



Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

Internet: www.ptbc.ca.gov



Physical Therapy Board of California Notice of Public Meeting

February 13, 2013 8:30 a.m.

February 14, 2013 8:30 a.m.

Department of Consumer Affairs
2005 Evergreen St., Hearing Room
Sacramento, CA 95815

Board Members

Debra Alviso, PT, DPT, President

Martha Jewell, Ph.D., PT,

Vice-President

Donald Chu, Ph.D., PT, ATC, CSCS

Sara Takii, PT, DPT, MPA

James Turner, MPA

Carol Wallisch, MA, MPH

Board Staff

Jason Kaiser, Interim Executive

Officer

Liz Constancio, Manager

Sarah Conley, Executive Associate

Analyst

Action may be taken on any agenda item. Agenda items may be taken out of order. Please refer to the informational notes at the end of the agenda.

Unless otherwise indicated, all agenda items will be held in OPEN SESSION. THE PUBLIC IS ENCOURAGED TO ATTEND.

A webcast of this meeting will be available on the Board's website at www.ptbc.ca.gov. While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

Agenda

1. **Call to Order and Roll Call**
2. **Approval of Meeting Minutes – Sarah Conley**
 - (A) November 6, 7 & 8, 2012
 - (B) December 12, 2012
3. **President's Report – Dr. Debra Alviso**
 - (A) Adopted 2013 Meeting Calendar
 - (B) Proposed 2014 Meeting Calendar
4. **Executive Officer's Report – Jason Kaiser**
5. **Administrative Services Report – Liz Constancio**
 - (A) Budget
 - (B) Outreach
6. **Application & Licensing Services Report – Liz Constancio**
7. **Consumer Protection Services Report – Elsa Ybarra**

8. **Continuing Competency Report** – *Jason Kaiser*
9. **Consumer and Professional Associations and Intergovernmental Relations Reports**
 - (A) Department of Consumer Affairs (DCA) – *Reichel Everhart*
 - (B) California Physical Therapy Association (CPTA)
 - (C) Federation of State Boards of Physical Therapy (FSBPT)
 - i. Motions for Submission to the Resolutions Committee for the 2013 Delegate Assembly
10. **Legislation Report** – *Sarah Conley*
 - (A) **Chaptered 2012 Bills**
 - i. AB 1588 (Atkins, Chapter 742)
Professions and Vocations: Reservist Licensees: Fees and Continuing Competency
 - ii. AB 1904 (Block, Chapter 399)
Professions and Vocations: Military Spouses: Expedited Licensure
 - iii. AB 2343 (Torres, Chapter 256)
Criminal History Information
 - iv. AB 2570 (Hill, Chapter 561)
Licensees: Settlement Agreements
 - v. SB 1099 (Wright, Chapter 295)
Regulations
 - (B) 2013 Bills Which Could Impact Physical Therapy Practice or Regulation
 - (C) **Sunset of Business and Professions Code Section 2674**
11. **Proposed Revisions to the Physical Therapy Practice Act** – *Sarah Conley*
12. **Medication Regimen Reviews as Part of the Home Health Requirement for Medicare**
– *Dr. Donald Chu*
13. **Special Order of Business – February 14, 2013 8:30 a.m.**
Hearing on Petitions for Modification of Probation
 - (A) Abraham Ortiz III, PT
 - (B) Ryan Monagle, PT

After submission of the matter(s), the Board will convene in CLOSED SESSION to deliberate per Government Code section 11126(c)(3).
14. **Closed Session**
 - (A) Pursuant to Government Code Section 11126(c)(3)
Deliberation on Disciplinary Actions
 - (B) Pursuant to Government Code section 11126(a)(1)
Appointment, Employment, Evaluation of Executive Officer
15. **Sunset Review** – *Jason Kaiser*
16. **Rulemaking Calendar** – *Sarah Conley*
 - (A) **2012 Rulemaking**
 - i. Model Guidelines for Issuing Citations and Imposing Discipline
 - ii. Sponsored Free Health Care Events
 - iii. Mandatory Fingerprinting

- iv. Notice to Consumers
- v. Required E-mail Filing
- (B) 2013 Rulemaking
 - i. Review and/or Update of All Application and Licensing Regulations
 - ii. Continuing Competency
 - iii. Delegation Authority for Citation Informal Conferences (Cite and Fine)
 - iv. Uniform Standards
 - v. Evaluation Elements
 - vi. Physical Therapy Business Requirements
 - vii. Telehealth

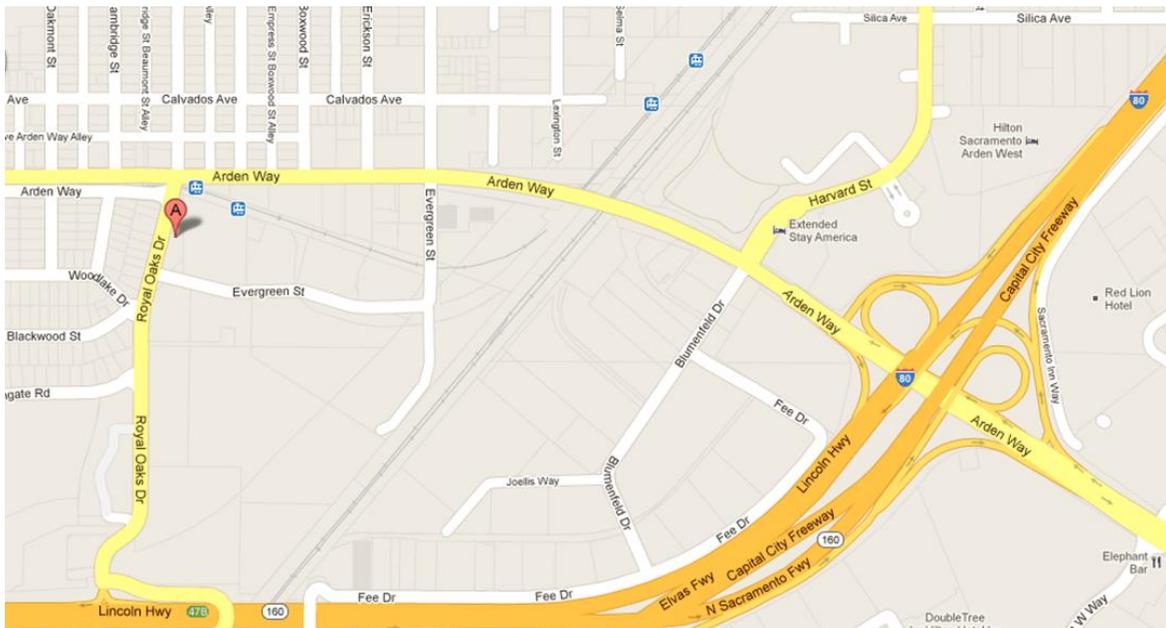
17. **Review of Draft 2013 Strategic Plan** – *Sarah Conley*

18. **Public Comment on Items Not on the Agenda**

19. **Agenda Items for Next Meeting** – May 8 & 9, 2013
Sacramento, CA

20. **Adjournment**

2005 Evergreen St., Sacramento, CA 95815



Times stated are approximate and subject to change. Agenda order is tentative and may be changed by the Board without prior notice. This meeting will conform to the Bagley-Keene Open Meeting Act. Agenda discussions and report items are subject to action being taken on them during the meeting by the Board at its discretion. The Board provides the public the opportunity at the meetings to address each agenda item during the Board's discussion or consideration of the item. Total time allocated for public comment on particular issues may be limited.

The meeting is accessible to the physically disabled. A person who needs disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Sarah Conley at (916) 561-8210, e-mail Sarah.Conley@dca.ca.gov, or send a written request to the Physical Therapy Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodations. TDD Line: (916) 322-1700.

Roll Call

Department of Consumer Affairs, Sacramento, CA

February 13, 2013

	Present	Absent
Debra J. Alviso, PT, DPT, President		
Martha Jewell, Ph.D., PT, Vice-President		
Donald A. Chu, Ph.D., PT, ATC, CSCS		
Sara Takii, PT, DPT, MPA		
James E. Turner, MPA		
Carol A. Wallisch, MA, MPH		

February 14, 2013

	Present	Absent
Debra J. Alviso, PT, DPT, President		
Martha Jewell, Ph.D., PT, Vice-President		
Donald A. Chu, Ph.D., PT, ATC, CSCS		
Sara Takii, PT, DPT, MPA		
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1
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James Turner, MPA

Carol Wallisch, MA, MPH

Physical Therapy Board of California **DRAFT Meeting Minutes**

Strategic Planning Session

Department of Consumer Affairs
1747 North Market Blvd., Hearing Room
Sacramento, CA 95834
November 6, 2012 9:00 a.m.

Board Staff

Rebecca Marco, Executive Officer

Liz Constancio, Manager

Jason Kaiser, Manager

Sarah Conley, Executive Associate

Analyst

Regular Meeting

Department of Consumer Affairs
2005 Evergreen St., Hearing Room
Sacramento, CA 95815
November 7, 2012 8:30 a.m.
November 8, 2012 8:30 a.m.

Note: This meeting was held in Sacramento due to severe budget restraints.

3 For the sake of clarity, the meeting minutes are organized in numerical order to reflect their
4 original order on the agenda; however, issues were taken out of order during the meeting.
5

Strategic Planning November 6, 2012

6

1. Call to Order and Roll Call

7

8

9 The Physical Therapy Board of California (Board) strategic planning session and meeting were
10 called to order by Dr. Alviso at 9:04 a.m. All members were present with the exception of Dr.
11 Takii, and a quorum was established. Also present at the meeting were Rebecca Marco,
12 Executive Officer; Laura Freedman, Legal Counsel; Jason Kaiser, Manager; Liz Constancio,
13 Manager; Elsa Ybarra, Consumer Protection Services Lead; Sophia Cornejo, Application and
14 Licensing Services Lead; and, Sarah Conley, Executive Associate for the Administrative
15 Services Program.
16

2. Strategic Planning Session

17

18 Board Members and staff participated in a strategic planning session, which included identifying
19 Board goals and objectives for the next three years.
20

3. Closed Session

21

(A) Pursuant to Government Code Section 11126(c)(3) Deliberation on Disciplinary Actions

22

(B) Pursuant to Government Code section 11126(e)

23
24
25
26
27

1 **US Equal Employment Opportunity Commission (EEOC) Charge**
2 **Number: 555-2012-00027**

- 3
4 **(C) Pursuant to Government Code section 11126(a)(1)**
5 **Appointment, Employment, Evaluation of Executive Officer**
6 **Pursuant to Government Code section 11126(c)(1)**
7

8 Public notes for these items are located under agenda item 5.
9

Regular Meeting November 7 & 8, 2012

- 10
11 **4. Special Order of Business – November 7, 2012 8:45 a.m.**
12 **Hearing on Petitions for Early Termination of Probation**
13 **(A) Azita Yazdani, PT**
14 **(B) Abraham Ortiz III, PT**
15

16 After submission of the matter(s), the Board convened in closed session to deliberate per
17 Government Code section 11126(c)(3).
18

19 Once issued, disciplinary decisions may be found on the Board's Web site at www.ptbc.ca.gov.
20

21 **5. Closed Session**

- 22
23 **(A) Pursuant to Government Code Section 11126(c)(3)**
24 **Deliberation on Disciplinary Actions**
25

26 The Board convened in closed session to deliberate pursuant to Government Code section
27 11126(c)(3).
28

29 Once issued, disciplinary decisions may be found on the Board's Web site at www.ptbc.ca.gov.
30

- 31 **(B) Pursuant to Government Code section 11126(a)(1)**
32 **Appointment, Employment, Evaluation of Executive Officer**
33 **Pursuant to Government Code section 11126(c)(1)**
34

35 Dr. Alviso announced the Board appointed Jason Kaiser as Interim Executive Officer, effective
36 the day after the current Executive Officer retires. Additionally, the Board appointed Dr. Jewell
37 and Ms. Wallisch to the Executive Officer Search Committee to assist the Board in activities
38 required for appointing a new Executive Officer.
39

40 **6. Approval of August 1 & 2, 2012 Meeting Minutes – Sarah Conley**

41
42 **MOTION: To adopt the draft August 1 & 2, 2012 meeting minutes as presented.**

43
44 **MOVED: Mr. Turner**

45
46 **SECOND: Ms. Wallisch**

47
48 **VOTE: 5-0 Motion carried**
49

50 **7. President's Report – Dr. Debra Alviso**

1
2 Dr. Alviso expressed her appreciation for the following: 1) Board Members and staff for their
3 preparation for, and participation in, strategic planning; 2) Board Members' input on the Sunset
4 report; Mr. Turner for assisting staff with capping the budget line items; and Ms. Wallisch for
5 assisting staff with the 2012 Sunset Review Report Addendum.
6

7 Dr. Alviso informed the Board that she, Ms. Marco and Board staff met with the Senate
8 Committee on Business, Professions and Economic Development (BP&ED) regarding Sunset,
9 and outcome of this meeting will be discussed further under Ms. Marco's report.
10

11 Dr. Alviso reported Ms. Marco will be retiring as of December 23, 2012 and acknowledged the
12 Board will be faced with quite a challenge losing her. Dr. Alviso thanked Ms. Marco for her
13 high standard of service to the Board and the consumers of California. All Members
14 expressed their appreciation for Ms. Marco's service and noted they are saddened to lose
15 such great leadership.
16

17 (A) 2013 Meeting Calendar

18
19 Ms. Marco recommended moving the May meeting from Los Angeles to Sacramento as a cost-
20 saving measure; moving the meeting would result in a savings of approximately \$6,000.
21

22 Ms. Freedman advised the Board this would be in conflict with the statute which mandates the
23 Board meet in specific locations annually; however, also noted relocating the meetings to
24 Sacramento would be reasonable given the severe budget restraints facing the Board and
25 since the Board offers other avenues of public access such as webcasting.
26

27 The Board scheduled a teleconference for December 12, 2012 to discuss recruitment of an
28 Executive Officer, and to elect Board Officers since not all members were present.
29

30 **MOTION:** To adopt the 2013 meeting calendar, as amended, moving the May
31 meeting from Los Angeles to Sacramento, and adding a
32 teleconference on December 12, 2012.
33

34 **MOVED:** Dr. Jewell

35
36 **SECOND:** Mr. Turner

37
38 **VOTE:** 5-0 Motion carried
39

40 8. Executive Officer's Report – Rebecca Marco

41
42 Ms. Marco informed the Board that Mr. Kaiser and Ms. Constancio met with Jeff Sears, DCA
43 Personnel Officer, regarding establishing an expert consultant position pursuant the BSA audit
44 finding. Mr. Sears and his staff were discouraging and noted it could be 2016 before this could
45 be implemented. The result of this meeting will be reported in the six-month update to the
46 BSA, which is due December 26, 2012.
47

48 Ms. Marco informed the Board that Senate BP&ED staff were receptive to reviewing the
49 proposed revisions to the Physical Therapy Practice Act, and agreed to assist the Board
50 however they can, including finding an author. Ms. Marco noted the reduction of enforcement
51 staff identified in her report is incorrect and should reflect only analytical staff. Prior to

1 September 30, 2012, the Board had 8.2 analytical staff in the enforcement unit, which has
2 since been reduced to 4.7 staff.

3 4 **9. Administrative Services Report – Liz Constancio**

5 6 **(A) Budget**

7
8 Robert de los Reyes, DCA Budget Analyst, was in attendance to report with Ms. Constancio.

9
10 Ms. Constancio reported that staff has identified, with the assistance of Mr. Turner, spending
11 limits for each line item to compensate for the over-expenditure of the Attorney General (AG)
12 line item. To date, staff has identified over \$130,000 within other line items to redirect to AG
13 line item. Dr. Alviso questioned whether the Board can increase its AG budget line item
14 allotment. Ms. Constancio explained staff can make internal budget modifications to
15 supplement the AG budget line item; however, increasing the allotted amount requires
16 approval of a Budget Change Proposal (BCP).

17
18 Ms. Marco reported this is not a new issue; last fiscal year AG costs equated to \$472, 667, well
19 above the budget amount of \$285,668. One contributing factor to the high AG costs for the
20 current-fiscal year is the pending 8-10 Interim Suspension Orders (ISO) currently in process.
21 Ms. Freedman noted that this number is high for an entire fiscal year, and to have this many
22 for one quarter is extremely unusual.

23
24 Mr. Turner questioned whether the Board's Division of Investigation (DOI) budget line item
25 allotment is adequate. Ms. Constancio and Mr. de los Reyes explained DOI is pro rata and the
26 allotted amount is determined based on the Board's expenditures from the prior two years.

27
28 Mr. de los Reyes explained the process for a board to make a current year augmentation to its
29 budget due to an anticipated deficiency. The process includes identifying cost-saving
30 measures, such as redirecting resources to compensate for an over-expenditure, which is
31 reviewed by oversight agencies such as the DCA, and the State and Consumer Services
32 Agency (Agency). Mr. de los Reyes further explained if a current-year budget augmentation
33 for under \$200,000 is submitted, it requires approval from a board's oversight agencies;
34 however, if the request exceeds the amount of \$200,000, approval must be obtained from the
35 Legislature.

36
37 Dr. Alviso questioned how the Board can remedy the discrepancy between the AG budget
38 allotment and what is actually spent since it appears there is a pattern of increased AG costs.
39 Mr. de los Reyes explained the Board would need to increase its AG budget line item
40 allotment, which is done through the BCP process. Mr. de los Reyes noted the Board
41 submitted a BCP last year to address this issue, which was denied; therefore, the DCA
42 anticipates the Board submitting a BCP again this year.

43
44 Mr. Turner questioned whether other boards are facing similar problems with their budget. Mr.
45 de los Reyes responded enforcement costs are a trouble area for most boards' budgets.

46
47 Ms. Marco noted that in addition to the AG budget line item having insufficient funds to support
48 actual costs, the impact to the Board's budget does not allow the Board to obtain approval for
49 additional staffing, which it is in dire need of.

50
51 Mr. Turner will continue to be the Board liaison for budget issues.

1
2 **(B) Outreach**
3

4 Ms. Marco noted Korey Landry's diligence in getting the new website up and running. Ms.
5 Landry explained the website has specific standards; however, the Board utilized those options
6 available to create a user-friendly and informative site.
7

8 Ms. Marco informed the Board staff has received a lot of positive feedback on the newsletter
9 and commended Ms. Landry for her efforts. Ms. Landry reported she is preparing the next
10 newsletter and requests articles by the first week in December.
11

12 **10. Application & Licensing Services Report – Liz Constancio**
13

14 Ms. Constancio reported California applicants were not affected by hurricane Sandy.
15

16 Ms. Marco requested a Board Member work with staff to explore the various roles of the
17 American Physical Therapy Association (APTA), FSBPT and the Board in approving
18 instructors and facilities for foreign educated applicants' clinical service period in an attempt to
19 improve the approval process. Dr. Jewell will be the Board liaison for this project.
20

21 **11. Consumer Protection Services Enforcement Report – Jason Kaiser**
22

23 **(A) Performance Measures**
24

25 Mr. Kaiser reported the DCA is working on performance based budgeting which has delayed
26 the visual representation of the performance measures; however, the data is provided in the
27 enforcement statistics spreadsheet. Mr. Kaiser noted the increase in Interim Suspension
28 Orders (ISO) the Board has issued in first quarter of the fiscal year. Dr. Jewell questioned why
29 the Board has such an increase in ISO's
30

31 Dr. Alviso requested Ms. Freedman explain the process of issuing an ISO. Ms. Freedman
32 explained the traditional method of taking action against a licensee is to file an accusation;
33 however, in cases of severe threat to public safety, the Administrative Procedures Act (APA)
34 permits the Executive Officer to file an ISO. The ISO is brought before an Administrative Law
35 Judge (ALJ), with or without the licensee present, who then decides whether it should be
36 issued. The ISO can be issued to remove the licensee's ability to practice or limit it. The ISO
37 is, as its name states, interim until the matter comes before the Board to make a decision,
38 which occurs after the regular formal discipline process.
39

40 Mr. Kaiser noted staff may not be able to continue meeting its performance measure goals with
41 the drastic reduction in staff.
42

43 Ms. Marco informed the Board currently there are 65 licensees on probation, 14 of the 65 are
44 in the Board's substance-abuse recovery program. Staff will add probation statistics to the
45 enforcement report for all subsequent meetings.
46

47 **(B) Disciplinary Summary**
48

49 There was no Board discussion on this item.
50

51 **12. Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (SB**

1 **1441) Language for Board Consideration and Possible Action for Section**
2 **Number(s) to be Determined of Division 13.2 of Title 16 of the California Code of**
3 **Regulations – Jason Kaiser**
4

5 Mara Faust, Deputy Attorney General, Attorney General's Office Board Liaison, was present
6 with Mr. Kaiser to present on the application of the various Uniform Standard regulatory
7 language options. Ms. Faust explained that currently the Attorney General's Office (AG) uses
8 a combination of all three options. Each option has positive and negative elements. Option
9 One provides the Board the greatest discretion; however, it also permits the greatest chance
10 for a due process complaint by licensees. Option Two defers the decision-making to experts -
11 Maximus, but removes some of the Board's discretion in the decision and is expensive for the
12 licensee. Option Three places the entire burden of proof on the Board.
13

14 Ms. Faust reported that she believed both the Acupuncture Board and the Physician Assistant
15 Committee selected Option Two, and both programs utilize Maximus. The Board of
16 Pharmacy's AG Liaison rewrote the definition of "substance-abusing licensee" significantly
17 narrowing the qualifiers to a small group. Since there is question whether this can be done,
18 the AG Liaison for the Board of Pharmacy requested no decision be made until an AG opinion
19 is issued, which could take quite some time.
20

21 Considering all the options, Ms. Faust recommended Option Two.
22

23 Ms. Freedman provided background on the Uniform Standards, and explained there is no
24 standard definition of a "substance-abusing licensee" or a simple method of determining such.
25 Therefore, the three regulatory language options are attempts to define "substance-abusing
26 licensee" or to provide a method of determining such.
27

28 Ms. Freedman explained while there is no specific deadline for the Board to adopt one of the
29 three Options, or choose another avenue, the DCA Director would like to see the Uniform
30 Standards put into place.
31

32 Ms. Jewell expressed concern regarding a layperson making a determination whether to
33 pursue a substance violation. Ms. Marco responded staff follows the same fact-finding
34 process for all cases prior to the decision whether to file an accusation; the Uniform Standards
35 would not apply until after the accusation was filed. Ms. Freedman noted the Uniform
36 Standards would not apply to licensees who self-refer in the diversion program because self-
37 referral is not compelled by Board action.
38

39 Dr. Chu questioned whether the 30-day suspension of practice would occur with the Uniform
40 Standards when the licensee is undergoing the intake evaluation. Monny Martin, Board
41 Probation Monitor, explained the 30-day suspension of practice is a requirement of the Uniform
42 Standards, not Maximus. Mr. Martin reported the 30-day suspension of practice period is time
43 waiting for the results of the clinical assessment, and time to provide two negative drug tests,
44 which must be completed before allowing the licensee to resume practice.
45

46 Ms. Marco noted the process for Option Two is the same process the Board currently uses. If
47 the Board suspects a licensee is a substance-abusing licensee, the Board stipulates the
48 licensee gets tested by Maximus. If the licensee is identified as a substance-abusing licensee,
49 the licensee enters the Board's substance abusing recovery program, which has already been
50 applying the Uniform Standards; however, if the licensee is not found to be a substance-
51 abusing licensee, the licensee would not enter the diversion program, but would likely be

1 placed on probation.

2
3 Ms. Freedman clarified that currently staff may stipulate to the same terms contained within the
4 Uniform Standards, but the Administrative Law Judge (ALJ) and the Board could change those
5 terms; however, should the Board adopt the Uniform Standards, the ALJ and the Board would
6 be tied to the terms in the Uniform Standards. Ms. Faust noted there have been instances
7 when ALJ's allowed a licensee to determine his/her own rehabilitation program in lieu of
8 Maximus and often times these programs are unsuccessful, so the AG would like to avoid such
9 a situation.

10
11 The Board determined Option Two was the most favorable of the three presented.

12
13 **MOTION: To adopt Option Two: Impose Uniform Standards Contingent upon**
14 **Post-Hearing Clinical Evaluation proposed regulatory language.**

15
16 **MOVED: Dr. Jewell**

17
18 **SECOND: Mr. Turner**

19
20 **VOTE: 5-0 Motion carried**

21
22 The Board directed staff to move forward with rulemaking process.

23
24 **13. Continuing Competency Report – Jason Kaiser**

25
26 **(A) Statistics**

27
28 Mr. Kaiser informed the Board staff has reduced the audit level from 20% to 10% with
29 increased compliance, and that the Continuing Competency program continues to have a
30 substantial backlog due to limited staff.

31
32 **(B) Withdraw of Approval Agency Recognition for:**

33
34 Mr. Kaiser provided background on the Record Compliance Template and explained most
35 course providers responded; however, two did not, which are listed under 13(B)(i) and
36 13(B)(ii). Mr. Kaiser explained in detail the efforts made to contact the providers to obtain
37 compliance. The Board staff was unable to verify compliance, as explained in the agenda item
38 briefing papers.

39 **i. Vital Spark, LLC**

40
41 **ii. Gateway International, LLC**

42
43 **MOTION: Terminate recognition of Vital Spark, LLC; and, Gateway International,**
44 **LLC and post this on the website.**

45
46 **MOVED: Dr. Chu**

47
48 **SECOND: Mr. Turner**

49
50 **VOTE: 5-0 Motion carried.**

51

1 **14. Consumer and Professional Associations and Intergovernmental Relations Report**

2
3 **(A) Department of Consumer Affairs (DCA) – Reichel Everhart**

4
5 Ms. Everhart reported the next quarterly Executive Officer and Bureau Chief meeting is
6 November 15th. Topics of discussion include: travel reimbursements and approvals;
7 personnel-related issues; and, introduction of the new DCA Deputy Director of Enforcement,
8 Mike Gomez. Ms. Everhart also noted the DCA is working on board appointments.

9
10 **(B) California Physical Therapy Association (CPTA)**

11
12 James Syms, PT, DPT, CPTA President, brought the following items before the Board:

- 13
14 1. What is the Board's plan for handling the complaints regarding physical
15 therapists working for physicians when Business and Professions Code section
16 2674 sunsets on January 1, 2013?

17
18 Ms. Freedman cautioned the Board this question is in regards to what may be pending
19 enforcement matters, which the members should not involve themselves in; therefore, Ms.
20 Marco should respond on behalf of the Board. Moreover, Ms. Marco's response should be
21 limited to explaining the complaint process. Ms. Marco explained if the Board receives
22 complaints regarding physical therapists working for physicians, the complaints will be
23 acknowledged and prioritized using the Complaint Prioritization Guidelines provided by the
24 DCA.

- 25
26 2. Requested the Board provide a mechanism to assist licensees with questions
27 relating to the practice of physical therapy.

28
29 Dr. Syms requested the Board further consider the following two issues: 1) medication regimen
30 reviews in home health, and 2) whether an aide can document in the patient record, and
31 encouraged the Board to consider a method to address practice-related questions.
32 Additionally, Dr. Syms suggested these issues may be material for the Board's newsletter.

- 33
34 3. Requested clarification of the budget issues since the Board is self-funded
35 through licensee fees, and yet the Board does not have access to its fund, or
36 reserve money.

37
38 Ms. Marco explained for the Board to access the fund, it has to go through the Budget Change
39 Proposal (BCP) process; however, the Board has been unsuccessful in gaining support from
40 the Department of Finance (DOF) because it does not meet the Governor's criteria for
41 approval. Ms. Marco went on to note, the current Administration is sensitive to public
42 perception, and although the Board is a self-funded agency, the public may not differentiate
43 the Board's budget from the State's budget.

44
45 **(C) Federation of State Boards of Physical Therapy (FSBPT)**

46
47 Dr. Alviso presented a briefing paper on the results of the 2012 FSBPT Delegate Assembly
48 bringing the Board's attention to two specific motions that may be of interest: 1) Establishing a
49 Minimum Data Set (MDS) to collect nationwide workforce data, and 2) license portability
50 amongst the various physical therapy licensing jurisdictions.

1 **15. 2011-2012 Legislative Session Summary – Sarah Conley**
2

3 **(A) AB 2570 – Licensees: Settlement Agreements**
4 **Author(s): Assembly Member Hill**
5

6 **(B) SB 924 – Physical Therapists: Direct Access to Services: Professional**
7 **Corporations**
8 **Author(s): Senators Price, Walters, and Steinberg**
9

10 **(C) SB 1236 – Professions and Vocations**
11 **Author(s): Senator Price**
12

13 Ms. Conley presented the status of each bill. Ms. Wallisch questioned why SB 924 failed. Dr.
14 Syms explained the bill failed as a result of political struggles.
15

16 **16. Review of Proposed Physical Therapy Practice Act for Submission to Legislature –**
17 *Sarah Conley*
18

19 Ms. Conley identified a number of items for the Board’s consideration regarding the proposed
20 revisions to the Physical Therapy Practice Act. The Board made determination(s) for each
21 item, as well as other changes, as follows:
22

- 23 • Section 2605(i) – Amend language to read something to the effect of “Adopt and
24 administer a program of education in matters relevant to the practice of physical
25 therapy.”
- 26 • Section 2620.3 – After review of the corresponding regulations, the Board
27 determined “purchase and store” is assumed; therefore, it should be removed from
28 the proposed revisions.
- 29 • Section 2630.5 – Pursuant to legal counsel’s recommendation, keep “physical
30 therapy” education program, in lieu of specifying physical therapist/physical therapist
31 assistant education program.
- 32 • Section 2639 –
 - 33 ○ Pursuant to legal counsel’s recommendation, keep “physical therapy”
34 education program in lieu of specifying physical therapist/physical therapist
35 assistant education program pursuant to legal counsel.
 - 36 ○ Amend the language regarding practicing as a license applicant by striking
37 “license applicant” when referring to how the license applicant may practice –
38 either as a physical therapist or a physical therapist assistant, not a physical
39 therapist or physical therapist assistant *license applicant*.
 - 40 ○ Strike “documentation” to clarify that license applicants must comply with all
41 requirements, not solely documentation requirements.
- 42 • Section 2646 – Keep current time period of five years to renew a delinquent license,
43 instead of proposing to change it to a three-year time period.
- 44 • Section 2651 – Pursuant to legal counsel’s recommendation, change “physical
45 therapy” education program to “physical therapist” education program. This should
46 be changed because it is specific to the core requirements to apply for a physical
47 therapist license – not cross-referencing other sections for the requirements.
- 48 • Section 2653 – Pursuant to legal counsel’s recommendation, the Board directed
49 staff to change “physical therapy” education program to “physical therapist”
50 education program.

- 1 • Section 2654 – Legal counsel noted since the education program is a core
2 requirement of applying for licensure – not cross-referencing other sections for the
3 requirements, each program should be specifically identified. The Board did not
4 amend this section.
- 5 • Section 2655.2 – Keep limit on the number of aides and place in appropriate section.
6 The Board would like to see this provision in regulation rather than statute; however,
7 it does not want to risk the delay in it being absent in statute to be added to
8 regulation.
- 9 • Section 2660.3 – Pursuant to legal counsel’s recommendation, the Board directed
10 staff to strike “at the discretion of the board,” in the proposed language (from B&P
11 Code section 2233).
- 12 • Moving specific application, renewal, documentation and supervision requirements
13 from statute to regulation – Staff recommended it conduct further review of the
14 Board’s authority in each of the areas noted above, and then determine whether to
15 move forward with proposing to move the specified requirements to regulation based
16 upon that review. The Board concurred with this recommendation.

17
18 **MOTION:** To adopt the amendments to the proposed revisions of the
19 **Physical Therapy Practice Act pursuant to the discussions on**
20 **both Nov. 7th and 8th.**

21
22 **MOVED:** Dr. Jewell

23
24 **SECOND:** Mr. Turner

25
26 **VOTE:** 5-0 Motion carried.

27
28 Legal counsel recommended, if the Board chooses, a second motion separate from adopting
29 the change to the proposed revisions to the Physical Therapy Practice Act, delegating
30 authority to a Member to make changes as needed through the legislative process.

31
32 **MOTION:** To delegate authority to the President and Vice-President to
33 **make necessary decisions in regards to ensuring the progress**
34 **of the proposed revisions of the Physical Therapy Practice Act**
35 **through the legislative process, and to call a meeting of the**
36 **Board if needed.**

37
38 **MOVED:** Ms. Wallisch

39
40 **SECOND:** Dr. Jewell

41
42 **VOTE:** 5-0 Motion carried.

43
44 **17. Review of Sunset Report Addendum for Submission to Legislature – Rebecca**
45 *Marco*

46
47 Ms. Marco explained the Board was provided electronic versions of the 2012 Sunset Report
48 Addendum (Addendum) to review and provide feedback to staff since the Addendum is due
49 shortly after the meeting on December 1, 2012. Dr. Jewell indicated she had a number of
50 comments and would provide those to staff.

1
2 The Board did, however, review Section 11 – New Issues, of the Addendum in detail because
3 the Board’s current issues, and/or position on those issues have changed; therefore, the entire
4 section was redone.

5
6 Addendum Section 11 – Current Issues

7
8 1. Proposed Revisions to the Physical Therapy Practice Act

9
10 See minutes for agenda item 16.

11
12 2. Corporate Practice of Physical Therapy

13
14 After much consideration of the various issues regarding the physical therapy practice
15 business arrangements, the Board determined it did not wish to pursue the issues of corporate
16 registrations with the Board and general corporations; however, the Board did direct staff to
17 pursue authority to require fictitious name permits. Moreover, Dr. Alviso requested staff revise
18 the text of the fictitious name permits issue to ensure it accurately reflects the Board’s intent in
19 including the issue in the Addendum.

20
21 3. Operational Deficiencies

22
23 Ms. Marco informed the Board Senate BP&ED Committee staff invited the Board to present
24 any issues it may be experiencing impeding its operation abilities, and noted the Board of
25 Registered Nursing submitted an exemplary staffing issues report, which the Board may wish
26 to model. Therefore, Board staff has begun drafting a report specifically identifying each
27 operational deficiency.

28
29 In addition, the Board directed staff to re-order the issues in the report as follows:

- 30
31 1. Operational Deficiencies
32 2. Proposed Revisions to the Physical Therapy Practice Act
33 3. Fictitious Name Permits
34

35 The Board appointed Ms. Wallisch to conduct the final review Issue #1 – Operation
36 Deficiencies; and, Dr. Chu to conduct the final review of Issue #2 – Proposed Revisions to the
37 Physical Therapy Practice Act, and Issue # 3 – Fictitious Name Permits.

38
39 **18. Rulemaking Calendar Update – Sarah Conley**

40
41 **(A) Summary of 2012 Rulemaking Progress**

42
43 Ms. Conley presented a summary of the progress made towards completing items on the 2012
44 Rulemaking Calendar. The Board indicated it had no questions on this update.

45
46 **(B) Adoption of 2013 Calendar**

47
48 Ms. Conley presented the proposed 2013 Rulemaking Calendar for Board consideration.

49
50 The Board added the following items to the proposed 2013 Rulemaking Calendar:
51

- 1 1. Evaluation Elements
- 2 2. Physical Therapy Business Requirements

3
4 **MOTION: To adopt the proposed 2013 Rulemaking Calendar as amended.**

5
6 **MOVED: Dr. Jewell**

7
8 **SECOND: Mr. Turner**

9
10 **VOTE: 5-0 Motion carried.**

11
12 **19. Special Order of Business – November 8, 2012 8:45 a.m.**
13 **Regulatory Hearing on Proposed Language for Required E-mail Filing, Section**
14 **1398.6 of Division 13.2 of Title 16 of the California Code of Regulations**

15
16 The Board held the regulatory hearing for proposed language to amend California Code of
17 Regulations (CCR) 1398.6: Required E-mail Filing. No public comment was received.

18
19 After the public hearing closed, Ms. Freedman recommended the proposed language be
20 amended to add the following statement:

21
22 *This subsection does not require an applicant or licensee to obtain an e-mail address, it only*
23 *requires that person report an existing e-mail address to the Board.*

24
25 **MOTION: To add language recommended by legal counsel to the proposed**
26 **language.**

27
28 **MOVED: Dr. Jewell**

29
30 **SECOND: Mr. Turner**

31
32 **VOTE: 5-0 Motion carried**

33
34 Ms. Freedman clarified the proposed regulation would not require applicants and licensees to
35 obtain or use an e-mail address, but if they already have one, they would be required to report
36 it to the Board.

37
38 **MOTION: To adopt the proposed modified text for a 15-day public comment**
39 **period and delegate to the Executive Officer the authority to adopt**
40 **the proposed regulatory changes, as modified, if there are no**
41 **adverse comments received during the public comment period, and**
42 **also delegate to the Executive Officer the authority to make any**
43 **technical or non-substantive changes that may be required in**
44 **completing the rulemaking file.**

45
46 **MOVED: Dr. Jewell**

47
48 **SECOND: Ms. Wallisch**

49
50 **VOTE: 5-0 Motion carried**

51

1 **20. Special Order of Business – November 8, 2012 9:00 a.m.**
2 **Regulatory Hearing on Proposed Language for Notice to Consumers, Section**
3 **Number 1398.15 of Division 13.2 of Title 16 of the California Code of Regulations**
4

5 The Board held the regulatory hearing for proposed language to add CCR 1398.15: Notice to
6 Consumers. No public comment was received.
7

8 After the hearing was closed, Ms. Conley noted the Board adopted the proposed regulation
9 Section 1398.14: Notice to Consumers; however, the Mandatory Fingerprinting regulation was
10 already assigned this number. Therefore, staff amended the Notice to Consumers proposed
11 section number to 1398.15. A Notice of Correction was published by the Office of
12 Administrative Law (OAL) in the Notice Register on October 26, 2012.
13

14 **MOTION: To adopt the proposed regulatory changes as noticed, and delegate**
15 **to the Executive Officer the authority to make technical or non-**
16 **substantive change in completing the rulemaking file.**
17

18 **MOVED: Dr. Jewell**
19

20 **SECOND: Ms. Wallisch**
21

22 **VOTE: 5-0 Motion carried**
23

24 **21. Consideration of Physical Therapists Working as Physical Therapist Assistants –**
25 *Dr. Martha Jewell*
26

27 Dr. Jewell presented a briefing paper to the Board regarding an FSBPT study of licensed
28 physical therapist assistants who were educated as physical therapists outside the U.S., and
29 noted a concern that these physical therapist assistants may practice beyond the purview of
30 their license due to their education as a physical therapist. The FSBPT conducted a study on
31 licensed physical therapists assistants who were educated as physical therapists, which is a
32 small number in comparison to the number physical therapists educated as physical therapists,
33 and found no evidence of practicing beyond the scope of a physical therapist assistant. Ms.
34 Marco noted that, specifically referring to California, the supervising physical therapist is
35 responsible for the physical therapist assistant, which also addresses the concern.
36

37 Dr. Jewell explained the study also looked at state laws that prohibit or permit this pathway for
38 licensure; California law permits this pathway.
39

40 The Board and staff discussed the application process and evaluation requirement for foreign-
41 educated physical therapists applying for a physical therapist assistant license.
42

43 **22. Board Member Ethics Training – Laura Freedman, Legal Counsel**
44

45 Ms. Freedman conducted a board member ethics training refresher session.
46

47 **23. Elections**

48 **(A) President**

49 **(B) Vice-President**

50 **(C) FSBPT Delegate**

51 **(D) FSBPT Alternate Delegate (Primary)**



Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916)263-2560

Internet: www.ptbc.ca.gov



1
2

Board Members

Debra Alviso, PT, DPT, President

Martha Jewell, Ph.D., PT,
Vice-President

Donald Chu, Ph.D., PT, ATC, CSCS

Sara Takii, PT, DPT, MPA

James Turner, MPA

Carol Wallisch, MA, MPH

Physical Therapy Board of California **DRAFT Teleconference Minutes**

December 12, 2012 12:00 p.m.

Board Staff

Rebecca Marco, Executive Officer

Liz Constancio, Manager

Jason Kaiser, Manager

Sarah Conley, Executive Associate
Analyst

Teleconference Locations

3

Department of Consumer Affairs
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

Athercare Fitness and Rehabilitation
20994 Redwood Road
Castro Valley, CA 94546

New Horizon Physical Therapy
5475 North Fresno Street, Suite 110
Fresno, CA 93710

Southcoast Rehabilitation
1800 Westwind Drive, Suite 107
Bakersfield, CA 93301

160 Winesap Drive
Brentwood, CA 94513

4

5

6

1. Call to Order and Roll Call

7

8

9

10

11

12

13

14

The Physical Therapy Board of California (Board) December teleconference was called to order by Dr. Alviso at 12:04 p.m. All members were present and a quorum was established. Also present at the Sacramento teleconference location were Rebecca Marco, Executive Officer; Claire Yazigi, Legal Counsel; Jason Kaiser, Manager; Cristy Livramento, Consumer Protection Services Analyst; and, Sarah Conley, Administrative Services Program Analyst.

15

16

17

18

19

20

21

22

23

Ms. Marco informed the Board Ms. Yazigi was filling in for Ms. Freedman since she was unable to attend. Ms. Yazigi advised each Board member that staff was taking an audio recording of the teleconference at the Sacramento location, and requested each Board member, and each member of the public, if present, verify consent to record and to identify that there were no additional recordings being taken. Each Board member confirmed no objection to the audio recording and there were no other recordings of the meeting being taken. There were no members of the public at any of the teleconference locations.

24

2. Closed Session

25

26

(A) Pursuant to Government Code Section 11126(c)(3) Deliberation on Disciplinary Actions

27

1
2 The Board convened in closed session to deliberate pursuant to Government Code
3 section 11126(c)(3).
4

5 Once issued, disciplinary decisions may be found on the Board's website at
6 www.ptbc.ca.gov.
7

8 **(B) Pursuant to Government Code section 11126(a)(1)**
9 **Appointment, Employment, Evaluation of Executive Officer**

10 **Executive Officer's Report – Rebecca Marco**

11
12
13 Ms. Marco responded to questions raised regarding items in her written report.
14

15 **3. 2012 Sunset Report Addendum**

- 16
17 **(A) Operational Deficiencies**
18 **(B) Proposed Revisions to the Physical Therapy Practice Act**
19 **(C) Fictitious Name Permits**
20

21 Mr. Kaiser thanked each Board member who assisted with completing the Addendum,
22 and advised the report should be submitted by the end of the week.
23

24 **3. Elections**

25
26 **(A) President**
27

28 Dr. Jewell nominated Dr. Alviso to continue as Board President. Dr. Alviso accepted the
29 nomination.
30

31 **MOTION: To nominate Dr. Alviso for Board President.**

32
33 **MOVED: Dr. Jewell**
34

35 **SECOND: Dr. Takii**
36

37 **VOTE: Roll call vote 6-0**
38 **Motion carried.**
39

40 **(B) Vice-President**
41

42 Dr. Takii nominated Dr. Jewell to continue as Vice-President, Mr. Turner nominated Dr.
43 Chu for Vice-President, and Dr. Alviso nominated Ms. Wallisch for Vice-President. The
44 Board discussed various concerns regarding the appointments. Dr. Jewell is out of the
45 country during the summer months and Dr. Chu's term ends June 1, 2013. Moreover,
46 Dr. Alviso advised the Board that whoever serves as Vice-President should be aware
47 she will be serving in her grace period as of June 1, 2013; therefore, if another
48 appointment is made to her position, the Vice-President will assume the President
49 position.
50

51 **1. MOTION: To nominate Ms. Wallisch as Vice-President.**

1
2 **MOVED: Dr. Alviso**

3
4 **SECOND: Dr. Chu**

5
6 *Ms. Wallisch declined the nomination.*

7
8
9 **2. MOTION: To nominate Dr. Jewell for Vice-President.**

10
11 **MOVED: Dr. Takii**

12
13 **SECOND: Ms. Wallisch**

14
15 **VOTE: Roll call vote 3-3**

16
17
18 **3. MOTION: To nominate Dr. Chu for Vice-President.**

19
20 **MOTION: Mr. Turner**

21
22 **SECOND: Dr. Alviso**

23
24 **VOTE: Roll call vote 3-3**

25
26 Dr. Chu conceded to Dr. Jewell. Dr. Jewell was elected Vice-President.

27
28 **(C) FSBPT Delegate**

29 **(D) FSBPT Alternate Delegate (Primary)**

30 **(E) FSBPT Alternate Delegate (Back-up)**

31
32 **MOTION: To appoint the President as the FSBPT Delegate; the Vice-President**
33 **as the primary FSBPT Alternate Delegate; and, other Board**
34 **members, the Executive Officer, and staff, if necessary, as the back-**
35 **up FSBPT Alternate Delegates.**

36
37 **MOVED: Dr. Takii**

38
39 **SECOND: Ms. Wallisch**

40
41 **VOTE: Roll call vote 6-0**
42 **Motion carried.**

43
44 **4. Public Comment on Items Not on the Agenda**

45
46 The Board received no public comment.

47
48 **5. Adjournment**

49
50 The meeting was adjourned at 1:40 p.m. on Wednesday, December 12, 2012.

**Physical Therapy Board
Adopted 2013 Meeting Calendar**

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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		1	2	3	4	5						1	2	3	4	5	6	7	8	9		1	2	3	4	5	6
6	7	8	9	10	11	12	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7	8	9	10	11	12	13
13	14	15	16	17	18	19	10	11	12	13	14	15	16	17	18	19	20	21	22	23	14	15	16	17	18	19	20
20	21	22	23	24	25	26	17	18	19	20	21	22	23	24	25	26	27	28	29	30	21	22	23	24	25	26	27
27	28	29	30	31			24	25	26	27	28			31							28	29	30				

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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5	6	7	8	9	10	11	9	10	11	12	13	14	15	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	16	17	18	19	20	21	22	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	23	24	25	26	27	28	29	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31		30							28	29	30	31				25	26	27	28	29	30	31

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
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8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					

January

1 New Year's Day
21 Martin Luther King Jr. Day

February

13-14 PTBC Meeting – Sacramento, CA

18 President's Day

March

31 Easter

April

May

8-9 PTBC Meeting – Sacramento
12 Mother's Day
27 Memorial Day

June

16 Father's Day

July

4 Independence Day

August

7-8 PTBC Meeting – Sacramento

September

2 Labor Day
19-21 FSBPT Annual Meeting
19-22 CPTA Annual Conference

October

November

6-7 PTBC Meeting – Samuel Merritt University
11 Veteran's Day
28 Thanksgiving Day

December

25 Christmas

Physical Therapy Board of California

Proposed 2014 Meeting Calendar

<u>January</u>						
Su	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
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<u>February</u>						
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<u>March</u>						
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30	31					

<u>April</u>						
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<u>May</u>						
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<u>June</u>						
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29	30					

<u>July</u>						
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<u>August</u>						
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31						

<u>September</u>						
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28	29	30				

<u>October</u>						
Su	M	T	W	Th	F	S
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<u>November</u>						
Su	M	T	W	Th	F	S
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

<u>December</u>						
Su	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January

1 New Year's Day
 20 Martin Luther King Jr. Day

April

20 Easter

July

4 Independence Day

October

31 Halloween

February

17 President's Day
 12-13 PTBC Meeting

May

7-8 PTBC Meeting
 11 Mother's Day
 26 Memorial Day

August

6-7 PTBC Meeting

November

5-6 PTBC Meeting
 11 Veteran's Day
 27 Thanksgiving

March

11 or 18 Sunset Hearing

June

15 Father's Day

September

1 Labor Day

December

25 Christmas



Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

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DATE: January 24, 2013

AGENDA ITEM #4

TO: Physical Therapy Board of California (Board)

SUBJECT: EXECUTIVE OFFICER'S REPORT

This report is to update you on the current status of the Board's operations.

ADMINISTRATION

AUDIT – The Board submitted the six-month response to the Bureau of State Audits in December. Board staff has met with DCA Personnel staff to discuss the process and feasibility of establishing a civil service position for the in-house Expert Consultant. DCA Personnel staff advised that this process could take a number of years to complete and may be unsuccessful in creating a civil service position for the in-house Expert Consultant. Staff will continue to work with DCA Personnel staff and report its findings to the Bureau of State Audits in its next response.

BUDGET/PERSONNEL – This fiscal year the Board will submit a deficiency request to the Department of Finance for augmenting the Attorney General (AG) budget by \$150,000. The AG augmentation is vital to the PTBC's enforcement mandates to regulate physical therapists and physical therapist assistants with serious practice act violations, and to ensure that the utmost protection is afforded the public and consumers. Assuming that its enforcement costs do not exceed current projected levels, this augmentation request would also allow for a minimal reversion. Please refer to Agenda Item 5(A) for a more detailed report.

LEGISLATION AND REGULATION – The Sunset committee hearing dates have been set for March 11th and 18th of 2013. The Board will be advised of its hearing date once the agenda is released. During this session the Sunset committee will be a joint committee, consisting of the Senate Business, Professions and Economic Development Committee as well as the Assembly Committee on Business, Professions and Consumer Protection. Please refer to Agenda Item 10 for a more detailed report.

OUTREACH – Due to budgetary restraints, the Board's Outreach program is limited to Web traffic and Social Media. In conjunction with the Department of Consumer Affairs, staff has started an accessibility project for the Board's website to ensure that it is compliant with the Americans with Disabilities Act (ADA). The Board has been invited to speak to the PT program at the University of Sacramento in May as well as the PTA program at Sacramento City College in March. The locality of these schools in relation to the PTBC will allow for the Board's participation while still acting in accordance with the State's current Travel guidelines. Please refer to Agenda Item 5(B) for a more detailed report.

TRAVEL – Travel continues to be restricted to mission critical travel; however, due to the Board's current Budget deficiencies, the Board would need to restrict travel anyway. As a cost saving measure, the Board continues to hold its Board meeting locally in Sacramento.

CONSUMER PROTECTION

As of January 1, 2013, Business and Professions Code section 2674, prohibiting the Board from taking any action against a licensee for providing physical therapy services as a professional employee of a medical, podiatric or chiropractic professional corporation has sunset. Since the sunset of this statute, the Board has received approximately 120 employment related complaints against physical therapy licensees, and from past submissions, expects to receive hundreds more. These complaints are opened, acknowledged and assigned like any other complaint, thus adding to the already unmanageable caseload for each analyst. Due to the staffing shortages, staff continues to prioritize cases as Urgent, High Priority and Routine, and follows the guidelines set forth by the Department of Consumer Affairs Prioritization Guidelines. Unfortunately, a high volume of cases prioritized as Urgent or High Priority may prevent those cases prioritized as Routine from being processed timely. This will be evident in our case aging and performance measures as time goes on. Please refer to Agenda Item 7 for a more detailed report.

CONTINUING COMPETENCY

In addition to conducting continuing competency audits, , 1.5 analysts are responsible for processing applications for recognition of Approval Agencies, continuing competency exemptions, Inactive status requests, and requests to restore licenses from Inactive to Active. The analysts also field phone calls and email inquiries specific to continuing competency. While many of these tasks are processed timely, with such limited staff, the audit backlog remains at 14 months. Please refer to Agenda Item 8 for a more detailed report.

APPLICATIONS & LICENSING

Staff has returned to a phone schedule for answering application and licensing calls. Due, in part, to fix-date testing, the Board continues to receive licensure applications at a high and sporadic rate. These applications often come in concentrated bursts creating an immediate influx of workload. Applications are processed on a first come first serve basis. Programs have expressed concern that the Board's application deadlines are preventing candidates from sitting for the next available exam. The Application & Licensing Services program staff makes every effort to process applications timely; however, must also adhere to the deadlines set in place to ensure that all application and licensing mandates are met. Please refer to Agenda Item 6 for a more detailed report.

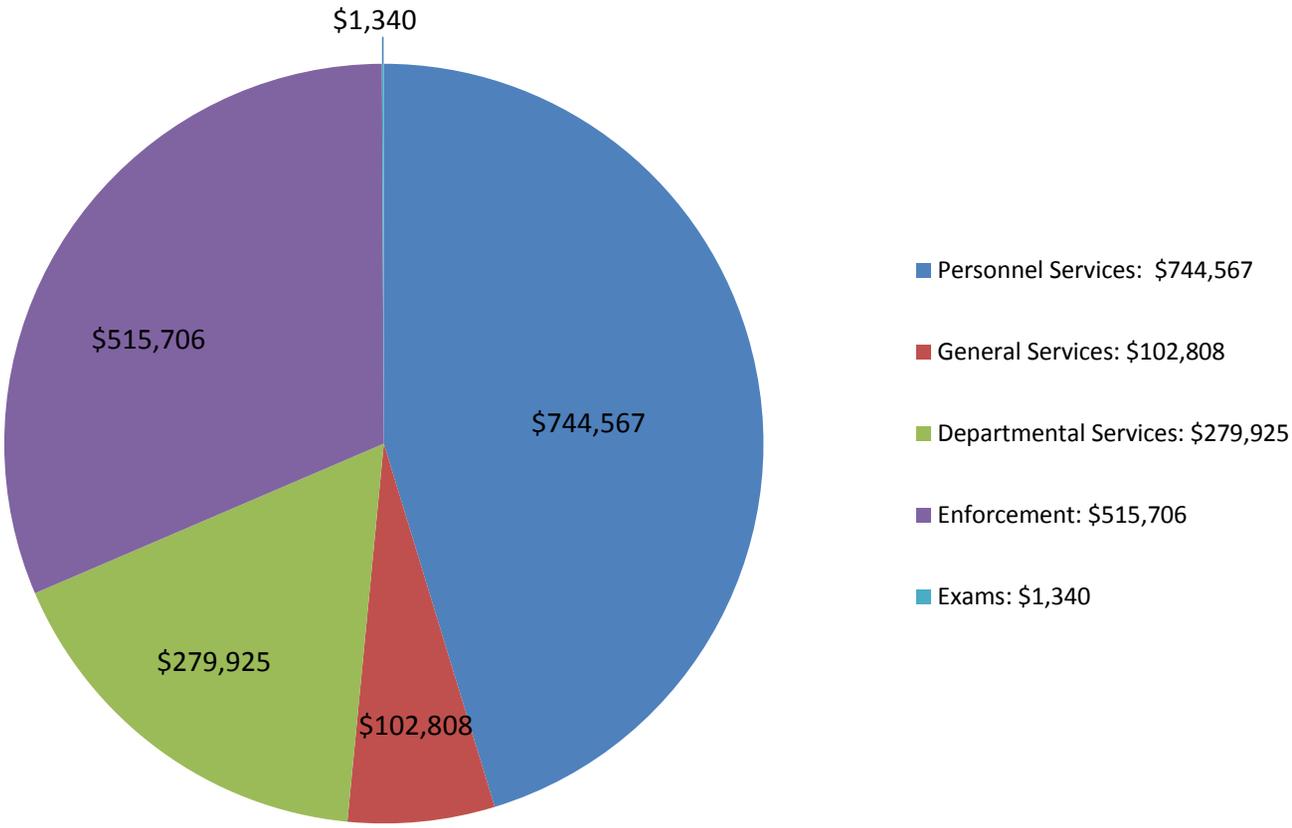
**Physical Therapy Board of California
Budget Expenditure Report (FY 12/13)
(As of December 31, 2012)**

Agenda Item #5(A)
Budget Report

Description	Budget	Expended	% Budget	Balance
Personnel Services				
Personnel Services Totals	1,312,556	744,567	57%	567,989
Civil Services Permanent	690,546	381,472	55%	309,074
Statutory Exempt	77,196	35,141	46%	42,055
Temp help	153,767	83,664	54%	70,103
Committee Member	11,786	13,400	114%	-1,614
Overtime	0	2,291	-	-2,291
Staff Benefits	379,261	228,599	60%	150,662
*TOTALS, PERSONNEL SERVICES	1,312,556	744,567	57%	567,989
Operating Expense & Equipment				
General Services Totals	416,861	102,808	25%	314,053
Fingerprints	99,090	10,535	11%	88,555
General Expense	18,085	5,353	30%	12,732
Minor Equipment	10,150	728	7%	9422
Printing	16,892	3,140	19%	13,752
Communication	11,712	2,282	19%	9,430
Postage	28,926	13,477	47%	15,449
Travel in State	28,865	2,593	9%	26,272
Training	5,204	0	0%	5,204
Facilities Ops	118,121	56,030	47%	62,091
C&P Services Internal	2,000	40	2%	1,960
C&P Services External	77,816	8,630	11%	69,186
Departmental Services Totals	606,919	279,925	46%	326,994
OIS Pro Rata	248,855	126,250	51%	122,605
Indirect Dist. Cost	132,159	67,800	51%	64,359
DOI Pro Rata	5,371	2,720	51%	2,651
Public Affairs Pro Rata	7,530	3,820	51%	3,710
CCED Pro Rata	9,669	4,888	51%	4,781
IA with OER	0	0	-	0
Interagency Services	37,136	0	0%	37,136
Consolidated Data Center	2,882	535	19%	2,347
DP Maintenance & Supplies	15,493	0	0%	15,493
Central Admin Services	147,824	73,912	50%	73,912
Exams Totals	12,616	1,340	11%	11,276
Admin and C/P Services	0	0	-	0
Exam Contracts	9,931	1,340	13%	8,591
Exam Subject Matter Experts	2,685	0	0%	2,685
Enforcement Totals	937,051	515,706	55%	421,345
Attorney General	285,668	205,129	72%	80,539
Office of Admin Hearings	59,584	36,140	61%	23,444
Evidence/Witness	100,145	21,540	22%	78,605
Court Reporters	0	3,193	-	-3,193
DOI Investigation	491,654	249,704	51%	241,950
*TOTALS, OE & E	1,973,447	899,779	46%	1,073,668
**TOTALS	3,286,003	1,644,346	50%	1,641,657

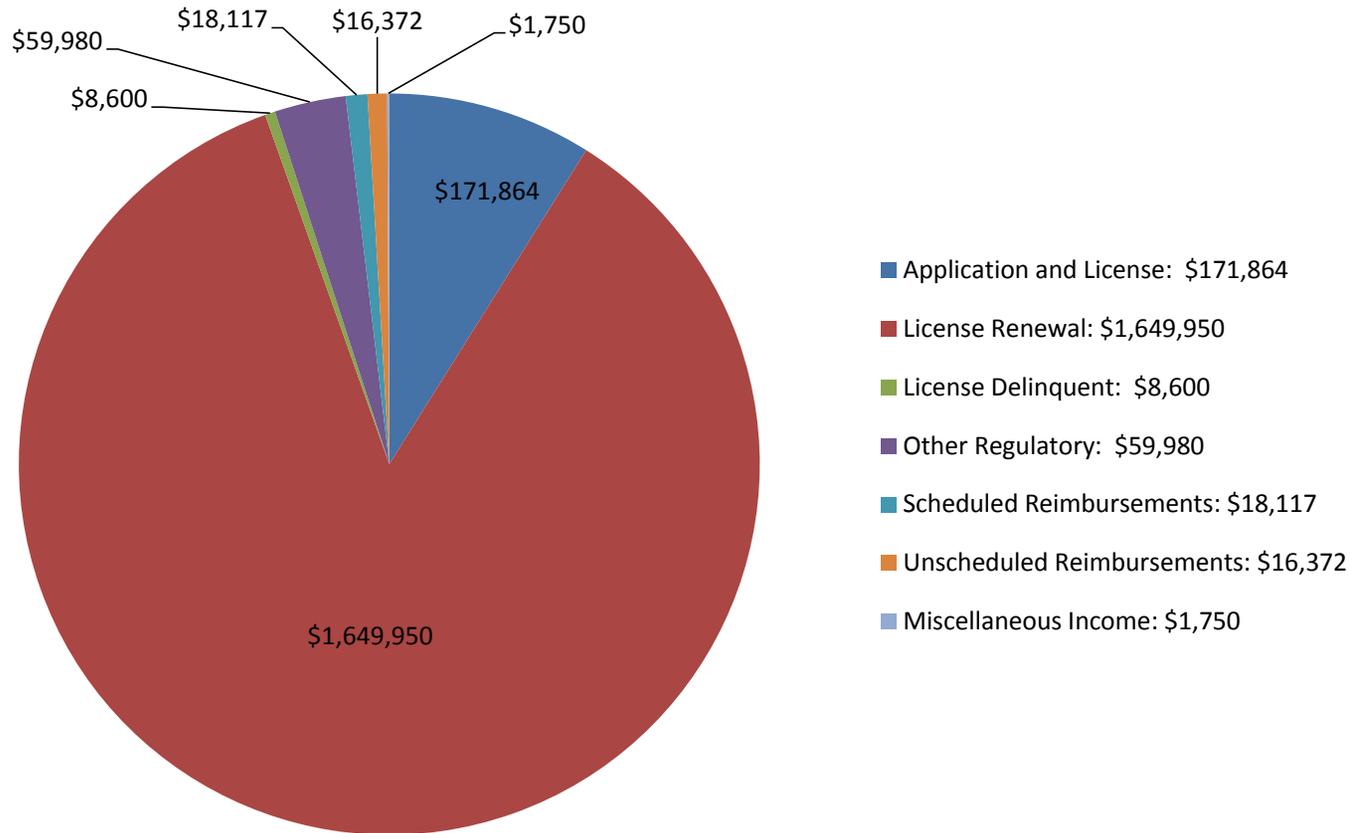
* The total reflects by line item. ** Total reflects overall expenditures of entire budget.

**Physical Therapy Board of California
Budget Expenditures (FY 2012/13)
(As of 12/31,2012)**



Personnel Services : Salary and Wages, Board Member Per Diem, Temp Help, Overtime, Benefits.
General Services : General Expense, Fingerprint, Minor Equipment, Printing, Postage, Travel, Training, Facility Ops, C&P Services (ir
Departmental Services: Pro Rata ,Interagency Services, Consolidated Data, Data Processing, Central Admin.
Enforcement: Attorney General, Office of Administrative Hearing, Evidence/Witness (Expert Consultants), Court Reporter, DOI.
Exams: Examination Contracts, Subject Matter Experts Contracts.

**Physical Therapy Board of California
Budget Revenues (FY 2012/13)
(As of 12/31/2012)**



Application and License: Application and Initial Licensing Fees.

License Renewal: Licensee Renewal Fees.

License Delinquent: Licensee Delinquent Fees.

Other Regulatory: Administrative Citation Fines, Endorsement Fees, Duplicate License/Cert Fees.

Scheduled Reimbursements: Fingerprint reports processed through DOJ, CORI Clearance.

Unscheduled Reimbursements: Investigative Cost Recovery, Probation Monitoring Fees.

Miscellaneous Income: Investments, Unclaimed, Cancelled and Dishonored Warrants.

**Physical Therapy Board of California
Web site, Twitter, and Facebook Statistics**

Agenda Item #5(B)

Web Hit Statistics			
Category	Web Hits During 7/1/2012 – 9/30/2012	Web Hits During 10/1/2012 – 12/31/2012	% Increase/Decrease
Home	78,890	79,511	.8% ↑
Consumers	211,022	275,442	31% ↑
Applicants	106,749	96,997	-9% ↓
Licensees	56,755	48,985	-14% ↓
Laws/Regs	81,475	45,577	*100% ↑
Form/Pub	75,851	45,138	*100% ↑
About Us	64,031	65,449	2% ↑
Continuing Competency	8,717	7,735	-11% ↓

Twitter Statistics			
Category	Data As Of 10/15/2012	Data As of 1/8/2013	% Increase/Decrease
Number of Tweets	168	187	11% ↑
Number of Followers	112	120	7% ↑

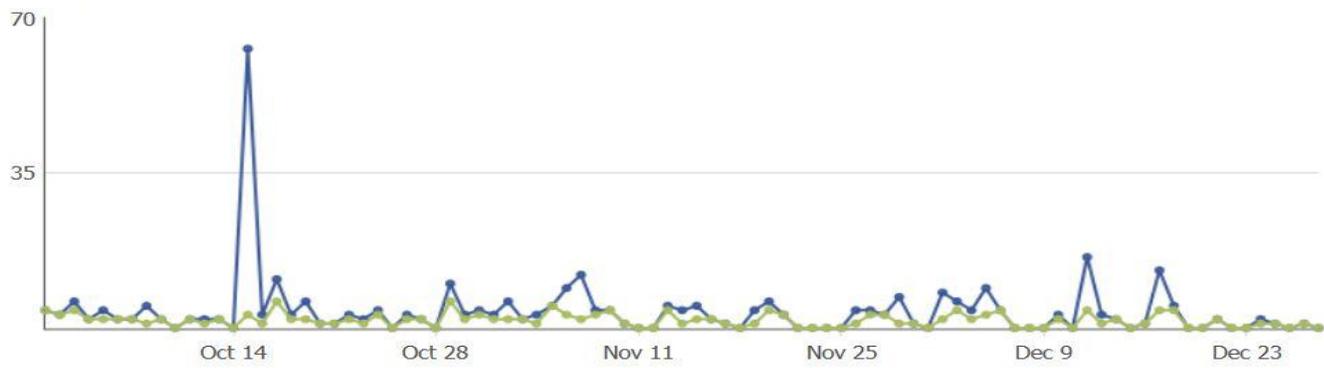
*Account opened on 2/27/2011

Facebook Statistics			
Category	Data During 7/01/2012 – 9/30/2012	Data During 10/1/2012 – 12/31/2012	% Increase/Decrease
Total Likes	1048	1104	5% ↑
Friend of Fans	355,320	380,644	7% ↑
People Talking About Page	404	140	-65% ↓

Facebook Page Visits: 10/01/2012 – 12/31/2012

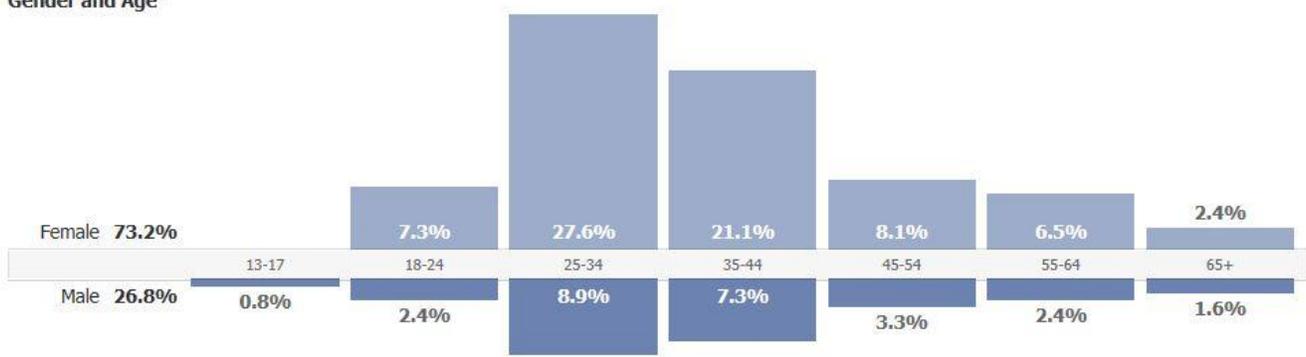
Page Views

Page Views? Unique Visitors?



Facebook Demographic Users: 10/01/2012-12/31/2012

Gender and Age?



Note: Effective April 2012, data reflects periods by quarters per fiscal year, with the exception of Twitter.
* The percentage increase is at 100% because within the new website these categories have a new location.

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

Agenda Item #6

Application Statistics

APPLICATIONS RECEIVED													
Application Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	37	112	152	58	58	117							534
FOREIGN PT	22	22	25	10	19	22							120
FOREIGN PTA*	2	7	3	3	3	3							21
AT	14	22	20	26	49	9							140
EQUIV AT	2	0	2	0	4	1							9
EK	0	0	0	0	0	0							0
EN	0	0	0	1	0	0							1
Total	77	163	202	98	133	152	0	0	0	0	0	0	825

* 3 Applicants downgraded from PT to AT (October - December).

Licensing Statistics

LICENSES ISSUED*													
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	203	163	37	78	201	53							735
AT	27	63	22	22	27	17							178
EK	0	0	0	0	0	0							0
EN	0	0	0	0	0	0							0
Total	230	226	59	100	228	70	0	0	0	0	0	0	913

*The Licensing Statistics will not match the Application Statistics due to the length of time an application may remain on file.

License Renewal Statistics

LICENSES RENEWED													
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	1,334	918	1,750	970	786	892							6,650
AT	293	250	434	244	149	219							1,589
EK	4	1	0	0	1	1							7
EN	1	2	0	1	0	0							4
Total	1,632	1,171	2,184	1,215	936	1,112	0	0	0	0	0	0	8,250

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

Agenda Item #6

License Status Statistics

ACTIVE LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	21,585	21,495	21,504	21,471	21,493	21,603						
AT	5,262	5,228	5,222	5,219	5,239	5,238						
EK	28	29	29	29	29	29						
EN	21	21	21	21	21	21						
Total	26,896	26,773	26,776	26,740	26,782	26,891	0	0	0	0	0	0

INACTIVE LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	1,054	1,142	1,192	1,254	1,257	1,287						
AT	288	319	342	356	356	370						
Total	1,342	1,461	1,534	1,610	1,613	1,657	0	0	0	0	0	0

DELINQUENT LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	3,080	3,239	3,293	3,281	3,269	3,311						
AT	868	906	926	929	921	928						
EK	5	4	4	4	4	4						
EN	6	5	5	5	5	5						
Total	3,959	4,154	4,228	4,219	4,199	4,248	0	0	0	0	0	0

Licensees in delinquent status are eligible to renew their license and make it active/valid.

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

Agenda Item #6

National Physical Therapist (PT) Examination - CALIFORNIA STATISTICS

Accredited PT Program & Foreign Educated PT Combined Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	293			189									482
Fail	126			103									229
Total	419			292									711
Pass Rate	70%	0%	0%	65%	0%	0%							68%

Accredited PT Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	282			179									461
Fail	42			45									87
Total	324			224									548
Pass Rate	87%	0%	0%	80%	0%	0%							84%

Foreign Educated PT Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	11			10									21
Fail	84			58									142
Total	95			68									163
Pass Rate	12%	0%	0%	15%	0%	0%							13%

*No examination was given during this month.

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

Agenda Item #6

National Physical Therapist Assistant (PTA) Examination - CALIFORNIA STATISTICS

Accredited PTA Program, Foreign Educated PTA, & Equivalency Combined Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	87			34									121
Fail	50			58									108
Total	137			92									229
Pass Rate	64%	0%	0%	37%	0%	0%							53%

Accredited PTA Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	75			28									103
Fail	26			30									56
Total	101			58									159
Pass Rate	74%	0%	0%	48%	0%	0%							65%

Foreign Educated PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	12			6									18
Fail	24			28									52
Total	36			34									70
Pass Rate	33%	0%	0%	18%	0%	0%							26%

Equivalency PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb	Mar*	Apr	May	Jun	FY Total
Pass	0			0									0
Fail	0			0									0
Total	0			0									0
Pass Rate	0%	0%	0%	0%	0%	0%							0%

*No examination was given during this month.

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

Agenda Item #6

California Law Examination (CLE)

Accredited & Foreign Educated Combined Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	223	191	103	205	95	99							916
Fail	21	9	7	12	7	7							63
Total	244	200	110	217	102	106							979
Pass Rate	91%	96%	94%	94%	93%	93%							94%

Accredited Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	200	155	88	190	85	86							804
Fail	17	6	6	5	4	7							45
Total	217	161	94	195	89	93							849
Pass Rate	92%	96%	94%	97%	96%	92%							95%

Foreign Educated Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	23	36	15	15	10	13							112
Fail	4	3	1	7	3	0							18
Total	27	39	16	22	13	13							130
Pass Rate	85%	92%	94%	68%	77%	100%							86%

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

Agenda Item #6

National Physical Therapist (PT) Examination - NATIONAL STATISTICS

Accredited PT Program & Foreign Educated PT Combined Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	5178	6	1	1674	0	0							6859
Fail	2030	13	2	1676	1	0							3722
Total	7208	19	3	3350	1	0							10581
Pass Rate	72%	32%	33%	50%	0%	0%							65%

Accredited PT Program Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	4813	6	1	1365	0	0							6185
Fail	794	4	0	533	0	0							1331
Total	5607	10	1	1898	0	0							7516
Pass Rate	86%	60%	100%	72%	0%	0%							82%

Foreign Educated PT Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	365	0	1	309	0	0							675
Fail	1236	9	2	1143	1	0							2391
Total	1601	9	3	1452	1	0							3066
Pass Rate	23%	0%	33%	21%	0%	0%							22%

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

National Physical Therapist Assistant (PTA) Examination - NATIONAL STATISTICS

Accredited PTA Program, Foreign Educated PTA, & Equivalency Combined Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	3078			1056	223	112							4469
Fail	733			606	94	119							1552
Total	3811			1662	317	231							6021
Pass Rate	81%	0%	0%	64%	70%	48%							74%

Accredited PTA Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	2991			1011	206	91							4299
Fail	635			545	71	79							1330
Total	3626			1556	277	170							5629
Pass Rate	82%	0%	0%	65%	74%	54%							76%

Foreign Educated PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	87			45	17	21							170
Fail	98			61	23	40							222
Total	185			106	40	61							392
Pass Rate	47%	0%	0%	42%	43%	34%							43%

Equivalency PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	0			0	0	0							0
Fail	0			0	0	0							0
Total	0			0	0	0							0
Pass Rate	0%	0%	0%	0%	0%	0%							0%

*No examination was given during this month.

APPLICATION AND LICENSING SERVICES STATISTICS FY 2012/13

Agenda Item #6

Law Examination - NATIONAL STATISTICS

Law Examination Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	898	656	468	566	388	295							3271
Fail	106	76	65	57	80	47							431
Total	1004	732	533	623	468	342							3702
Pass Rate	89%	90%	88%	91%	83%	86%							88%

Accredited Program Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	853	589	425	535	355	268							3025
Fail	88	61	59	45	68	44							365
Total	941	650	484	580	423	312							3390
Pass Rate	91%	91%	88%	92%	84%	86%							89%

Foreign Educated Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	45	67	43	31	33	27							246
Fail	18	15	6	12	12	3							66
Total	63	82	49	43	45	30							312
Pass Rate	71%	82%	88%	72%	73%	90%							79%

Field Investigation (Non-Sworn)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Assignment for Non-Sworn Field Investigation	N/A												0
Closed													0
Average Days to Close													
Pending													

Field Investigation (Sworn)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Assignment for Sworn Field Investigation	7	8	3	5	4	7							34
Closed	7	5	3	4	7	4							30
Average Days to Close	458	335	197	374	752	709							470.83
Pending	60	64	64	65	63	66							

FY 2011/2012

All Investigations	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
First Assignments	120	147	187	164	60	52							730
Closed	149	122	137	478	91	43							1020
Average Days to Close	94	52	61	367	145	272							165.17
Pending	577	616	665	366	349	358							

All Investigations Aging	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Up to 90 Days	129	96	120	208	68	22							643
91 to 180 Days	5	20	6	6	7	6							50
181 Days to 1 Year	7	3	9	6	6	8							39
1 to 2 Years	4	3	2	173	9	3							194
2 to 3 Years	1	0	0	85	0	1							87
Over 3 Years	3	0	0	0	1	3							7

Enforcement Actions

This section DOES NOT include subsequent discipline on a license. Data from complaint records combined/consolidated into a single case will not appear in this section.

	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
AG Cases Initiated	11	2	3	4	7	8							35
AG Cases Pending	92	86	84	84	83	84							
SOIs Filed	0	0	1	0	0	0							1
Accusations Filed	0	0	2	7	3	4							16

ACC Decisions/Stips	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Prop/Default Decisions	0	0	1	0	2	0							3
Stipulations	2	2	2	2	1	0							9

SOI Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
SOI Final Orders (Dec/Stips)	1	0	0	0	1	0							2
Average Days to Complete	630	0	0	0	446	0							179.33

ACC Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
ACC Final Orders (Dec/Stips)	2	2	3	2	3	3							15
Average Days to Complete	312	469	384	1382	680	815							673.67

Total Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Total Final Orders (Dec/Stips)	3	2	3	2	4	3							17
Total Average Days to Complete	418	469	384	1382	622	815							681.67

Total Orders Aging	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Up to 90 Days	0	0	0	0	0	0							0
91 to 180 Days	0	0	0	0	0	0							0
181 Days to 1 Year	2	1	1	0	0	0							4
1 to 2 Years	1	1	2	0	3	1							8
2 to 3 Years	0	0	0	0	1	2							3
Over 3 Years	0	0	0	2	0	0							2

Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Final Orders (Proposed Decisions, Default Decisions, Stipulations)	3	2	3	2	4	3							17
Average Days to Complete*	418	469	384	1382	622	815							681.67

Citations	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Final Citations	31	27	51	25	25	7							166
Average Days to Complete*	39	53	57	81	147	286							110.5

*The hike in the average days to complete for the months of Nov & Dec are due to 1 case being a "2009" and 4 were "2011".

Other Legal Actions	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Interim Suspension Orders/PC 23	0	1	0	1	1	1							4

Probation	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Entered Probationer	0	0	0	0	0	2							
Completed Probation						4							
Entered Maximus						2							
Completed Maximus						0							
Non-Compliant						0							

Performance Measures	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
PM1 Volume	115	126	169	158	50	40							
PM1 Conv/Arrest Rpts Volume	13	17	19	11	14	10							
PM2 Cycle Time - Intake	3	3	3	4	4	4							
PM3 Cycle Time-No Discipline	36	45	56	370	84	136							
PM 4 Cycle Time-Discipline	418	383	384	1029	453	617							

PM1: VOLUME

Number of Complaints Received within the specified time period.

PM2: CYCLE TIME-INTAKE

Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE (Target 90 Days)

Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE (Target 540 Days)

Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

Physical Therapy Board of California

Performance Measures

Q2 Report (October - December 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

Volume

Number of complaints and convictions received.

Q2 Total: 283

Complaints: 248 Convictions: 35

Q2 Monthly Average: 94



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 9 Days

Q2 Average: 4 Days



Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 90 Days

Q2 Average: 318 Days

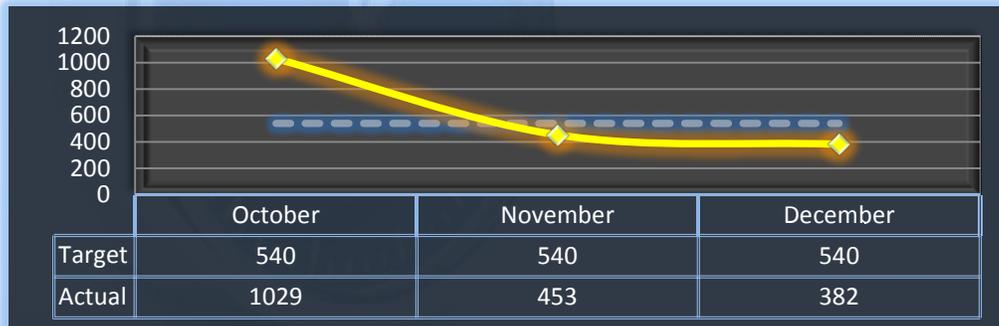


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 569 Days



Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q2 Average: 1 Day



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q2 Average: N/A

The Board did not handle any probation violations this quarter .

The following is a list of disciplinary actions taken by the Physical Therapy Board of California, in **November, December 2012, and January 2013**. The Decisions become operative on the Effective Date, with the exception of situations where the licensee has obtained a court ordered stay. Stay orders do not occur in stipulated decisions, which are negotiated settlements waiving court appeals.

Copies of Accusations, Decisions, or Citations may be obtained by visiting our website at www.ptbc.ca.gov. In addition to obtaining this information from our website, you may also request it by telephone, fax, or mail. Please address your request to:

Physical Therapy Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 561-8200/ FAX (916) 263-2560

Physical Therapy Board of California Disciplinary Summary



November 2012

BARTON, CRAIG (PT 24386)

Accusation Filed 03/03/11. Violation of B & P Codes: 2660(d) Conviction of Criminal Offense, 2236 Conviction of Criminal Offense, 2239 Self-Use of Drugs or Alcohol, 2660(h) Violating the Code. Stipulated Settlement and Disciplinary Order Effective 11/02/12, Revocation Stayed, 3 Yrs. Prob., or until successfully discharged from drug and alcohol recovery monitoring program plus 1 year; whichever is longer.

GANNON, BERNADETTE (19151)

Accusation Filed 01/07/09. Amended Accusation Filed 02/22/10. Violation of B & P Codes: 2234(a) Violation B & P Code, 2239(a) Unlawful Use or Prescribing, 2660(d) Conviction of Criminal Offense, 2660(e) Impersonating an Applicant, 2660(f) Habitual Intemperance, 2660(h) Violating the Code. Stipulated Settlement and Disciplinary Order Effective 09/28/10, Revocation, Stayed, 5 Yrs. Prob. Accusation and Petition to Revoke Probation Filed 06/30/11. Decision After Non-Adoption Effective 11/19/12, License Revoked

SIFLING, WILLIAM (PT 33545)

Violation of B & P Code: 480 Grounds for Denial of Licensure. Initial Probationary License Issued 03/10/07, 4 Yrs. Prob. Petition to Revoke Probation Filed 11/23/11. Violation of B & P Codes: 141 Discipline Action by Others, and 2660(h) Violating the Code. Proposed Decision Effective 11/03/12.pdf, License Revoked.

December 2012

CARR, JOHN RICHARD (PT 23605)

Accusation Filed 02/28/12. Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Conviction of Criminal Offense, 2660(h) Violating the Code, 2661 Conviction of a Crime. Stipulated Settlement and Disciplinary Order Effective 12/06/12, License Revoked.

KOPULSKY, ADAM (AT 10012)

Violation of B & P Code: 480 Grounds for Denial of License. Initial Probationary License Issued 12/12/12. 3 Years Prob., or Diversion Plus 1 Year; whichever is longer.

ORTIZ, FRANKLIN (PT 39785)

Violation of B & P Code: 480 Grounds for Denial of License. Initial Probationary License Issued 12/19/12. 3 Years Prob., or Diversion Plus 1 Year; whichever is longer.

109 **RONCHELLI, MARK (AT 4381)**
110 Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and
111 Fine Ordered 11/30/12. Citation Paid in Full 12/06/12.
112
113 **SAY, LAURA (PT 32234)**
114 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h)
115 Violating the Code. Citation and Fine Ordered 12/12/12. Citation Paid in Full 12/31/12.
116
117 **SAYAO, FREDRIC (PT 37755)**
118 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h)
119 Violating the Code. Citation and Fine Ordered 11/30/12. Citation Paid in Full 12/13/12.
120
121 **STAGG, AHMAD (PT 33700)**
122 Violation of B & P Code: 2660(d) Convict of Criminal Offense. Citation and Fine Ordered 11/26/12. Citation Paid
123 in Full 12/17/12.
124
125 **TRINIDAD, BRIANA (PT 34084)**
126 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h)
127 Violating the Code. Citation and Fine Ordered 11/26/12. Citation Paid in Full 12/17/12.
128
129 Violation of CCR: 1398.6 Filing of Address
130 Citations Paid in Full December 2012
131
132 BELCHER, AMI (PT 21127)
133 BLUNCK, ERIN (AT 6463)
134 HUSTON, SAMUEL (AT 3686)
135 JACKSON, STEVEN (PT 33662)
136 STEBBINS, JON (AT 1919)
137 THOMAS, ERWIN (PT 23903)
138 WILSON, MARIA (PT 21944)
139

January 2013

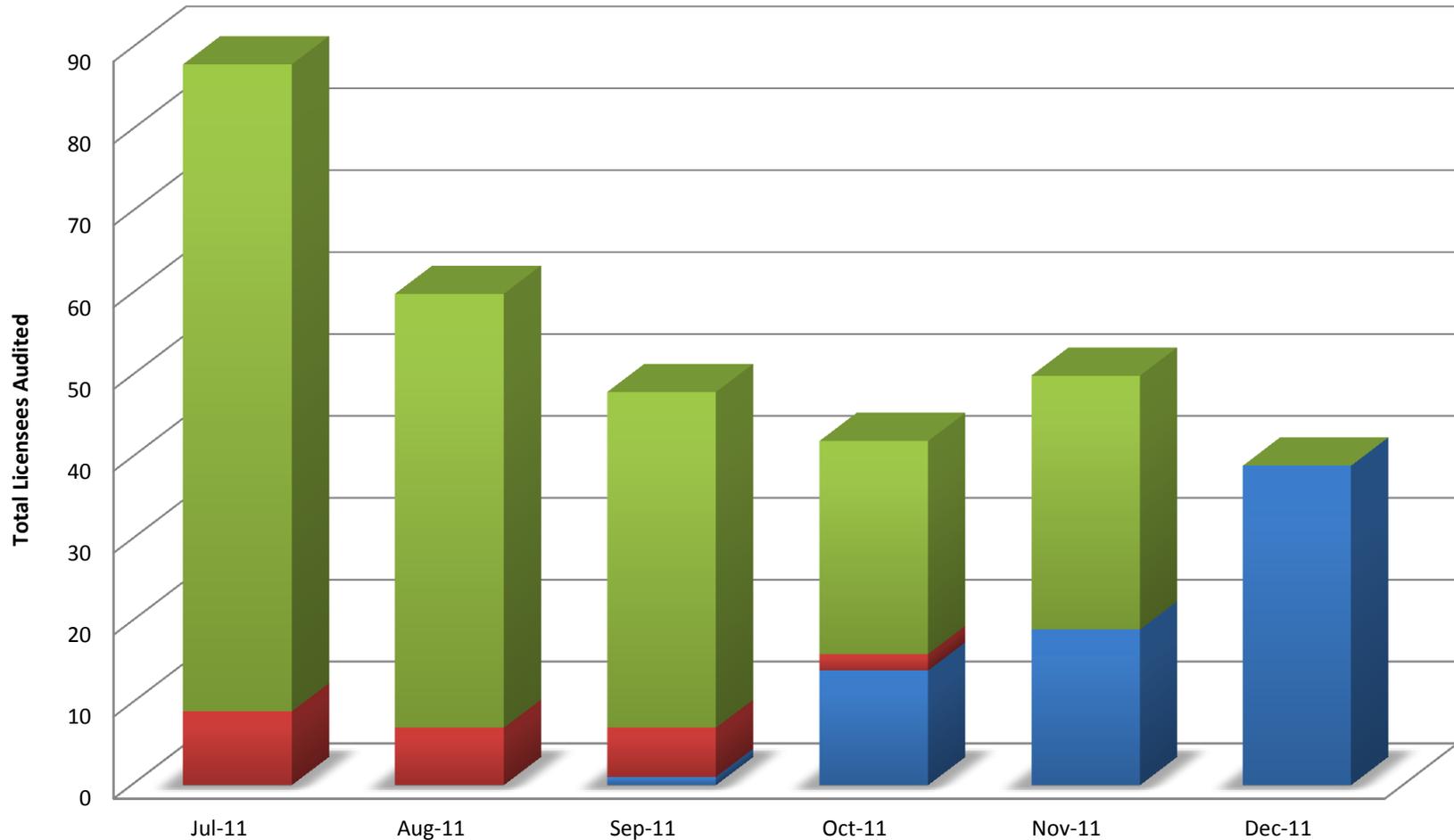
141
142 **HIGGS, SEAN (AT 3954)**
143 Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and
144 Fine Ordered 12/12/12. Citation Paid in Full 01/07/13.
145
146 **TOCK, CHRISTOPHER (AT 8064)**
147 Violation of CCR: 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 12/19/12. Citation Paid in
148 Full 01/08/13.
149
150 **WITKIEWICZ, PATTI (PT 19782)**
151 Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and
152 Fine Ordered 11/30/12. Citation Paid in Full 01/10/13.
153

Glossary of Terms

154
155
156 B & P Code – Business and Professions Code
157 H & S Code – Health and Safety Code
158 R & R – Rules and Regulations
159 CCR – California Code Regulations
160 Accusations: Charges and allegations, which still must undergo rigorous tests of proof at later administrative
161 hearings.
162 Citation & Fine: An alternative means to address relatively minor violations that are not discipline in order to
163 protect the public. Citations and Fine Orders are not disciplinary actions, but are matters of public record.

164
165 Petition to Revoke Probation: A Petition to Revoke Probation is filed when a licensee is charged with violation of a
166 prior disciplinary decision.
167
168 Probationary License: Where good cause exists to deny a license, the licensing agency has the option to issue a
169 conditional license subject to probationary terms and conditions.
170
171 Statement of Issues Filed: When an applicant for licensure is informed the license will be denied for cause, the
172 applicant has a right to demand a formal hearing, usually before an Administrative Law Judge. The process is
173 initiated by the filing of a Statement of Issues, which is similar to an accusation.
174
175 Surrender of License: License surrenders are accepted in lieu of further proceedings.
176
177 Statement of Issues Decision: These are decisions rendered after the filing of a Statement of Issues.
178
179 Stipulated Decision: Negotiated settlements waiving court appeals.

Continuing Competency Audits 2011



	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
Pass	79	53	41	26	31	0
Fail	9	7	6	2	0	0
Pending	0	0	1	14	19	39

[AB 1588](#)

(Atkins D) Professions and vocations: reservist licensees: fees and continuing education.

Current Text: Chaptered: 9/29/2012 [pdf](#) [html](#)

Chapter Number: 742

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

General Summary: Business and Professions Code (B&P) section 114.3, as added by Chapter 742 of the Statutes of 2012, requires boards under the Department of Consumer Affairs (DCA), with certain exceptions, to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met. Except as specified, a licensee or registrant is prohibited from engaging in any activities requiring a license while a waiver is in effect. A licensee or registrant is required to notify the board of his or her discharge from active duty and to meet certain renewal requirements within specified time periods after being discharged from active duty service prior to engaging in any activity requiring a license.

Impact to the Physical Therapy Board of California (Board):

California Code of Regulations (CCR) section 1399.99 provides that the continuing competency renewal requirement may be waived for military service for a period of one year or longer during the renewal period that prevents completion of the continuing competency requirements. The licensee must submit evidence of being absent from California because of military services for one year or longer, and the licensee cannot be granted a continuing competency exemption for two consecutive renewal periods. Should the licensee be unable to complete continuing competency requirements for two consecutive renewal cycles, the licensee may choose to apply for inactive status in which he or she may not practice. Because this exemption was tied to the continuing competency renewal requirement, there is no fee exemption under current regulation.

B&P section 114.3 requires the Board to waive the renewal fee(s), continuing competency requirement and any other renewal requirements. Moreover, for the Board to waive the renewal requirements previously mentioned, the licensee must possess a current and valid license with the Board when called to active duty and be able to provide written documentation substantiating the call to active duty. The waiver shall only apply for the period of time the licensee is serving on active duty. Once the licensee is discharged from active duty, he or she must notify the Board within sixty (60) days that he or she has been discharged, and then the licensee has six (6) months to complete all renewal requirements.

The Board will need to update its regulations and create a waiver form to comply with this statute.

[AB 1896](#)

(Chesbro D) Tribal health programs: health care practitioners.

Current Text: Chaptered: 7/13/2012 [pdf](#) [html](#)

Chapter Number: 119

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

General Summary: B&P section 719, as added by Chapter 119 of the Statutes of 2012, aligns California law with federal law, Public Law 111-148, enacted in 2010, by specifying that a person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from California’s licensing requirements with respect to acts authorized under the practitioner’s license where the tribal health program performs specified services. B&P section 719 was added by Chapter 119 of the Statutes of 2012, and then amended by Chapter 799 of the Statutes of 2012 (SB 1575, Committee on BP&ED) to specify the health care practitioner must possess a current and valid license in other state (emphasis added).

Under previous California law, health care practitioners who provided services at tribal health centers were required to be licensed by the appropriate board under the DCA; however, this was inconsistent with the Patient Protection and Affordable Care Act (PPACA), which exempts these practitioners from licensing requirements in the state in which they practice if they are licensed in another state. As states revamp their health care systems to comply with PPACA, the sponsor indicated this licensure exemption is necessary to avoid confusion and possible litigation. The sponsor cited a federal law suit filed in 2011 by the Ponca Tribe of Nebraska after state officials there ordered one of the tribe’s doctors, who was licensed in Puerto Rico, to stop practice. The tribe withdrew the suit when Nebraska officials determined that the physician and the tribal health center in which she worked fell under federal jurisdiction.

Indian Health Services (IHS) hospitals are accredited by the Center for Medicare and Medicaid Services or The Joint Commission (TJC), an independent, not-for-profit organization that accredits and certifies more than 19,000 health care organizations and programs in the U.S. Accreditation and certification by the TJC is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. Most large clinics and many smaller clinics are accredited by TJC or the Accreditation Association for Ambulatory Health Care. In addition, most youth regional treatment facilities are either accredited by TJC or the Commission on Accreditation of Rehabilitation Facilities.

The Medical Board of California (MBC) met with the California Rural Indian Health Board (CRIHB) regarding consumer protection and complaint resolution alternatives to a California licensing authority. The CRIHB provided the following:

- IHS offers a web-based patient safety adverse event reporting systems called WebCident.
- Tribal Health Program Governing Boards have compliance services, established by the Boards of Directors of Tribal Health Programs. Compliance services include an anonymous hotline for complaints operated by the United Indian Health Service, an option to file a complaint, which may be investigated and if applicable, disciplinary or corrective action can be taken.
- The Federal Tort Claims Act, which allows parties claiming to have been injured by negligent actions of employees of the U.S. to file claims against the federal government. This encompasses negligent acts of Tribal contractors carrying out contracts, grants, or cooperative agreements.
- Licensing Boards in other states that issued the practitioner license.

Sponsor: California Rural Indian Health Board

Impact to the Board: The Board shall not require a practitioner who holds a current and valid license in another state and is practicing as authorized in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. Sec. 450 et. seq.) to comply with the Board’s licensing requirements, or regulate these practitioners.

[AB 1904](#)

(Block D) Professions and vocations: military spouses: expedited licensure.

Current Text: Chaptered: 9/20/2012 [pdf](#) [html](#)

Chapter Number: 399

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

General Summary: B&P section 115.5, as added by Chapter 399 of the Statutes of 2012, requires boards within the DCA to expedite the licensure process for an applicant who holds a license in the same profession or vocation in another jurisdiction and is married to, or in a legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

Impact to the Board: This requirement is to expedite processes the Board already has in place; therefore, the Board does not need to add or amend regulations, but instead update its application form for above-mentioned applicants to identify themselves, and establish internal procedures to ensure compliance.

[AB 2343](#)

(Torres D) Criminal history information.

Current Text: Chaptered: 9/7/2012 [pdf](#) [html](#)

Chapter Number: 256

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

General Summary: Existing law requires the Department of Justice (DOJ) to maintain California summary criminal history information, including the identification and criminal history of any person, such as his or her name, date of birth, physical description, fingerprints, photographs, dates of arrest, arresting agencies and booking numbers, charges, dispositions, and similar data about the person. Existing law requires the DOJ to furnish this information in response to a request from certain authorized agencies, organizations, or individuals that need the information to fulfill employment, certification, or licensing duties. Chapter 256 of the Statutes of 2012 clarifies that certain of those provisions refer to California summary criminal history information that is initially furnished to those authorized agencies, organizations, or individuals, for those purposes; and, requires that, when state or federal summary criminal history information is furnished pursuant to those provisions, the authorized agency, organization, or individual shall furnish a copy of the information to the person to whom the information relates if the information is a basis for an adverse

employment, licensing, or certification decision.

Impact to the Board: If the Board initiates enforcement action against a licensee, or denies an applicant licensure based upon a Criminal Offender Record Information (CORI) report, the Board must provide the licensee or applicant a copy of the CORI report.

[AB 2570](#)
Supported

(Hill D) Licensees: settlement agreements.

Current Text: Chaptered: 9/25/2012 [pdf](#) [html](#)

Chapter Number: 561

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

General Summary: B&P section 143.5, as added by Chapter 561 of the Statutes of 2012, prohibits a licensee who is regulated by the DCA or various boards, bureaus, or programs, or an entity or person acting as an authorized agent of a licensee, from including or permitting to be included a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program, or that requires the other party to withdraw a complaint from the DCA, board, bureau, or program, except as specified. A licensee in violation of these provisions is subject to disciplinary action by the board, bureau, or program. Additionally, a board, bureau, or program is prohibited from requiring its licensees in a disciplinary action that is based on a complaint or report that has been settled in a civil action to pay additional moneys to the benefit of any plaintiff in the civil action.

Impact to the Board: The Board is required enforce the prohibition on confidentiality agreements (also referred to as “gag clauses”) in settlements involving licensees. B&P section 143.5, subdivision (d) provides an exemption to the prohibition by authorizing programs, upon petition filed by a licensee or agent of a licensee, to adopt a regulation that would allow for certain confidentiality agreements in settlements. Should the Board receive a petition such as this, staff would work with legal counsel on how to proceed.

Also, The Board is prohibited from requiring a licensee to pay additional sums of money to a consumer if the consumer and licensee have agreed to a settlement that is satisfactory to the consumer; however, there is no effect to the Board since it currently does not have jurisdiction to order restitution.

[SB 1099](#)

(Wright D) Regulations.

Current Text: Chaptered: 9/11/2012 [pdf](#) [html](#)

Chapter Number: 295

2 Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

General Summary: The Administrative Procedure Act generally sets forth the requirements for the adoption, publication, review, and implementation of regulations by state agencies. The act specifically provides that a regulation or order of repeal required to be filed

with the Secretary of State shall become effective on the 30th day after the date of filing, subject to certain exceptions. Chapter 295 of the Statutes of 2012 instead provides that a regulation or order of repeal is effective on January 1, April 1, July 1, or October 1, as specified, with certain exemptions. Moreover, the regulatory filing agency must provide notification of newly adopted and repealed regulations, as specified.

Impact to the Board: Prior to January 1, 2013, regulations typically took effect thirty (30) days after they were filed with the Secretary of State (SOS). Chapter 295 of the Statutes of 2012 now provides a regulatory effective date schedule, which is as follows:

<u>Date Filed</u>	<u>Effective Date</u>
September 1 st – November 30 th	January 1 st
December 1 st – February 29 th	April 1 st
March 1 st – May 31 st	July 1 st
June 1 st – August 31 st	October 1 st

Therefore, Board regulatory changes filed with the SOS after January 1, 2013 will take effect pursuant to the above schedule. Also, the Board must post, within fifteen (15) days of filing with the SOS, the adopted or repealed regulation on its website where it shall remain for no less than six (6) months; and, within five (5) days of this posting, the Board shall provide the Office of Administrative Law (OAL) the website link to the adopted or repealed regulation so that the OAL may post it on its website as well.

SB 1236
Supported

(Price D) Professions and vocations.

Current Text: Chaptered: 9/14/2012 [pdf](#) [html](#)

Chapter Number: 332

2Year Dead	Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
	1st House				2nd House							

General Summary: Chapter 332 of the Statutes of 2012 extends the operation of a number of provisions and makes conforming changes in that regard.

Impact to the Board: B&P section 2602 which establishes the Board for the purpose of enforcing and administering the Physical Therapy Practice Act, and in which contains sunset language for the Board, was scheduled to sunset July 1, 2013. The July 1, 2013 sunset language was repealed and the Board was extended until January 1, 2014. The Board will undergo its Sunset review this year. The Assembly Committee on Business, Professions and Consumer Protection (BP&CP) will be participating in the Sunset review process with the Senate Committee on BP&ED as they are preparing to resume involvement in the Sunset review process. The joint hearings are scheduled for March 11th and 18th, at which the committees will hear fifteen (15) boards; staff does not have a confirmation as to which date the Board will be heard.

1 Business and Professions Code Section 2674 (SB 543, Steinberg, 2011)
2

3 **2674.** (a) Notwithstanding any other provision of law, no physical therapist shall be
4 subject to discipline by the board for providing physical therapy services as a
5 professional employee of a professional corporation as described in subdivision (a), (b),
6 or (k) of Section 13401.5 of the Corporations Code.
7

8 (b) Nothing in this section shall be construed to imply or suggest that a physical
9 therapist providing physical therapy services as a professional employee of a
10 corporation as described in subdivision (a), (b), or (k) of Section 13401.5 of the
11 Corporations Code is in violation of or compliance with the law.

12 (c) This section shall remain in effect only until January 1, 2013, and as of that date is
13 repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes
14 or extends that date.

15 Corporations Code Section 13401.5

16 **13401.5.** Notwithstanding subdivision (d) of Section 13401 and any other provision of
17 law, the following licensed persons may be shareholders, officers, directors, or
18 professional employees of the professional corporations designated in this section so
19 long as the sum of all shares owned by those licensed persons does not exceed 49
20 percent of the total number of shares of the professional corporation so designated
21 herein, and so long as the number of those licensed persons owning shares in the
22 professional corporation so designated herein does not exceed the number of persons
23 licensed by the governmental agency regulating the designated professional
24 corporation:
25

26 (a) Medical corporation.

- 27 (1) Licensed doctors of podiatric medicine.
- 28 (2) Licensed psychologists.
- 29 (3) Registered nurses.
- 30 (4) Licensed optometrists.
- 31 (5) Licensed marriage and family therapists.
- 32 (6) Licensed clinical social workers.
- 33 (7) Licensed physician assistants.
- 34 (8) Licensed chiropractors.
- 35 (9) Licensed acupuncturists.
- 36 (10) Naturopathic doctors.
- 37 (11) Licensed professional clinical counselors.

38 (b) Podiatric medical corporation.

- 39 (1) Licensed physicians and surgeons.
- 40 (2) Licensed psychologists.
- 41 (3) Registered nurses.
- 42 (4) Licensed optometrists.
- 43 (5) Licensed chiropractors.

- 1 (6) Licensed acupuncturists.
- 2 (7) Naturopathic doctors.
- 3
- 4 (c) Psychological corporation.
- 5 (1) Licensed physicians and surgeons.
- 6 (2) Licensed doctors of podiatric medicine.
- 7 (3) Registered nurses.
- 8 (4) Licensed optometrists.
- 9 (5) Licensed marriage and family therapists.
- 10 (6) Licensed clinical social workers.
- 11 (7) Licensed chiropractors.
- 12 (8) Licensed acupuncturists.
- 13 (9) Naturopathic doctors.
- 14 (10) Licensed professional clinical counselors.
- 15
- 16 (d) Speech-language pathology corporation.
- 17 (1) Licensed audiologists.
- 18
- 19 (e) Audiology corporation.
- 20 (1) Licensed speech-language pathologists.
- 21
- 22 (f) Nursing corporation.
- 23 (1) Licensed physicians and surgeons.
- 24 (2) Licensed doctors of podiatric medicine.
- 25 (3) Licensed psychologists.
- 26 (4) Licensed optometrists.
- 27 (5) Licensed marriage and family therapists.
- 28 (6) Licensed clinical social workers.
- 29 (7) Licensed physician assistants.
- 30 (8) Licensed chiropractors.
- 31 (9) Licensed acupuncturists.
- 32 (10) Naturopathic doctors.
- 33 (11) Licensed professional clinical counselors.
- 34
- 35 (g) Marriage and family therapist corporation.
- 36 (1) Licensed physicians and surgeons.
- 37 (2) Licensed psychologists.
- 38 (3) Licensed clinical social workers.
- 39 (4) Registered nurses.
- 40 (5) Licensed chiropractors.
- 41 (6) Licensed acupuncturists.
- 42 (7) Naturopathic doctors.
- 43 (8) Licensed professional clinical counselors.
- 44
- 45 (h) Licensed clinical social worker corporation.
- 46 (1) Licensed physicians and surgeons.

- 1 (2) Licensed psychologists.
- 2 (3) Licensed marriage and family therapists.
- 3 (4) Registered nurses.
- 4 (5) Licensed chiropractors.
- 5 (6) Licensed acupuncturists.
- 6 (7) Naturopathic doctors.
- 7 (8) Licensed professional clinical counselors.
- 8
- 9 (i) Physician assistants corporation.
- 10 (1) Licensed physicians and surgeons.
- 11 (2) Registered nurses.
- 12 (3) Licensed acupuncturists.
- 13 (4) Naturopathic doctors.
- 14
- 15 (j) Optometric corporation.
- 16 (1) Licensed physicians and surgeons.
- 17 (2) Licensed doctors of podiatric medicine.
- 18 (3) Licensed psychologists.
- 19 (4) Registered nurses.
- 20 (5) Licensed chiropractors.
- 21 (6) Licensed acupuncturists.
- 22 (7) Naturopathic doctors.
- 23
- 24 (k) Chiropractic corporation.
- 25 (1) Licensed physicians and surgeons.
- 26 (2) Licensed doctors of podiatric medicine.
- 27 (3) Licensed psychologists.
- 28 (4) Registered nurses.
- 29 (5) Licensed optometrists.
- 30 (6) Licensed marriage and family therapists.
- 31 (7) Licensed clinical social workers.
- 32 (8) Licensed acupuncturists.
- 33 (9) Naturopathic doctors.
- 34 (10) Licensed professional clinical counselors.
- 35
- 36 (l) Acupuncture corporation.
- 37 (1) Licensed physicians and surgeons.
- 38 (2) Licensed doctors of podiatric medicine.
- 39 (3) Licensed psychologists.
- 40 (4) Registered nurses.
- 41 (5) Licensed optometrists.
- 42 (6) Licensed marriage and family therapists.
- 43 (7) Licensed clinical social workers.
- 44 (8) Licensed physician assistants.
- 45 (9) Licensed chiropractors.
- 46 (10) Naturopathic doctors.

- 1 (11) Licensed professional clinical counselors.
- 2
- 3 (m) Naturopathic doctor corporation.
- 4 (1) Licensed physicians and surgeons.
- 5 (2) Licensed psychologists.
- 6 (3) Registered nurses.
- 7 (4) Licensed physician assistants.
- 8 (5) Licensed chiropractors.
- 9 (6) Licensed acupuncturists.
- 10 (7) Licensed physical therapists.
- 11 (8) Licensed doctors of podiatric medicine.
- 12 (9) Licensed marriage and family therapists.
- 13 (10) Licensed clinical social workers.
- 14 (11) Licensed optometrists.
- 15 (12) Licensed professional clinical counselors.
- 16
- 17 (n) Dental corporation.
- 18 (1) Licensed physicians and surgeons.
- 19 (2) Dental assistants.
- 20 (3) Registered dental assistants.
- 21 (4) Registered dental assistants in extended functions.
- 22 (5) Registered dental hygienists.
- 23 (6) Registered dental hygienists in extended functions.
- 24 (7) Registered dental hygienists in alternative practice.
- 25
- 26 (o) Professional clinical counselor corporation.
- 27 (1) Licensed physicians and surgeons.
- 28 (2) Licensed psychologists.
- 29 (3) Licensed clinical social workers.
- 30 (4) Licensed marriage and family therapists.
- 31 (5) Registered nurses.
- 32 (6) Licensed chiropractors.
- 33 (7) Licensed acupuncturists.
- 34 (8) Naturopathic doctors.



Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

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Agenda Item # 12

Briefing Paper

Date: February 13, 2014

Prepared for: PTBC Members

Prepared by: Donald A. Chu Ph.D., PTBC

Subject: Reviewing and identifying the implications of a patient's current medications not being within the scope of practice of the physical therapist.

Purpose: In response to this question in the area of practice "issues" the PT Board Staff, with only one professional member of the Board (Board President Debrah Alviso) determined that this activity is outside the scope of practice for the Physical Therapist. No discussion was held before the entire Board and none of the other professional members of the Board were consulted. This ruling has created a general uproar within the PT community since this type of activity is taught with PT curriculums and is tested for on the National Physical Therapy Examination (NPTE) by the Federation of State Boards of Physical Therapy (FSBPT) and are expected behaviors by a professional healthcare practitioner in the area of Physical Therapy. It is felt that the full Board both public and professional members should have input on this topic along with the general public.

Background: In August of 2012 a decision was rendered by Board Staff and the acting Board President that the ability to review and identify the implications of a patient's current medications is not within the scope of practice for the Physical Therapist.

Analysis:

1. Presentation of the question, issue, problem and clarification.
2. Pharmacology and the NPTE
3. FSBPT Supervised Clinical Practice Performance Evaluation Tool
4. Sample Entry Level DPT Curriculum

5. **Sample Current Course outline in Clinical Pharmacology**
 6. **CEU courses available in Pharmacology**
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Action Requested:

Withdraw the decision that reviewing and identifying the implications of a patient's current medications is not within the scope of practice of the physical therapist.

Documentation supporting the withdrawal of the decision that reviewing and identifying the implications of a patient's current medications is not within the scope of practice of the physical therapist.

Pg. 1- Question, Issue, Problem, Clarification

Pg. 4- Pharmacology and the NPTE

Pg. 10- FSBPT Supervised Clinical Practice Performance Evaluation Tool

Pg. 18- Sample Entry Level DPT Curriculum

Pg. 23- Sample Current Course Outline in Clinical Pharmacology

Pg. 31- CEU Courses Available in Pharmacology

Question

Issue

Problem

Clarification



The Question: Is it within the scope of practice for physical therapist's to review and interpret medical records including the review, identification and implications of current medications taken by their patients?

The Issue: In response to this question on practice issues, the staff determined that this is not within the scope of practice of the licentiates within the State of California.

This then became a published response by the California Chapter of the American Physical Therapy Association for all practitioners and consumers to see.

The Problem: Save the fact that the President was apparently part of the decision making process, none of the other professional members or public members of the Physical Therapy Board were consulted as to their opinion on the matter. The decision was reached amongst the PT Board administrative staff, legal counsel and the President. This decision effectively renders California's Licentiates in breach of their responsibilities when it comes to fulfilling a duty judged by Medicare to be usual and customary. By so doing, Medicare is within their rights to withhold reimbursement from physical therapists that do not render these services. This review is required by Medicare when Physical Therapists open cases for patients requiring home health physical therapy.

Further clarification: The Federation of State Boards of Physical Therapy (FSBPT) is the body to which all state boards belong to and look to for guidance in various matters of practice. The FSBPT in their Supervised Clinical Practice Performance Evaluation Tool Section 23 Reviews and Interprets medical records; 23.1 Interprets diagnostic and laboratory test results and 23.2 Integrates information from specialty reports or consultations into clinical decision making. Further, in Section 24 Reviews and Identifies the Implications of Current Medications; 24.1 Considers the physiologic effects of current medications and PT treatment implications, 24.2 Identifies purpose and rehabilitation implications of medications.

Since this type of activity is taught within PT Curricula, tested on the National Physical Therapy Examination (NPTE), an expected competency by the Federation of State Boards of Physical Therapy (FSBPT), and is expected behavior by the professional

physical therapist the decision appears to be out of context and was made without enough research before being issued. The Physical Therapist is prepared to make these types of assessments and to use this type of information in clinical decision making. Without doing so, the patient has not been comprehensively evaluated especially in light of how medications can influence the safe rendering of physical therapy interventions

The Requested Action: To withdraw the decision that reviewing and identifying the implications of a patient's current medications are not within the scope of practice of the Physical therapist. This will free the Board of the stigma that we are somehow limiting the earning power of our licentiates and putting them in a position where they are at odds with federal guidelines and mandates.

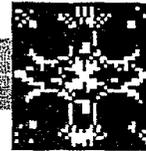
The Result: This will allow California's Physical Therapists to continue to make decisions in the best interest of their patients and the public at large while practicing in a manner in which best practices can be utilized in clinical decision making. Furthermore, it will allow California's physical therapists to be operating within the guidelines established by Medicare so that they may effectively be reimbursed for the services they render.

Donald A. Chu PhD.,PT
Physical Therapy Board of California, Professional member
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Pharmacology

And the

NPTE



As you know, the development of the NPTE begins with a thorough practice analysis. That process begins with the Practice Analysis Task Force discussing current and emerging practice areas. The Practice Analysis Task Force considers things such as CAPTE requirements, trends in entry-level education and changes in the work settings as they develop survey questions to be administered as part of the Practice Analysis. There are actually 2 surveys created and administered:

- The Work Activities survey (which is sent to clinicians with 0-3 years of experience),
- The Knowledge and Skills survey (which is sent to experience clinicians asking what the entry-level clinicians need to know to safely and effectively perform the work activities).

The questions on the Work Activities survey asked about the frequency and importance for safe and effective care. The Knowledge and Skills survey asked about importance for safe and effective care as follows:

&&&

Once the survey was created, it was sent to thousands of individuals and then the Practice Analysis Task Force reviews the responses. The responses to the surveys guides the Practice Analysis Task Force when creating the test content outlines.

You should also know that pharmacology is not a new area on the NPTE. The test content outline developed in 2008 included the following area:

- Pharmacology as related to the ___ system (Cardiovascular/pulmonary, musculoskeletal, neuromuscular/nervous, integumentary, metabolic and endocrine)
- Polypharmacy as it relates to multi-system involvement

As for the most recent practice analysis, which will be the basis of examinations beginning in 2013, further information can be found on our website:

<https://www.fsbpt.org/ForCandidatesAndLicensees/NPTE/ExamDevelopment/index.asp> (click on "PT Final Report" for the full practice analysis, or "PT Content Outline" under the heading of **Content Outlines In Effect January 2013**).

Knowledge statements regarding pharmacology included on the content outline include:

- Knowledge of pharmacological management of the cardiovascular/pulmonary system
- Knowledge of pharmacological management of the musculoskeletal system
- Knowledge of pharmacological management of the neuromuscular/nervous system
- Knowledge of pharmacological management of the integumentary system
- Knowledge of pharmacological management of the metabolic and endocrine systems
- Knowledge of pharmacological management of the gastrointestinal system
- Knowledge of pharmacological management of the genitourinary system
- Knowledge of pharmacological management of multiple systems, including polypharmacy

It should be noted that knowledge of pharmacological management of the lymphatic system was excluded by the Practice Analysis Task Force because they felt the knowledge is beyond entry-level. The Task Force could not generate relevant examples of pharmacological management specific to the lymphatic system (in other words,



medications that only impacted the lymphatic system without impacting the cardiovascular system)

Work activities (activities performed by PTs with 0-3 years experience) that made the cut included:

- Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to...
 - ...establish prior and current level of function
 - ...establish general health status (e.g., fatigue, fever, malaise, unexplained weight change)
 - ...identify risk factors and needs for preventative measures
 - ...identify patient/client's, family/caregiver's goals
 - ...determine if patient/client is appropriate for PT

- Interpret each of the following types of data to determine the need for intervention or the response to intervention:

cardiovascular/pulmonary system

lymphatic system

neuromuscular system

vestibular system

musculoskeletal system

integumentary system

anthropomorphic

Genitourinary

assistive and adaptive device

environmental, home, and work/job/school/play barriers

ergonomics and body mechanics

gait, locomotion, and balance

orthotic, protective, and supportive device

Pain

prosthetic requirements

ADLs and home management

imaging, lab values, medications

- Recommend topical agents (e.g., pharmacological to physician, over-the-counter to patient) and dressings (e.g., hydrogels, negative pressure wound therapy, wound coverings)

I know I just provided a lot of information, please feel free to contact me with any further questions you might have.

Richard Woolf, PT, DPT, CSCS

Assessment Content Manager

Federation of State Boards of Physical Therapy

FSBT
Supervised Clinical Practice
Performance Evaluation Tool

**FSBPT
Supervised Clinical Practice
Performance Evaluation Tool**

- 1. Practices in a manner that is safe for the patient**
 - 1.1. Responds appropriately in emergency situations
 - 1.2. Recognizes and responds to unexpected changes in patient's physiological condition
 - 1.3. Utilizes Universal Precautions and Infection Control measures
 - 1.4. Prepares and maintains a safe physical environment
 - 1.5. Checks equipment prior to use

- 2. Practices in a manner that is safe for self**
 - 2.1. Prepares and maintains a safe physical environment
 - 2.2. Asks for physical assistance when needed
 - 2.3. Utilizes Universal Precautions and infection control measures
 - 2.4. Anticipates potentially unsafe situations and takes preventative measures to prevent harm to self and others

- 3. Understands role of the physical therapist in the US HC system**
 - 3.1. Practices autonomously
 - 3.2. Establishes a diagnosis
 - 3.3. Collaborates with other members of the healthcare team

- 4. Displays a positive and professional attitude**
 - 4.1. Willingly accepts responsibility for actions and outcomes
 - 4.2. Demonstrates initiative and responds to requests in helpful and prompt manner
 - 4.3. Follows through on tasks
 - 4.4. Actively seeks out learning opportunities

- 5. Utilizes support personnel with appropriate supervision**
 - 5.1. Understands skill level of support personnel
 - 5.2. Understands supervision laws, supervision ratios

- 6. Solicits input on performance from supervisors and others to identify strengths and weaknesses**
 - 6.1. Collaborates with supervisor to address areas of weakness
 - 6.2. Initiates improvement plan for areas of weakness
 - 6.3. Admits mistakes and takes immediate action to correct the problem
 - 6.4. Changes practice behaviors in response to feedback from others
 - 6.5. Accepts constructive feedback

- 7. Demonstrates sensitivity to individual and cultural differences when engaged in physical therapy practice**
 - 7.1. Is respectful of the cultural, socioeconomic, spiritual and ethnic diversity differences of patients and co-workers
 - 7.2. Adjusts to personality differences of colleagues, staff and patients

- 8. Maintains professional demeanor and appearance**
 - 8.1. Dresses appropriately and follows organizational dress code

- 9. Demonstrates time management skills and uses clinic resources effectively**
 - 9.1. Completes documentation in a timely manner
 - 9.2. Uses unscheduled time productively

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- 9.3. Use supplies and materials judiciously
- 10. Manages conflict with colleagues, staff and patients**
 - 10.1 Negotiates resolution to conflict
 - 10.2 Acts as patient advocate as appropriate
- 11. Demonstrates English Language proficiency in speaking**
 - 11.1 Effective use of grammar and vocabulary
 - 11.2 Demonstrates good use of basic and complex grammatical structure
 - 11.3 Demonstrates proper use and knowledge of medical terminology
 - 11.4 Demonstration correct stress and rhythm and intonation of speech
 - 11.5 English pronunciation is clear to the listener
- 12. Demonstrates English Language proficiency in reading**
 - 12.1 Understands what is reported in written form and is able respond appropriately
 - 12.2 Extracts relevant information from the medical record
 - 12.3 Accurately Interprets professional literature
- 13. Demonstrates English Language proficiency in writing**
 - 13.1 Writes English in complete sentences as needed
 - 13.2 Understands and correctly interprets what is written by others
 - 13.3 Written communication skills permit patients, families and caregivers to understand what was written
 - 13.4 Written communication skills permit co-workers and other health care professionals to understand what was written
 - 13.5 Demonstrates proper use and knowledge of medical terminology
- 14. Demonstrate English Language proficiency in listening**
 - 14.1. Asks clarifying question to ensure understanding
- 15. Establishes rapport and interacts respectfully with colleagues, patients, and staff**
 - 15.1. Appropriate use of eye contact
 - 15.2. Respect for personal space
- 16. Adheres to the recognized standards of ethics of the physical therapy profession**
 - 16.1. Recognizes and reports violation of ethical practice to appropriate authority
 - 16.2. Provides accurate and truthful information and does not makes statements that are fraudulent or misleading
 - 16.3. Does not document fraudulent or misleading information
- 17. Demonstrates knowledge of federal laws and rules applicable to physical therapy**
 - 17.1 Complies with Americans with Disabilities Act
 - 17. 2 Complies with HIPAA
- 18. Demonstrates knowledge of state laws and rules applicable to physical therapy**
 - 18.1. Complies with jurisdictional Practice Act and Rules
 - 18.2. Complies with supervision requirements for assistive personnel
- 19. Demonstrates knowledge of facility's policies and procedures**
 - 19.1. Obtains informed consent
 - 19.2. Protects confidentiality of patient information including use of electronic medical record

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- 20. Demonstrates knowledge of third party payer policies and requirements**
20.1. Takes out of pocket cost to the patient into consideration when establishing a plan of care
20.2. Considers the cost to third party payers and public resources in the provision of healthcare
20.3. Gives consideration to patient's insurance benefits and other resources and writes Plan of Care accordingly
20.4. Provides meaningful treatment within allotted timeframe
- 21. Maintains professional boundaries between self and patients**
21.1. Demonstrates knowledge that patient/provider relationship is therapeutic only and is not social or emotional in nature
21.2. Demonstrates knowledge that relationship with patients excludes friendship and sexual or business relationship.
- 22. Completes full and accurate patient interview/history**
22.1. Interviews patient and/or appropriate care givers
22.2. Establishes chief complaint and reason for referral to physical therapy
22.3. Establishes prior and current level of function
22.4. Differentiates relevant from irrelevant information provided in the subjective report
22.5. Gathers operative reports, physician notes or other medical test results to optimize clinical decision making
- 23. Reviews and interprets medical records**
23.1. Interprets diagnostic and laboratory test results.
23.2. Integrates information from specialty reports or consultations into clinical decision making
- 24. Reviews and identifies the implications of current medications**
24.1. Considers the physiologic effects of current medications and PT treatment implications
24.2. Identifies purpose and rehabilitation implications of medication
- 25. Appropriately selects tests and measurements related to the chief complaint**
25.1. Seeks referral for additional tests when indicated
25.2. Selects special tests and measurements to establish a diagnosis
- 26. Performs Tests & Measures: Anthropomorphic**
26.1. Measures body dimensions such as height, weight, girth, segment length
26.2. Assesses atrophy
26.3. Quantifies edema
- 27. Performs Tests & Measures: Arousal, Attention, & Cognition**
27.1. Assesses ability to process commands
27.2. Assesses expressive and receptive skills
27.3. Assesses orientation to time, person, place, and situation
27.4. Assesses memory and retention
- 28. Performs Tests & Measures: Assistive & Adaptive Devices**
28.1. Assesses need for assistive or adaptive devices and equipment
28.2. Assesses fit, function and safety of assistive or adaptive devices and equipment
- 29. Performs Tests & Measures: Nerve Integrity**
29.1. Selects and perform tests of neural provocation

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Supervised Clinical Practice
Performance Evaluation Tool**

- 29.2. Examines cranial nerves
- 29.3. Examines proprioception, pain, touch, and temperature
- 29.4. Examines deep tendon reflexes

- 30. Performs Tests & Measures: Environmental & Community Integration/Reintegration**
 - 30.1. Assesses activities of daily living, transfers and functional mobility
 - 30.2. Assesses Community barriers and integration

- 31. Performs Tests & Measures: Ergonomics, Body Mechanics, & Posture**
 - 31.1. Select and perform tests of specific work conditions or activities
 - 31.2. Assess body mechanics during activity
 - 31.3. Assess postural alignment and position (static and dynamic)

- 32. Performs Tests & Measures: Gait, Locomotion & Balance**
 - 32.1. Assess gait and locomotion and balance during functional activities

- 33. Performs Tests & Measures: Integumentary Integrity**
 - 33.1. Assess skin characteristics
 - 33.2. Assess wound characteristics
 - 33.3. Assess scar tissue characteristics

- 34. Performs Tests & Measures: Joint Integrity & Range of Motion**
 - 34.1. Select and perform tests of joint stability, joint mobility, range of motion and flexibility

- 35. Performs Tests & Measures: Motor Function**
 - 35.1. Assess muscle tone, tone, coordination, movement patterns and postural control.

- 36. Performs Tests & Measures: Muscle Performance**
 - 36.1. Selects and performs tests of muscle strength, power, and endurance (e.g., manual muscle test, isokinetic testing, dynamic testing)

- 37. Performs Tests & Measures: Neuromotor Development & Sensory Integration**
 - 37.1. Assesses acquisition and evolution of motor skills
 - 37.2. Selects and performs tests of sensorimotor integration
 - 37.3. Selects and performs tests of developmental reflexes and reactions

- 38. Performs Tests & Measures: Orthotic, Protective, Assistive, & Prosthetic Devices**
 - 38.1. Assesses the need for devices
 - 38.2. Assesses the alignment, fit and effectiveness of devices

- 39. Performs Tests & Measures: Pain**
 - 39.1. Assesses pain location, intensity and characteristics

- 40. Performs Tests & Measures: Functional Scales**
 - 40.1. For example: Functional Independence Measure, DASH, Tinetti Gait and Balance

- 41. Evaluation and Assessment: Performs and Documents the Clinical Assessment of the patient**
 - 41.1. Appropriately Interprets data collected in History, Systems Review and Tests & Measures

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- 42. Establishes A Diagnosis for Each Patient**
 - 42.1. Assigns a diagnosis based on evaluation/assessment
 - 42.2. Considers differential diagnoses
 - 42.3. Utilize the diagnostic process to organize and interpret data from the examination

- 43. Plan of Care: Develops and documents goals based on Impairments, Functional Limitations and Disability Identified During the Examination**
 - 43.1. Solicits patient input in the development of goals
 - 43.2. Writes goals that are measurable and functional

- 44. Plan of Care: Selects and documents interventions based on Impairments, Functional Limitations, Disability and Available Resources, as Related to the Chief Complaint**
 - 44.1. Justifies selected interventions

- 45. Plan of Care: Determines amount, frequency and duration of intervention**
 - 45.1. Considers diagnosis, patient payment, third party payer regulations and patient's ability to participate when determining treatment schedule

- 46. Interventions: Therapeutic Exercise**
 - 46.1. Instructs in conditioning, strength, stretching, coordination
 - 46.2. Modifies exercise based on patient response
 - 46.3. Instructs in task specific performance

- 47. Interventions: Functional Training**
 - 47.1. Instructs in Instrumental Activities of Daily Living (IADL)
 - 47.2. Instructs in Activities of Daily Living (ADL)
 - 47.3. Instructs in gait and locomotion
 - 47.4. Instructs in bed mobility, transfers, wheelchair management and ambulation
 - 47.5. Trains patient in use of orthotic, protective, assistive, & prosthetic devices

- 48. Interventions: Manual Therapy Techniques**
 - 48.1. Performs joint and soft tissue mobilization

- 49. Interventions: Wound Care**
 - 49.1. Performs debridement, apply topical and physical agents and dressings
 - 49.2. Instructs in inspection and protection of wound and skin

- 50. Interventions: Physical Agents**
 - 50.1. Applies Heat, Ice and Electrical Stimulation
 - 50.2. Heeds Indications, Contra-Indications and Precautions
 - 50.3. Modifies Physical Agent Based on Patient Response
 - 50.4. Applies mechanical traction

- 51. Intervention: Patient Education**
 - 51.1. Effectively communicates evaluation findings, therapy diagnosis and plan of care to patient, caregiver/family

- 52. Performs Reevaluations at Appropriate Intervals**
 - 52.1. Performs re-examination based on patient status
 - 52.2. Identifies barriers affecting patient progress

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Performance Evaluation Tool**

- 52.3. Documents progress to date, justifies continuation of services, and writes new goals and updates the plan of care as needed
- 53. Discharges or Discontinues the patient from Physical Therapy Services**
- 53.1. Determines when patient is no longer benefiting from physical therapy services
53.2. Anticipates discharge or discontinuation of services and take appropriate and timely action
53.3. Provides follow-up or referral as appropriate
53.4. Documents summary of care, final patient status and reason for discharge or discontinuation of services
- 54. Charges Submitted for Payment are Supported by the Documentation**
- 54.1. Charges for services are supported by time spent with patient and documented interventions
54.2. Submits patient charges in timely manner
- 55. Maintains a record of all clinical care provided**
- 55.1. Obtains authorization for physical therapy services as required by insurance or facility
55.2. Documentation Meets Federal, State and Facility Requirements
55.3. Documentation supports the need for skilled physical therapy services
55.4. Obtains certification and/or re-certification of Plan of Care as required by insurance
- 56. Documentation establishes a link between identified problems and intervention provided**
- 56.1. Documented objective findings supports the use of chosen interventions
56.2. Documentation of services reflects medical necessity of physical therapy services
- 57. Documentation Provides Sufficient Information to Allow for Another Therapist to Assume Care of the Patient**
- 57.1. Documentation is complete, legible and accurate
57.2. Diagnosis, reasons for treatment and interventions provided are clearly described
57.3. Rationale for the provision of intervention clearly delineated in the record
- 58. Documents Communication with Healthcare Providers Family and Caregivers**
- 58.1. Documents contacts, conversations, phone calls with and emails from healthcare providers, family and caregivers
- 59. Demonstrates Sound Clinical Decision Making**
- 59.1. Provides evidence based rationale for selected examination techniques and treatment interventions
59.2. Locates, appraises and assimilates evidence from scientific studies and relevant resources
59.3. Requests consultation and makes referral as indicated
59.4. Seeks help when knowledge boundaries are reached and prior to continuation of care
- 60. Assigns Appropriate Diagnostic Code**
- 60.1. Assigns ICD 9/ICD 10 codes for chief complaint
60.2. Assigns ICD 9/ICD 10 codes for secondary morbidities
- 61. Assigns Appropriate CPT Codes**
- 61.1. Demonstrates understanding of timed verses untimed codes
61.2. Demonstrates understanding of Medicare Eight Minute Rule
61.3. Uses modifiers as appropriate
61.4. Understands concept of one on one therapy
- 62. Understands the payment systems relative to the clinical setting**

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- 62.1. Skilled nursing facility: RUGS, Qualifying Minutes of Therapy, Skilled verses Unskilled Services
- 62.2. Acute care: Diagnosis related groups
- 62.3. Inpatient rehabilitation: IRF-Patient Assessment Instrument, Requirement for intensity of care - 3 Hour Rule
- 62.4. Home health care: OASIS, Episode of Care, Recertification Period
- 62.5. Outpatient rehabilitation: CPT Codes, 8 minute rule, timed verses untimed code, certification/recertification of the plan of care

Sample
Entry Level
DPT Curriculum

University of California, San Francisco | About UCSF | Search UCSF | UCSF Medical Center | UCSF Directory | UCSF School of Medicine

Physical Therapy and Rehabilitation Science

EDUCATION RESEARCH PATIENT CARE ABOUT US MAKE A GIFT

EDUCATION

- Entry-level DPT
 - Prospective Students
 - Curriculum
 - Clinical Education
 - Current Students
 - Tuition & Fees
 - Calendars & Schedules
 - FAQs
- DPTSc
- Continuing Education
- Alumni
- Faculty Bios

Entry-level Doctor of Physical Therapy (DPT)

Overview

The Entry-level Doctor of Physical Therapy (DPT) degree is a 3 year program (36 continuous months beginning in June) including 32 weeks of full-time clinical affiliations. This program is designed to prepare scholarly clinicians, educators, collaborative clinical researchers, administrative managers and community leaders. The program accepts 42-50 students each year.



The curriculum is built on a strong theoretical foundation in basic, medical and applied sciences. Critical thinking and clinical reasoning skills are developed within an integrated program that prepares students to work collaboratively with patients across the lifespan to improve health and wellness, address disability challenges, and optimize function. Graduates excel in the National Licensing Examination and are considered top applicants for positions in physical therapy practice. A complete list of the program's [goals and outcomes](#) can be found here.

Learn more about the [role of a physical therapist](#).

Accreditation

The University of California, San Francisco (UCSF) and San Francisco State University (SFSU) are both accredited by the Western Association of Schools and Colleges (WASC). The Doctor of Physical Therapy Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Commission on Accreditation in Physical Therapy Education

1111 North Fairfax Street
 Alexandria, VA 22314
 phone: (703) 706-3245
 email: accreditation@apta.org
 website: <http://www.capteonline.org>

Non-Discrimination Policy

UCSF

It is the policy of the University of California, San Francisco to provide equal employment opportunities to all individuals without regard to race, color, religion, national origin, ancestry, marital status, sex, sexual orientation, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), age (over 40), citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994).

SFSU

Race, Color, Ethnicity, National Origin, Age and Religion

The California State University complies with the requirements of Title VI and Title VII of the Civil Rights Act of 1964, as well as other applicable federal and state laws prohibiting discrimination. No person shall, on the basis of race, color, ethnicity, national origin, age, or religion be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination in any program of the California State University.

Disability

The California State University does not discriminate on the basis of disability in admission or access to, or treatment or employment in, its programs and activities. Federal laws, including sections 504 and 508 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended, and various state laws prohibit such discrimination.

Sex/Gender

The California State University does not discriminate on the basis of sex, gender or sexual orientation in the educational programs or activities it conducts. Title IX of the Education Amendments of 1972 and certain other federal and state laws prohibit discrimination on these bases in education programs and activities operated by San Francisco State University. Such programs and activities include admission of students and employment.

HIV/AIDS Policy

Students and employees with HIV/AIDS shall be afforded unrestricted classroom attendance, working conditions, use of university facilities, and participation in co-curricular and extra-curricular activities as long as they are physically and psychologically able to do so.





EDUCATION	
Entry-level DPT	
Prospective Students	
Curriculum	
Clinical Education	
Current Students	
Tuition & Fees	
Calendars & Schedules	
FAQs	
DPTSc	
Continuing Education	
Alumni	
Faculty Bios	

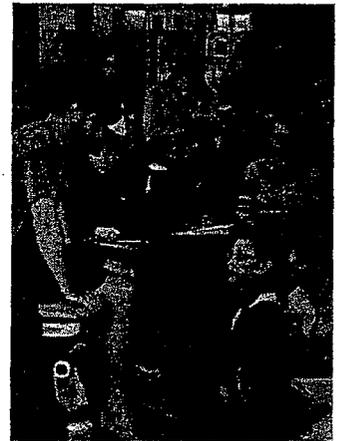
Curriculum

On this page:

- DPT Curriculum Overview
- Curriculum Outline

DPT Curriculum Overview

The Entry-level Doctor of Physical Therapy (DPT) program is jointly offered by the University of California, San Francisco (UCSF) and San Francisco State University (SFSU). The degree is a 3-year program (36 continuous months beginning in June) including 32 weeks of full-time clinical education experiences. This program is designed to prepare scholarly clinicians, educators, collaborative clinical researchers, administrative managers and community leaders. The program accepts 42-50 students each year.



The curriculum is built on a strong theoretical foundation in basic, medical and applied sciences. Critical thinking and clinical reasoning skills are developed within an integrated program that prepares students to work collaboratively with patients across the lifespan to improve health and wellness, address disability challenges, and optimize function.

Through dynamic learning experiences, students integrate the basic foundations of science into different paradigms and the treatment of patients with movement dysfunctions. Supplementing the didactic coursework are research experiences and structured clinical clerkships. Learn more about the [clinical education](#) curriculum.

The program concludes with a [culminating experience and qualifying assessment](#).

DPT students must be able to carry out the responsibilities required of a general physical therapist. Learn more about the [technical standards](#) and [generic abilities](#) required of physical therapists.

Curriculum Outline

Individual course descriptions can be found in the [UCSF Course Catalog](#) and the [SFSU Bulletin](#).

Year One

School	Course	Quarter Units	Semester Units
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*Students enter clinics on a part-time basis in the fall, winter, and spring terms. Students must enroll in PT 410 in the fall and then either in the winter OR spring.

Year Two

School	Course	Quarter Units	Semester Units
SUMMER SESSION			

School	Course	Quarter Units	Semester Units
UCSF	Anat 207 Neuroscience	5	
UCSF	PT 251 Research Design	3.5	
SFSU	PT 801 Clinical Clerkship I		6
	FALL SESSION		
UCSF	PT 111 Neurology & Rehab Diag/Treatment	3	
UCSF	Biostat 183 Biostatistical Methods I	4	
UCSF/ SFSU	PT 206/899 Application of Principles of Learning**	3	2
SFSU	PT 704 Education, Health Promotion, Wellness & Prevention in PT		2
SFSU	PT 710 Neurological Pathokinesiology I		4
SFSU	PT 735 Psychosocial Issues in Rehab Science		3
	WINTER SESSION		
UCSF	PT 210 Radiology for Physical Therapists	2	
UCSF	PT 419 Mentored Clinical Research	2	
	SPRING SESSION		
UCSF	PT 419 Mentored Clinical Research	2	
SFSU	PT 705 Administration & Organization in PT		2
SFSU	PT 711 Neurological Pathokinesiology II		3
SFSU	PT 736 Ecological & Organizational Issues in Rehab		3
SFSU	PT 743 Musculoskeletal Pathokinesiology III		3

**Students must enroll in either PT 206 at UCSF for 3 quarter units or PT 899 at SFSU for 2 semester units in either the fall, winter, or spring term.

Year Three

School	Course	Quarter Units	Semester Units
	SUMMER SESSION		
UCSF	PT 400a Grand Rounds	1	
SFSU	PT 802 Clinical Clerkship II		6
SFSU	PT 803 Clinical Clerkship III		6
	FALL SESSION		
UCSF	PT 209 Evidence Based Practice in PT	3	
UCSF	PT 212a Muscle & Nerve Biology	1.5	
UCSF	PT 213 Movement Science	3	
UCSF	PT 400b Grand Rounds	1	
UCSF	PT 419 Mentored Clinical Research	3	
SFSU	PT 920 Case Reports		5
	WINTER SESSION		
UCSF	PT 207 Medical Screening for Physical Therapists	4.5	
UCSF	PT 400c Grand Rounds	1	
SFSU	PT 418 Mentored Clinical Clerkship	9	
	SPRING SESSION		
UCSF	PT 212b Muscle & Nerve Biology	1.5	

School	Course	Quarter Units	Semester Units
UCSF	PT 419 Mentored Clinical Research	2	
SFSU	PT 908 Professional Colloquium		1
SFSU	PT 910 Evidence Based Practice		4
	Grand Total	184.5	123

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Sample
Current Course outline
in Clinical Pharmacology

USC DIVISION OF BIOKINESIOLOGY AND PHYSICAL THERAPY
PT 539 Clinical Pharmacology - Fall 2012

Course Director:	Marisa Perdomo, PT, DPT	perdomo@usc.edu
Course Faculty:	Michael S. Simpson, PT, DPT Jesus Dominguez, PhD, PT Didi Matthews, DPT, NCS	mssimpson@usc.edu jdomingu@usc.edu dillibe@usc.edu
Teaching Assistant:	Sooyeon Sun	sooyeons@usc.edu
Guest Lecturer:	Doug Vanderbilt, MD Assistant Professor of Clinical Pediatrics/CHLA Didi Matthews, DPT Assistant Professor of Clinical Physical	
Office Hours:	Chapter Video Review: every Friday 9 am location TBA By appointment	
Pre-requisites:	None	
Course Schedule:	Lecture/Case Presentation: Thursdays (11:00-11:55) in G-15	
Credits:	1 unit	

Course Description

This course will present the primary drug classes, their pharmacokinetic effects and their physiologic effects across the lifespan. Drugs will be grouped according to their class and family name. Special emphasis will be placed on drugs that are commonly used in individuals receiving physical therapy. This course will address: 1) the interaction between drug therapy and physical therapy interventions, 2) the therapeutic (beneficial) and adverse side effects that drugs have and 3) their impact on rehabilitation. This course will also emphasize the integration of drug effects with the clinical decision thought process that each physical therapist must perform in order to determine if physical therapy is appropriate, a medical consult is needed or if physical therapy is not appropriate for an individual receiving physical therapy.

Teaching Methods and Experience

This course will utilize a variety of teaching methods which includes, lecture, class and small group discussions, video power-point presentations, a learner-centered case based process, independent study and utilization of technology (i-Pad, phone apps, computer based searches etc) to encourage student preparation, integration and application of pharmacokinetic principles and dynamics to develop appropriate physical therapy interventions. Self-directed study through required readings from the textbook and completion of the assigned clinical case scenarios is imperative to successful participation in the 1 hour weekly class discussion. Communication may also be provided via email or blackboard.

This course has several invited content experts. There may be instances when the course schedule and assignments must adapt to the content expert schedule and result in a change in the course schedule. Students will be informed via class announcements and via BLACKBOARD as soon as possible.

General Course Objectives

At the completion of the course, the student will be able to:

1. Define the components of pharmacokinetics, pharmacodynamics and pharmacotherapeutics and describe each of these components for the assigned classes of drugs.
2. Integrate pharmacokinetic principles with pharmacodynamics, and judge how drug effects are influenced by their administration, absorption, distribution, storage, and metabolism in the human body.
3. Understand the effects of treatment modalities on drug absorption and distribution.
4. Compare and contrast general categories of drugs that are used therapeutically to treat specific problems in the body.
5. Compare and contrast the physiological mechanisms by which individual drugs affect the different organ systems in the body.
6. Evaluate drug side effects, and differentiate these side effects from the symptoms of the patient's disease(s).
7. Recognize potential impact of drug side effects or adverse drug reactions and the effect they may have on a patient's ability to participate with physical therapy.
8. Assess situations where drug levels are too high versus too low (i.e., increased drug toxicity versus decreased efficacy).
9. Judge the potential for harmful interactions between specific drugs and various physical therapy interventions.
10. Choose physical therapy interventions in accordance with the patient's drug regimen (i.e. timing of rehab session with drug peaks/valleys).
11. Perform an appropriate web based search for a given drug and integrate the information obtained to the case scenario.

Required Text: Pharmacology in Rehabilitation. 4th Edition. Ciccone, CD. Davis, Company, Philadelphia 2007.

Required Apps Medscape or Micromedex or Medline Plus
www.usc.edu/nml
By Subject then select M then select Mobile Devices then select Drug Apps
Website: www.nlm.nih.gov

Supplementary Resources:

Campbell, S. (2006) *Physical Therapy for Children*. Saunders Elsevier.
Hillegass & Sadowsky, *Essentials of Cardiopulmonary Physical Therapy*. Saunders.
Basic and Clinical Pharmacology (10th Edition) available on line via USC Norris Medical Library.
(http://www.usc.edu/e_resources/hsl/gateways/9596.php)
ePocrates PDA resources on line via USC Norris Medical Library.

Additional readings may be required throughout the semester. These readings will be placed on reserve and accessible for a limited time. Notification of any additional daily readings will be included on Blackboard under Announcements or Assignments.

Student Performance Evaluation:

Course grades will be determined by the following:

Class participation and preparedness	10 %
Clinical Cases Portfolio/Priming Assignments	40 %
Final Examination	50 %

Grading Scale used will be:

Passing grades:		Non-passing grades:	
93 - 100	A	70 - 72	C-
90 - 92	A-	67 - 69	D+
87 - 89	B+	63 - 66	D
83 - 86	B	60 - 62	D-
80 - 82	B-	< 60	F
77 - 79	C+		
73 - 76	C		

Note that a grade of C- is considered a failing grade in the Graduate School. Each student is responsible for reading and understanding the University and Departmental policies on grading,

consequences for failure, reconciliation of grades, and remediation options; see the University Catalog, SCampus, and Departmental Student Handbook for more detailed explanation.

STATEMENT OF ACADEMIC INTEGRITY

The USC Division of Biokinesiology and Physical Therapy has maintained a commitment to the highest standards of ethical conduct and academic excellence. We expect all students to be honest and forthright in their academic studies. Students are expected to avoid:

- plagiarism (the use of the words or ideas of others that are not appropriately cited),
- unauthorized collaboration (using the work of another student or collaborating on assignments that are to be completed independently),
- cheating in an examination (using unauthorized materials during exams),

All work submitted in this course must be your own and produced exclusively for this course. For the consequences of academic dishonesty, refer to SCampus for university policies on student conduct (<http://www.usc.edu/dept/publications/SCAMPUS/gov/>). Violations will be taken seriously and may result in an "F" for the course, suspension, and or expulsion. If you are in doubt regarding the requirements, please consult with the course director before you complete any requirement of the course.

SPECIAL ACCOMODATIONS

Disability Services and Programs (DSP) is dedicated to maintaining an environment that ensures all students with documented disabilities at USC equal access to its educational programs, activities and facilities. The accommodations are designed to level the playing field for students with disabilities, while maintaining the integrity and standards of USC's academic programs. Accommodations are determined on a case-by-case basis. Students who require special accommodations are encouraged to *contact Jill Hopkins Student Affairs Coordinator CHP-155* early in the semester to discuss individual needs. Students will be referred to DSP (ability@usc.edu, www.usc.edu/student-affairs/asn/DSP) to arrange appropriate support services and strategies.

For this course, a letter from DSP must be presented to the Course Director with discussion of individual special accommodations at least 2 weeks prior to the first examination.

PROFESSIONAL BEHAVIOR

Students have an obligation to demonstrate professionalism at all times during the course and related course activities. Professional responsibilities include:

- Preparing thoroughly for class by completing assigned case scenarios and readings.
- Arriving on time to class and prepared to participate fully and constructively in daily course activities.
- Displaying appropriate courtesy, respect, and sensitivity to all involved in the class sessions.

- Cell phones and such personal electronic devices are to be turned off during class.(unless being used for searching pharmacology websites) The use of personal computers is permitted provided it does not interfere with classroom participation. (i.e. surfing the internet, checking email, etc for content that is not related to daily class discussion is not permitted.) Should this become problematic the allowance of the use of personal computers will be reconsidered.

Guidelines for Clinical Case Portfolio

To promote active learning, a variety of clinical case scenarios will be provided. The case scenario or vignettes will allow the student to prepare for class discussion. Students will select a partner, and in pairs will be required to develop a case portfolio incorporating an evidence-based practice approach. Through the corresponding readings and literature search the students will develop and demonstrate clinical reasoning and decision making skills. Each case will consist of a patient presentation and the students must be prepared to discuss and answer the following questions as they pertain to each case:

1. For each medication list the classification, pharmacodynamics and pharmacokinetics (for example mechanism of action, absorption, distribution, elimination, half-life etc) clinical application of the pharmacological principles, common adverse reactions (3-5), and potential interactions.
2. How might the medical diagnosis and medication affect physical therapy interventions and/or movement? List up to 3 specific examples.
3. Locate and appraise a research study on a physical therapy intervention that would be appropriate for this patient. How might the medication regimen impact the intervention for this patient?

Some cases may require additional or different questions. The case portfolio specific for each case will be posted on BLACKBOARD. All case scenarios must be typed using a font of 12, 1.5 spacing, and no longer than 2 pages (unless otherwise stated). The title of the case must be clearly identified on the page; the actual case presentation does not need to be copied. Your answers should be clear, concise, and in bulleted points that will help lead you through the class discussion. Evidence must be cited accordingly. References and outside sources, words and ideas of others, including internet sources must be cited. Please use caution when you "cut and paste". Cases are due at the beginning of each class, please have an additional copy to utilize to participate and take notes during class discussion. It is the responsibility of the student to proof read the case prior to handing the case in to ensure that all the material/questions are answered and printed on the page. **Homework cases will not be accepted after class has started. If you are ill, you must email the course director the case before class begins (11 am on Thursday) or you can ask a classmate to hand in the case as if you were in class.**

CASE TEMPLATE GENERAL EXAMPLE

1. Briefly define and discuss your understanding of the history of present illness/pathology (Hypothesis/Diagnosis).
2. For each medication list the classification, mechanism of action, clinical application, common adverse reactions (3-5), and potential interactions.

Medication: (1)	(2)	(3)
a) Classification		1) 2)
b) Mechanism of action		1) 2)
c) Process of absorption, distribution & elimination		1) 2) 3)
d) Clinical application		1a) 1b) 2)
e) Common Adverse Reactions		1a) 1b) 1c) 2a) 2b) 2c) etc
f) Potential Interactions		1a) 1b) 2a) 2b) etc

3. How might the medical diagnosis and/or the medication affect physical therapy interventions? Movement? List up to 3 specific examples.

a) Intervention/Mvt	Effect:
b) Intervention/Mvt	Effect:
c) Intervention/Mvt	Effect:

4. Locate and appraise (see appraisal checklist) a research study on a physical therapy intervention that would be appropriate for this patient. How might the medication regimen impact the intervention for this patient?

Article Citation (AMA format) and Level of Evidence:	
Intervention Description:	
Impact of Medication on Intervention:	

CEU Courses
Available in
Pharmacology



American Physical Therapy Association..

Home > Search

Search Results

Search Term: All [Advanced Search](#)

Sort By: [Relevance](#) | [Date](#) Showing: 1 - 10 of 100 Page: [1](#) | [2](#) | [3](#) | [4](#) | [5](#) | [Next](#)

- Pharmacology in Rehabilitation: Geriatric Pharmacology**
Issues relevant to geriatric pharmacology will be discussed first, with particular emphasis on why drug effects and adverse reactions are often different in older ...
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org
1 KB
- Audio-Plus Home-Study Course: Pharmacology in Rehabilitation**
Pharmacology in Rehabilitation is part of our new multimedia series of courses that use a lecture format and ... Ciccone, CD: Pharmacology in Rehabilitation, edition 3.
Source: Store
From: Store/Store
71 KB
- Pharmacology in Physical Therapist Practice (.pdf)**
PHARMACOLOGY IN PHYSICAL THERAPIST PRACTICE HOD P06-04-14-14 [Initial HOD 06
- ... Physical therapist patient/client management integrates an understanding of a patient ...
Source: APTA.org
topic: About Us
From: APTA/APTA.org
1 page
- Pharmacology of the Central Nervous System: Sedative-Hypnotic, Antianxiety Drugs, and...**
This course also reviews the basic pharmacology of drugs that affect the CNS, ... addition, this course addresses the pharmacologic management of affective disorders, ...
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org
1 KB
- Pharmacology in Rehabilitation: Cardiovascular and Pulmonary Medications**
Course Type: Online ... Drugs used to control coagulation disorders will then be addressed, followed by the pharmacologic management of hyperlipidemias.
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org
1 KB
- Orthopedics: Real-world Pharmacology: Analgesic, Anti-inflammatory, and Antidepressant...**
This presentation will look at pharmacology from our view- as clinicians working with real people- rather than an academic textbook approach.
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org
1 KB
- Pharmacology in Rehabilitation: Basic Principles**
Description: This content area addresses basic pharmacology concepts including drug nomenclature and how the Food and Drug Administration (FDA) regulates and approves ...
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org
1 KB
- Pharmacologic Management of Parkinson Disease**
Course Type: Online | FA Davis ... Description: This asynchronous online course addresses the idiopathic onset and pharmacologic treatment of Parkinson disease.
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org
1 KB
- Pharmacology in Rehabilitation**
Description: This course will present the primary drug classes and the physiologic ... Special emphasis will be placed on drugs that are commonly used to treat people ...
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org
1 KB
- Pharmacologic Management of Rheumatoid Arthritis and Osteoarthritis**
Representing the two primary pathologic conditions that affect the joints and ... Pharmacologic management plays an important role in the treatment of both disorders.
Source: APTA.org; Learning Center
topic: Careers & Education
From: APTA/APTA.org



American Physical Therapy Association.

Home > Search

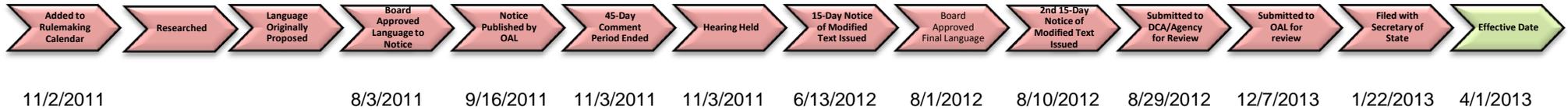
Search Results

Search Term: All Advanced Search

Sort By: [Relevance](#) | [Date](#) Showing: 11 - 20 of 100 Page: [Previous](#) | [1](#) | [2](#) | [3](#) | [4](#) | [5](#) | [Next](#)

- Amyotrophic Lateral Sclerosis: Update on Anatomy, Physiology, Pharmacology, and...**
 Price: \$44.95 Member | \$59.95 Nonmember (subject to change) ... Disease-specific therapy is limited at present to only one approved pharmacological agent, riluzole.
 Source: APTA.org; Learning Center
 topic: Careers & Education
 From: APTA/APTA.org
 2 KB
- Pharmacology in Rehabilitation: Neuromuscular Medications**
 Description: This content area addresses drugs that affect specific neuromuscular ... This content area concludes with psychotropic medications used to treat conditions ...
 Source: APTA.org; Learning Center
 topic: Careers & Education
 From: APTA/APTA.org
 1 KB
- Pharmacology in Rehabilitation: Musculoskeletal Medications**
 Description: This content area addresses drugs that affect the musculoskeletal system. ... Medications used to treat pain and inflammation will be discussed first, with ...
 Source: APTA.org; Learning Center
 topic: Careers & Education
 From: APTA/APTA.org
 1 KB
- Pharmacology in Rehabilitation, 4th Edition**
 Description: This course will present the primary drug classes and the physiologic ... Special emphasis will be placed on drugs that are commonly used to treat people ...
 Source: APTA.org; Learning Center
 topic: Careers & Education
 From: APTA/APTA.org
 1 KB
- Essentials in Physical Therapy: Neuromuscular Essentials: Applying the Preferred...**
 Series editor: Marilyn Moffat, PT, DPT, PhD, FAPTA, CSCS ... Each book provides a brief review of pertinent anatomy, physiology, pathology, pharmacology, and imaging.
 Source: Store
 From: Store/Store
 72 KB
- Essentials in Physical Therapy: Cardiovascular/Pulmonary Essentials: Applying the...**
 328 pages, soft cover ... The book provides a brief review of pertinent anatomy, physiology, pathology, pharmacology, and imaging.
 Source: Store
 From: Store/Store
 72 KB
- Essentials in Physical Therapy/Musculoskeletal Essentials: Applying the Preferred...**
 320 pages, soft cover ... The book provides a brief review of pertinent anatomy, physiology, pathology, pharmacology, and imaging. ... TOPIC Patient/Client Management
 Source: Store
 From: Store/Store
 72 KB
- Essentials in Physical Therapy/Integumentary Essentials: Applying the Preferred...**
 160 pages, soft cover ... The book provides a brief review of pertinent anatomy, physiology, pathology, pharmacology, and imaging. ... TOPIC Patient/Client Management
 Source: Store
 From: Store/Store
 72 KB
- Call for PT Volunteers**
 Physical therapist volunteers are needed in November to teach pharmacology and integumentary courses to physical therapy students in Suriname.
 Source: APTA.org; News Now
 topic: News & Publications
 From: APTA/APTA.org
 363 bytes
- CSM 2013: Pediatrics Programming**
 * Should you choose to preselect sessions during the registration process, please be advised that ... All attendees are encouraged to show up to sessions early.
 Source: APTA.org
 From: APTA/APTA.org
 59 KB

Model Guidelines for Issuing Citations and Imposing Discipline

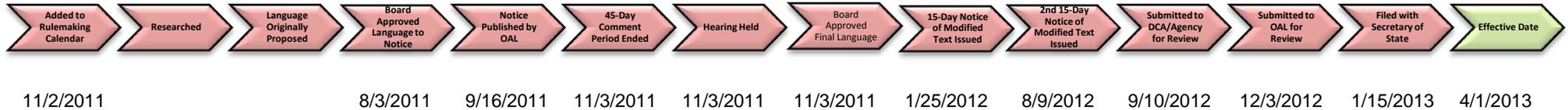


OAL File No.: Z2011-0907-01

Priority: 2011 - 1 (carried over from 2011 calendar)

Notes: A rulemaking file must be completed one year from the date of publication. The deadline to complete this file was September 16, 2012; however, the DCA obtained a 90-day extension on September 14, 2012, on behalf of the Board, from OAL.

Free Sponsored Health Care Events

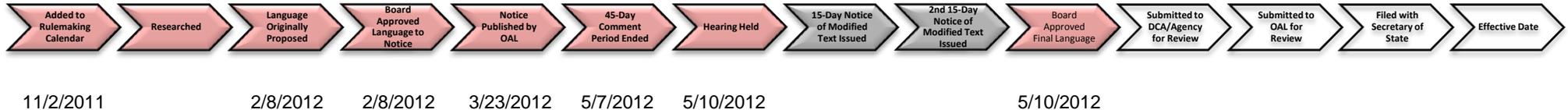


OAL File No.: Z2011-0907-02

Priority: 2011 - 1 (carried over from 2011 calendar)

Notes: Added to comply with AB 2699 (Bass) enacted in 2010 and effective January 1, 2011. A rulemaking file must be completed one year from the date of publication. The deadline to complete this file was September 16, 2012; however, the DCA obtained a 90-day extension on September 12, 2012, on behalf of the Board, from OAL.

Mandatory Fingerprinting



OAL File No.: Z2012-0313-10

Priority: 1(A)

Notes:

Continuing Competency



11/2/2011

OAL File No.: N/A
Priority: 1 (B)
Notes:

Since Continuing Competency is a new program, a full program analysis will be presented once audits have been completed for a full renewal cycle; the analysis will include regulatory change recommendations. However, Heidi Herbst Paakkonen, MPA, from the FSBPT, will be presenting on the FSBPT continuing competency program at the May 2013 PTBC meeting. Continuing competency is on the Board's 2013 Rulemaking Calendar.

Notice to Consumers



11/2/2011

5/8/2012

8/1/2012

9/21/12

11/5/2012

11/8/2012

11/8/2012

OAL File No.: Z2012-0911-05
Priority: 1 (C)
Notes:

Staff is in the process of preparing the file for submission to the DCA for final review.

Delegation Authority for Citation Informal Conferences



11/2/2011

OAL File No.: N/A
Priority: 1 (D)
Notes: This proposal is on the Board's 2013 Rulemaking Calendar

Pathways for Rehabilitation



11/2/2011

OAL File No.: N/A

Priority: 1

Notes: Staff confirmed with legal counsel a regulation is not required to use programs other than the Maximus; this authority is already provided in statute. However, this is a component of the Uniform Standards, which are scheduled to be adopted into regulation pursuant to the Board's 2013 Rulemaking Calendar.

Application and Licensing Services Regulations



11/2/2011

OAL File No.: N/A

Priority: 2

Notes: Staff determined a complete revision of the Application and Licensing regulations is needed. A task force of staff members and legal counsel will be established to conduct a review of the current regulations. Staff added this to the Board's 2013 Rulemaking Calendar.

Required E-mail Filing



11/2/2011

5/8/2012

8/1/2012

9/21/2012

11/5/2012

11/8/2012

1/2/2013

OAL File No.: Z2012-0911-06

Priority: 2

Notes: There were no comments received on the modified text from the November meeting; therefore, the language does not need to come back before the Board. Staff is in the process of preparing the file for submission to the DCA for final review.

NPTE Passing Score



11/2/2011

OAL File No.: N/A

Priority: 2

Notes: This proposal is incorporated with the Application and Licensing Services regulations on the Board's 2013 Rulemaking Calendar.

Office Location



11/2/2011

OAL File No.: N/A

Priority: 3

Notes: Section 100 change – does not require full rulemaking process.

Processing Times

- At the last meeting of each calendar year, the Board adopts its Rulemaking Calendar for the following year; the meeting date is the “Added to Rulemaking Calendar” date.
- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action.
- The DCA is allowed thirty (30) calendar days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty (30) working days to review the rulemaking file.
- Pursuant to Government Code section 11343.4 as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

<u>Date Filed</u>	<u>Effective Date</u>
September 1 st – November 30 th	January 1 st
December 1 st – February 29 th	April 1 st
March 1 st – May 31 st	July 1 st
June 1 st – August 31 st	October 1 st

**Physical Therapy Board of California
2013 RULEMAKING CALENDAR**

SCHEDULE A: PROPOSED REGULATIONS IMPLEMENTING STATUTES ENACTED DURING THE YEAR 2012

Subject:		CCR Title & Sections Affected:		Statute(s) Being Implemented:			
Responsible Agency Unit:		Contact Person & Phone Number:		Projected Dates:			
				Notice Published:	Public Hearing:	Adoption by your agency:	To OAL for review:

At this time, the Physical Therapy Board of California (Board) has not identified a need to promulgate regulations implementing statutes enacted during the year 2012.

**Physical Therapy Board of California
2013 RULEMAKING CALENDAR**

SCHEDULE B: PROPOSED REGULATIONS IMPLEMENTING STATUTES ENACTED PRIOR TO THE YEAR 2012

Subject: Review and/or Update of All Application and Licensing Regulations		CCR Title & Sections Affected: Title 16, Division 13.2, Section(s) specifically identified: 1398.21, 1398.21.1, 1398.22, 1398.23, 1398.24, 1398.25, 1398.26, 1398.26.5, 1398.27, 1398.28, 1398.42, 1398.47, 1399.10, 1399.12 TBD section number – processing time for applicants completing application process, TBD section number – establishing exam scores		Statute(s) Being Implemented: Business and Professions (B&P) Code, Division 2, Chapter 5.7, Articles 3-4.5	
Responsible Agency Unit: Application and Licensing Services	Contact Person & Phone Number: Liz Constancio (916) 561-8274	Projected Dates:			
		Notice Published: 6/4/2013	Public Hearing: 8/7/2013	Adoption by your agency: 8/7/2013	To OAL for review: 9/2013

Subject: Continuing Competency		CCR Title & Sections Affected: Title 16, Division 13.2, Article 13		Statute(s) Being Implemented: B&P Code, Division 2, Chapter 5.7, Section 2676	
Responsible Agency Unit: Continuing Competency	Contact Person & Phone Number: Jason Kaiser (916) 561-8278	Projected Dates:			
		Notice Published: 12/2013	Public Hearing: 2/2014	Adoption by your agency: 2/2014	To OAL for review: 4/2014

**Physical Therapy Board of California
2013 RULEMAKING CALENDAR**

Subject: Delegation Authority for Citation Informal Conferences (Cite and Fine)		CCR Title & Sections Affected: Title 16, Division 13.2, Section 1399.29		Statute(s) Being Implemented: B&P Code, Division 1, Chapter 1, Sections 125.9			
Responsible Agency Unit: Consumer Protection Services	Contact Person & Phone Number: Elsa Ybarra (916) 561-8262	Projected Dates:					
		Notice Published: 3/5/2012	Public Hearing: 5/8/2013	Adoption by your agency: 5/8/2013	To OAL for review: 7/2013		

Subject: Uniform Standards		CCR Title & Sections Affected: Title 16, Division 13.2, Section(s) to be Determined		Statute(s) Being Implemented: B&P Code, Division 2, Chapter 5.7, Sections 2663, 2665 and 2666.			
Responsible Agency Unit: Consumer Protection Services	Contact Person & Phone Number: Elsa Ybarra (916) 561-8262	Projected Dates:					
		Notice Published: 6/4/13	Public Hearing: 8/7/2013	Adoption by your agency: 8/7/2013	To OAL for review: 9/2013		

Subject: Evaluation Elements		CCR Title & Sections Affected: Title 16, Division 13.2, Section(s) to be Determined		Statute(s) Being Implemented: B&P Code, Division 2, Chapter 5.7, Section 2620			
Responsible Agency Unit: Administrative Services	Contact Person & Phone Number: Sarah Conley (916) 561-8210	Projected Dates:					
		Notice Published: 3/5/2013	Public Hearing: 5/8/2013	Adoption by your agency: 5/8/2013	To OAL for review: 7/2013		

**Physical Therapy Board of California
2013 RULEMAKING CALENDAR**

Subject: Physical Therapy Business Requirements		CCR Title & Sections Affected: Title 16, Division 13.2, Section(s) to be Determined		Statute(s) Being Implemented: B&P Code, Division 2, Chapter 5.7, Article 8	
Responsible Agency Unit: Administrative Services	Contact Person & Phone Number: Sarah Conley (916) 561-8210	Projected Dates:			
		Notice Published: 9/3/2013	Public Hearing: 11/6/2013	Adoption by your agency: 11/6/2013	To OAL for review: 2/2014

Subject: Telehealth		CCR Title & Sections Affected: Title 16, Division 13.2, Section(s) to be Determined		Statute(s) Being Implemented: B&P Code, Division 2, Chapter 5, Section 2290.5 B&P Code, Division 2, Chapter 5.7, Section 2620	
Responsible Agency Unit: Administrative Services	Contact Person & Phone Number: Sarah Conley (916) 561-8210	Projected Dates:			
		Notice Published: 9/3/2013	Public Hearing: 11/6/2013	Adoption by your agency: 11/6/2013	To OAL for review: 2/2014

Subject: Mandatory Fingerprinting		CCR Title & Sections Affected: Title 16, Division 13.2, Section(s) to be determined		Statute(s) Being Implemented: B&P Code, Division 2, Chapter 5.7, Sections 2634 and 2635	
Responsible Agency Unit: Administrative Services	Contact Person & Phone Number: Liz Constancio (916) 561-8274	Projected Dates:			
		Notice Published: 9/3/2013	Public Hearing: 11/6/2013	Adoption by your agency: 11/6/2013	To OAL for review: 2/2014

**Physical Therapy Board of California
2013 RULEMAKING CALENDAR**

Subject: Office Location		CCR Title & Sections Affected: Title 16, Division 13.2, Section 1398.1		Statute(s) Being Implemented:	
Responsible Agency Unit: Administrative Services	Contact Person & Phone Number: Sarah Conley (916) 561-8210	Projected Dates:			
		Notice Published: 6/2013	Public Hearing: N/A	Adoption by your agency: N/A	To OAL for review: 8/2013

Physical Therapy Board of California
2013 RULEMAKING CALENDAR

Report on the status of all uncompleted rulemaking described on previous calendars:

Abandonment of Applications

CCR Section(s) Affected: Title 16, Division 13.2, Section(s) 1398.21, 1398.21.1, 1398.22, 1398.23

Status: Proposal Inactive – Reintroduced on 2013 Rulemaking Calendar as a part of the review of the application and licensing regulations.

Application of Foreign Educated Physical Therapists and Clinical Services Requirements

CCR Section(s) Affected: Title 16, Division 13.2, Section(s) 1398.26.5

Status: Proposal Inactive – Reintroduced on 2013 Rulemaking Calendar as a part of the review of the application and licensing regulations.

Continuing Competency

CCR Section(s) Affected: Title 16, Division 13.2, Article 13, Section(s) 1399.90-1399.98

Status: Proposal Inactive – Reintroduced on 2013 Rulemaking Calendar.

Establish NPTE Passing Score

CCR Section(s) Affected: Title 16, Division 13.2, Section(s) to be determined

Status: Proposal Inactive – Reintroduced on 2013 Rulemaking Calendar as a part of the review of the application and licensing regulations.

Pathways for Rehabilitation/Recovery

CCR Sections Affected: Title 16, Division 13.2, Section(s) to be determined

Status: Proposal Abandoned – Determined no longer necessary.

Physical Therapist Assistant Equivalency Academic Coursework and Work Experience Requirement

CCR Section(s) Affected: Title 16, Division 13.2, Section(s) 1398.47

Status: Proposal Inactive – Reintroduced on 2013 Rulemaking Calendar as a part of the review of the application and licensing regulations.

Uniform Standards Related to Substance Abuse and Guidelines for Issuing Citations and Imposing Discipline (Disciplinary Guidelines)

CCR Section(s) Affected: 1399.15

Status: The Uniform Standards have been removed from the Disciplinary Guidelines to be adopted as a separate rulemaking file. The Uniform Standards have been reintroduced on the 2013 Rulemaking Calendar and the Disciplinary Guidelines have been finalized and submitted to the OAL for review.



PHYSICAL THERAPY BOARD OF CALIFORNIA



STRATEGIC PLAN
2013– 2017

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TABLE OF CONTENTS

ABOUT THE PHYSICAL THERAPY BOARD OF CALIFORNIA..... 1

RECENT ACCOMPLISHMENTS 2

MISSION, VISION AND VALUES 4

GOALS AND OBJECTIVES 5

DRAFT

ABOUT THE PHYSICAL THERAPY BOARD OF CALIFORNIA

In 1953 the Physical Therapy Examining Committee was created by Chapter 1823, statutes of 1953 (AB 1001). While the name has been changed to the Physical Therapy Board of California (PTBC), the charge of the PTBC by the legislature has been protecting the public from the incompetent, unprofessional and criminal practice of physical therapy since its inception. The PTBC is one of approximately thirty regulatory entities which exist under the organizational structure of the Department of Consumer Affairs (DCA). The PTBC has a close and cooperative relationship with DCA.

The Board consists of seven members (four licensed physical therapists and three public members) who serve four-year terms (a maximum of two terms). The Governor appoints the four licensed physical therapists and one public member. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. Board members are required to complete a Form 700 – Conflict of Interest Statement, and they are required to submit this statement to the Fair Political Practices Commission each year. Additionally, the board members are required to complete ethics training every two years.

The PTBC appoints an executive officer as its administrator. The executive officer serves solely in the interest of the consumers of physical therapy services in California, as does the PTBC. The executive officer oversees the PTBC's staff and ensures that all of its programs function efficiently and effectively.

The PTBC is funded through license and application fees. The PTBC receives no General Fund monies from the State of California.



RECENT ACCOMPLISHMENTS

As part of the strategic planning process the Board has evaluated the goals set forth in its previous strategic plan, identified the objectives they were able to accomplish, and made note of any items that require further attention. The following list identifies the significant Board accomplishments since the last strategic plan, which was adopted in 2010.

The Board:

- Prepared and submitted budget change proposals for additional positions based on documented staff workload and staff allocation.
- Continued to examine regulations and identified areas in need for revision.
- Attained assistance from oversight agencies regarding the proposed revisions to the Physical Therapy Practice Act.
- Established enforcement performance measures, which track cycle times from complaint receipt to complaint resolution.
- Implemented newly revised hard-copy and electronic enforcement consumer protection satisfaction surveys to more accurately gather data and assess performance of the enforcement program.
- Evaluated enforcement and licensing processes to identify improvements, measure outcomes, and manage consumer satisfaction based on the performance measure responses.
- Established a social networking presence for the Board on Facebook and Twitter.
- Redesigned the Board newsletter.
- Updated and enhanced the Board Web site.
- Began creating and distributing electronic copies of Board informational materials to increase availability and improve access.
- Improved processes to provide, in a timely manner, evidence and information necessary for Board members to make informed decisions at disciplinary hearings.
- Improved access to updates and information for applicants, licensees and consumers through online services.
- Implemented pilot program for license renewal electronic payments.

- Established standards for recognition of continuing competency approval agencies.
- Established a new license status of “inactive.”
- Developed and implemented continuing competency exemption request processes.
- Established continuing competency audit standards to ensure licensees are competent in practice.
- Surveyed licensees’ satisfaction regarding the application and licensing services program.
- Continued collaboration with the Department of Consumer Affairs in the development of the BReEZe project.
- Continued to support the Department of Consumer Affairs’ efforts to work with Department of Justice to import applicant criminal offense record information (CORI) into the applicant tracking system.
- Continued to support the Department of Consumer Affairs’ efforts to work with the Federation of State Boards of Physical Therapy to import applicant’s examination scores into the applicant tracking system.
- Updated the California jurisprudence examination.

OUR MISSION

To advance and protect the interests of the people of California by the effective administration of the Physical Therapy Practice Act.

OUR VISION

California's physical therapy consumers and practitioners are provided a safe, fair and competitive marketplace.

OUR VALUES

EFFECTIVENESS

We make informed decisions that make a difference and have a positive measurable impact for the consumer.

INTEGRITY

We are honest, fair and respectful in our treatment of everyone.

PROFICIENCY

We value innovative ideas and concepts.

ACCOUNTABILITY

We operate transparently and hold ourselves accountable to the people of California.

SERVICE

We strive to provide the best service possible to applicants, licensees and consumers.

GOAL 1: LICENSING & EXAMINATIONS

PROMOTE LICENSING AND EXAMINATION STANDARDS WHICH PROTECT CONSUMERS AND ALLOW REASONABLE ACCESS TO THE PROFESSION.

- 1.1** Explore the feasibility of improving the quality of the physical license.
- 1.2** Annually review and evaluate licensure and certification examinations.
- 1.2** Explore alternative testing avenues for the Electromyography examination and adjust the fee structure to reflect costs of the program.
- 1.3** Explore an approval mechanism for clinical sites for foreign educated physical therapist applicants.
- 1.4** Pursue an increase in budgetary authority to secure necessary staff for the implementation of BReZE.
- 1.5** Define in regulation a pass-point for both licensure examinations.
- 1.6** Monitor the implementation of the various BREEZE interfaces.
- 1.7** Appraise Application and Licensing Services program processes, and update the program's procedure manuals.

GOAL 2: RENEWALS & CONTINUING COMPETENCY

LICENSEES WILL HAVE ACCESS TO EFFICIENT RENEWAL PROCESS. CONSUMER PROTECTION IS ENHANCED THROUGH THE REQUIREMENTS OF CONTINUING COMPETENCY.

- 2.1** Pursue an increase in budgetary authority to secure necessary staff to ensure compliance of licensees and approval agencies.
- 2.2** Review and revise continuing competency regulations.
- 2.3** Integrate the continuing competency process into the BREEZE project.
- 2.4** Explore the feasibility of assessing fees to fund the Continuing Competency program.

GOAL 3: ENFORCEMENT

THE HEALTH AND SAFETY OF CONSUMERS IS PROTECTED THROUGH ENFORCEMENT OF THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY.

- 3.1** Pursue an increase in budgetary authority to sufficiently fund Attorney General's costs to ensure timely public protection.
- 3.2** Explore the feasibility of an on-site inspection program.
- 3.3** Establish an in-house investigation program.
- 3.4** Pursue an increase in budgetary authority to fund necessary staff to improve enforcement process cycle times.
- 3.5** Explore the feasibility of an in-house civil servant expert consultant.
- 3.6** Pursue an increase in budgetary authority to fund a Probation Monitor position.
- 3.7** Initiate electronic voting for Board Members through the BREEZE system.

GOAL 4: LEGISLATION AND REGULATION

PROMOTE SOUND AND TIMELY LEGISLATION AND REGULATIONS WHICH UPHOLD THE BOARD'S MISSION AND VISION.

- 4.1** Seek author(s) to introduce the proposed revisions to the Practice Act.
- 4.2** Work with the Legislature to ensure passage of proposed statutory packages brought forth by the Board.
- 4.3** Monitor and maintain legislation and regulation that may impact the consumers of physical therapy and the Board.
- 4.4** Develop regulations based upon the legislative changes.
- 4.5** Review all physical therapy regulations and recommend revisions to ensure best practices.
- 4.6** Establish consistent relationships with the Legislature.

GOAL 5: PROGRAM ADMINISTRATION

THE BOARD EFFICIENTLY UTILIZES ITS RESOURCES AND PERSONNEL TO MEET ITS GOALS AND OBJECTIVES.

- 5.1** Seek support to attend industry and regulatory related conferences such as the FSBPT Annual Conference and Delegate Assembly.
- 5.2** Pursue budgetary authority to fund the necessary administrative staff to ensure laws and regulations are current and accurate.
- 5.4** Provide training and professional development options to staff to foster a diverse range of skills, knowledge and experience throughout the Board.
- 5.5** Create and implement a workforce and succession plan.
- 5.6** Assess the Board's organizational structure for effectiveness.
- 5.7** Mitigate additional staffing issues that revolve around conversion to BREEZE system.

GOAL 6: OUTREACH & EDUCATION

CONSUMERS AND OTHER STAKEHOLDERS ARE INFORMED ABOUT THE PRACTICE AND REGULATION OF PHYSICAL THERAPY. THE BOARD WILL PROACTIVELY REACH OUT TO CONSUMERS AND LICENSEES TO INFORM THEM OF DEVELOPMENTS WHICH AFFECT THE PRACTICE.

- 6.1** Leverage existing technologies to increase interaction between the Board and its stakeholders (i.e. web conferencing, webinars, teleconferencing, and social media).
- 6.2** Utilize existing technologies to promote education through social media sites (i.e. YouTube, Twitter).
- 6.3** Use available outreach methods to encourage involvement from schools and education on the ethical and legal practice of physical therapy.
- 6.4** Increase the physical presence of the Board at events related to the profession and practice of physical therapy.
- 6.5** Discuss and determine the Board's role in addressing questions about practice issues.



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