pinkerton out of compliance with the continuing competence requirements based on the fact that a course certificate she submitted for an analysis of gait course did not list any contact hours which resulted in her being deficient only one contact hour. Ms. Herbst Paakkonen commented that the notice of the Board's May 22 action reminded her that her 6-month deadline was September 8, 2007. Ms. Herbst Paakkonen sent a notice to Ms. Pinkerton that she failed to meet this deadline, but on September 17, 2007 Ms. Pinkerton contacted Ms. Herbst Paakkonen to report that she had attempted to send a continuing competence submission on September 7, 2007 via U.S. certified mail and that the on-line tracking system of the United States Postal Service web-site indicated that a notice of delivery attempt was left the former address on September 15, 2007. Ms. Herbst Paakkonen advised the Board that her review of Ms. Pinkerton's materials did support her

statement that she had attempted to send them prior to the September 7 deadline. The Board discussed Ms. Pinkerton's most recent submission and noted that what she reported as in-service activities would not actually qualify under R4-24-403 as they represent a routine teaching of staff as part of a job requirement.. Ms. Kalis moved to offer Ms. Pinkerton a consent agreement with the findings of fact listed in the Board memorandum, with conclusions of law that she violated A.R.S. §32-2044(1), (specifically A.A.C. R4-24-401 through 403) and with disciplinary action consisting of a civil penalty of \$500, a requirement to complete the balance of the continuing competence contact hours within 60 days, and a five day suspension of her physical therapist license to be verified by her employer. The motion also stipulated that failure on the part of Ms. Pinkerton to sign the consent agreement within 20 days will result in the case being remanded to an informal hearing. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

APPLICATIONS FOR LICENSURE & CERTIFICATION

5. Substantive Review and Possible Action on Applications for Physical Therapist Licensure

Eric Anderson	Michelle Bambenek	Travis Barlow
Sarah Buchendahl	Sally Burgess	David Call
Chad Cheney	Matthew Cloutier	Susan DeForest
Katie Dickelman	Abigail Dudley	Adam Fall
Adam Fry	Tina Garrett	Benjamin Gilmore
Marisa Greenwald	Juliette Gum	Stephen Hale
Louisa Kirkland	Reanna Miller	Megan Nonno
Dana Pelletier	Deborah Perry	Dana Pettis
Peter Podbielski	Justin St. James	Jennifer Tjeerdsma
Garth Wagenman	Timothy Whalen	Michelle Wright

The Board elected to consider the application for Ms. DeForest under a separate discussion. Dr. Cornwall recused himself from the discussion and vote concerning Ms. DeForest's application for licensure. Ms. Kalis moved to license the applicants as listed. Mr. Robbins seconded the motion. The motion carried by a unanimous vote. Ms. Kalis moved the Board meet in Executive Session to receive legal advice. Ms. Akers seconded the motion. The motion carried by a unanimous vote. Following the Executive Session the Board resumed meeting in public session and discussed the application of Ms. DeForest. The Board noted that the applicant's license has lapsed since 1992 and she has not practiced as a physical therapist since that time. The Board reviewed A.R.S. §32-2028 which prescribes requirements for an applicant to demonstrate competency to the Board. The Board noted that in the 15 years that Ms. DeForest's license has lapsed physical therapy practice has changed dramatically and therefore demonstrating competency in the form of passing the National Physical Therapy Examination (NPTE) would be important to assess her knowledge and skills. The Board also concurred that continuing education courses and a Supervised Clinical Practice (SCPP) would also be essential for purposes of assessing her knowledge and competency. Ms. Kalis moved Ms. DeForest be required to complete 50 hours of continuing education, pass the NPTE and complete a 90-day SCPP for a minimum of 40-hours per week. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

6. Substantive Review and Possible Action on Applications for Physical Therapist Assistant Certification

Jami Beswick	Hashim Jaderanii	Janet Olson
Kelli Reed	Clay Robertson	Sarah Webber

The Board reviewed the files of the listed applicants and determined they were administrative complete. Ms. Kalis moved to certify the listed applicants. Dr. Cornwall seconded the motion. The motion carried by a unanimous vote.

7. Substantive Review of and Possible Action on the Following Applications for Physical Therapist Licensure – Foreign Educated Graduates of Programs Not U.S. Accredited

a. Review of Education and Determination of Licensure

Rothea Kornelius

The Board reviewed the application file for Ms. Kornelius and noted that she graduated from the University of Pretoria in South Africa in 1995 and she also holds a transitional Doctorate of Physical Therapy degree from Boston University. The Board discussed the fact that her credential evaluation report indicates she lacks 31 semester credit hours in general education as well as professional coursework in integumentary systems. Additionally Ms. Kornelius does not have current authorization to practice in South Africa. Ms. Kalis moved to find the applicant’s education is not substantially equivalent to that of a graduate of a U.S. accredited program and that her file is not complete as she is not currently authorized to practice in the country where she was educated. Dr. Cornwall seconded the motion. The motion carried by a unanimous vote. Dr. Cornwall moved to allow Ms. Kornelius to complete her general education coursework using the College Level Examination Program (CLEP). Ms. Kalis seconded the motion. The motion carried by a unanimous vote.

Aaron Sanson

The Board reviewed the application file for Mr. Sanson and noted that he is a graduate of a physical therapy program in the Philippines and has practiced in a variety of settings in the U.S. His credential evaluation report indicates that his education is substantially equivalent to that of a graduate of a U.S. accredited program. Ms. Kalis moved to find Mr. Sanson’s education substantially equivalent to that of a graduate of a U.S. accredited program and that he be granted licensure. Mr. Sieveke seconded the motion. The motion carried by a unanimous vote.

8. Review and Possible Action on Supervised Clinical Practice Period Proposal

D. Scott Mellish – Applicant for Physical Therapist Licensure

Dr. Cornwall announced that he would recuse himself from the discussion and vote on this agenda item. The Board reviewed and discussed the Supervised Clinical Practice Period (SCPP) proposal submitted by Mr. Mellish and noted that the prospective supervisor has only been licensed since April of 2007. The Board also noted that the proposal includes a secondary supervisor. The Board commented that the supervisor should document the hours of supervised practice and complete both the mid-term evaluation as well as the final evaluation. Ms. Kalis moved the Board approved the SCPP proposal. Mr. Sieveke seconded the motion. The motion carried by a unanimous vote.

9. Request for Approval to Take National Physical Therapist Examination; Review of Documentation Related to Disclosure on “Personal Information” Section of Application

Oscar Sevilla – Applicant for Physical Therapist Licensure

Mr. Sevilla was present for the Board’s review and discussion of his application file and the disclosure that he has been the subject of a criminal investigation. The applicant explained that he was charged with driving under the influence of alcohol but that charge was dropped and he pleaded guilty to the lesser charge of consumption of alcohol as a minor. He stated that this event was a learning experience and that he modified his behavior as a result. Ms. Kalis moved

to grant Mr. Sevilla approval to take the National Physical Therapy Examination (NPTE) and that he be licensed upon receipt of a passing score. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

Denise LePage-Martino – Applicant for Physical Therapist Assistant Certification

Ms. LePage-Martino was present for the Board's review and discussion of her application file and the disclosure that she has been the subject of a criminal investigation. The applicant explained that she was charged with and pled guilty to a charge of domestic violence several years ago but that it was an isolated event. Ms. Kalis moved to grant Ms. LePage-Martino to take the NPTE and that she be granted certification upon receipt of a passing score. Dr. Cornwall seconded the motion. The motion carried by a unanimous vote.

BOARD BUSINESS AND REPORTS

10. Executive Director's Report – Discussion and Possible Action

a. Financial Report: No additional information to report.

b. Board Staff Activities: Ms. Herbst Paakkonen reported the struggles that the staff has experienced with insufficient connectivity to the Arizona Department of Administration server. She has determined that an on-site server is necessary for housing and managing the agency's data and the Board concurred with that assessment. She reported that the server will cost approximately \$6,000.

c. FSBPT Initiatives and News: The adopted motions are still working through the Federation's approval process and Ms. Herbst Paakkonen will forward them to the Board once they are released.

d. Rule Writing Update: No additional information to report.

e. Legislative Update: The Board reviewed and discussed the new language to the statute A.R.S. §32-2045 that grants the Board the authority to issue a non-disciplinary order prescribing continuing education to a licensee or certificate holder. The effect date of the statute revision was September 19, 2007.

11. Discussion and Possible Action on Reports by Participants of the 2007 Annual Meeting and Delegate Assembly of the Federation of State Boards of Physical Therapy

Mr. Sieveke, Ms. Brierley, Ms. Hiller, Ms. Herbst Paakkonen, Mr. Robbins and Ms. Kalis reported on the sessions they attended at the Annual Meeting. The attendees concurred that the sessions provided a unique opportunity to learn about current physical therapy regulatory and public protection issues. The noteworthy sessions included the pre-conference session on foreign credentialing, the Model Practice Act workshop, the report from the referral for financial gain task force, the ADA accommodations presentation, and the ethics sessions. The participants stated their appreciation for the opportunity to participate in the meeting.

**12. Review and Possible Action on Proposed Revision to Substantive Policy Statement
Supervision of Assistive Personnel, Patient Care Management and Documentation Requirements**

Ms. Herbst Paakkonen advised the Board that the Substantive Policy Statement (SPS) previously adopted is no longer accurate as the second page of the document reflects the temporary session law language that was eliminated on July 2, 2007 when the revisions to A.A.C. R4-24-303 came into effect. Ms. Kalis moved to delete page two of the SPS and to make some minor revisions to correct some redundant language. Mr. Robbins seconded the motion. The motion carried by a unanimous vote. Ms. Herbst Paakkonen advised the Board that she will promptly file the revised SPS with the Arizona Secretary of State and post it on the agency web-site.

13. Review and Possible Action on Executive Director Performance Review

The Board may vote to hold an Executive Session pursuant to A.R.S. §38-431.03(A)(1) to discuss personnel matters, A.R.S. §38-431.03(A)(2) to discuss confidential information, A.R.S. §38-431.03(A)(3) to received legal advice

Ms. Kalis moved to meet in Executive Session. Mr. Robbins seconded the motion. The motion carried by a unanimous vote. No action was taken on this agenda item.

14. Board Training – Qualifications for Licensure for Foreign Trained Physical Therapists

Ms. Herbst Paakkonen delivered a presentation to the Board on the requirements that foreign educated physical therapists must complete for licensure, and the process that the Board follows when conducting a substantive review of application files. She provided the intent behind the requirements and discussed some future trends and concerns.

CALL TO THE PUBLIC

None

ADJOURNMENT

The Board scheduled a special session meeting for Monday, October 1 at 5:00 p.m. The meeting adjourned at 12:45 p.m.

Prepared by,

Heidi Herbst Paakkonen
Executive Director

Approved by,

Randy Robbins
Secretary