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

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


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


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**
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.
Agenda Item #1

Roll Call

Department of Consumer Affairs, Sacramento, CA

February 13, 2013

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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.

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.

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

1. Call to Order and Roll Call

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

2. Strategic Planning Session

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

3. Closed Session

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

(B) Pursuant to Government Code section 11126(e)
US Equal Employment Opportunity Commission (EEOC) Charge
Number: 555-2012-00027

(C) Pursuant to Government Code section 11126(a)(1)
Appointment, Employment, Evaluation of Executive Officer
Pursuant to Government Code section 11126(c)(1)

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

Regular Meeting November 7 & 8, 2012

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

   After submission of the matter(s), the Board convened in closed session to deliberate per Government Code section 11126(c)(3).
   Once issued, disciplinary decisions may be found on the Board’s Web site at www.ptbc.ca.gov.

5. Closed Session
   (A) Pursuant to Government Code Section 11126(c)(3)
       Deliberation on Disciplinary Actions

       The Board convened in closed session to deliberate pursuant to Government Code section 11126(c)(3).
   Once issued, disciplinary decisions may be found on the Board’s Web site at www.ptbc.ca.gov.
   (B) Pursuant to Government Code section 11126(a)(1)
       Appointment, Employment, Evaluation of Executive Officer
       Pursuant to Government Code section 11126(c)(1)

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

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

   MOTION: To adopt the draft August 1 & 2, 2012 meeting minutes as presented.
   MOVED: Mr. Turner
   SECOND: Ms. Wallisch
   VOTE: 5-0 Motion carried

7. President’s Report – Dr. Debra Alviso
Dr. Alviso expressed her appreciation for the following: 1) Board Members and staff for their preparation for, and participation in, strategic planning; 2) Board Members’ input on the Sunset report; Mr. Turner for assisting staff with capping the budget line items; and Ms. Wallisch for assisting staff with the 2012 Sunset Review Report Addendum.

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

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

(A) 2013 Meeting Calendar

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

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

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

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

MOVED: Dr. Jewell
SECOND: Mr. Turner
VOTE: 5-0 Motion carried

8. Executive Officer’s Report – Rebecca Marco

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

Ms. Marco informed the Board that Senate BP&ED staff were receptive to reviewing the proposed revisions to the Physical Therapy Practice Act, and agreed to assist the Board however they can, including finding an author. Ms. Marco noted the reduction of enforcement staff identified in her report is incorrect and should reflect only analytical staff. Prior to
September 30, 2012, the Board had 8.2 analytical staff in the enforcement unit, which has since been reduced to 4.7 staff.


(A) Budget

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

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

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

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

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

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

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

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

Mr. Turner will continue to be the Board liaison for budget issues.
(B) Outreach

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

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

10. Application & Licensing Services Report – Liz Constancio

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

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


(A) Performance Measures

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

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

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

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

(B) Disciplinary Summary

There was no Board discussion on this item.

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

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

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

17 Considering all the options, Ms. Faust recommended Option Two.

18 Ms. Freedman provided background on the Uniform Standards, and explained there is no
19 standard definition of a “substance-abusing licensee” or a simple method of determining such.
20 Therefore, the three regulatory language options are attempts to define “substance-abusing
21 licensee” or to provide a method of determining such.

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

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

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

37 Ms. Marco noted the process for Option Two is the same process the Board currently uses. If
38 the Board suspects a licensee is a substance-abusing licensee, the Board stipulates the
39 licensee gets tested by Maximus. If the licensee is identified as a substance-abusing licensee,
40 the licensee enters the Board’s substance abusing recovery program, which has already been
41 applying the Uniform Standards; however, if the licensee is not found to be a substance-
42 abusing licensee, the licensee would not enter the diversion program, but would likely be
placed on probation.

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

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

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

**MOVED:** Dr. Jewell

**SECOND:** Mr. Turner

**VOTE:** 5-0 Motion carried

The Board directed staff to move forward with rulemaking process.


**(A) Statistics**

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

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

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

i. Vital Spark, LLC

ii. Gateway International, LLC

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

**MOVED:** Dr. Chu

**SECOND:** Mr. Turner

**VOTE:** 5-0 Motion carried.
14. Consumer and Professional Associations and Intergovernmental Relations Report

(A) Department of Consumer Affairs (DCA) – Reichel Everhart

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

(B) California Physical Therapy Association (CPTA)

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

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

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

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

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

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

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

(C) Federation of State Boards of Physical Therapy (FSBPT)

Dr. Alviso presented a briefing paper on the results of the 2012 FSBPT Delegate Assembly bringing the Board’s attention to two specific motions that may be of interest: 1) Establishing a Minimum Data Set (MDS) to collect nationwide workforce data, and 2) license portability amongst the various physical therapy licensing jurisdictions.
15. 2011-2012 Legislative Session Summary – Sarah Conley

(A) AB 2570 – Licensees: Settlement Agreements
Author(s): Assembly Member Hill

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

(C) SB 1236 – Professions and Vocations
Author(s): Senator Price

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


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

- Section 2605(i) – Amend language to read something to the effect of “Adopt and administer a program of education in matters relevant to the practice of physical therapy.”
- Section 2620.3 – After review of the corresponding regulations, the Board determined “purchase and store” is assumed; therefore, it should be removed from the proposed revisions.
- Section 2630.5 – Pursuant to legal counsel’s recommendation, keep “physical therapy” education program, in lieu of specifying physical therapist/physical therapist assistant education program.
- Section 2639 –
  o Pursuant to legal counsel’s recommendation, keep “physical therapy” education program in lieu of specifying physical therapist/physical therapist assistant education program pursuant to legal counsel.
  o Amend the language regarding practicing as a license applicant by striking “license applicant” when referring to how the license applicant may practice – either as a physical therapist or a physical therapist assistant, not a physical therapist or physical therapist assistant license applicant.
  o Strike “documentation” to clarify that license applicants must comply with all requirements, not solely documentation requirements.
- Section 2646 – Keep current time period of five years to renew a delinquent license, instead of proposing to change it to a three-year time period.
- Section 2651 – Pursuant to legal counsel’s recommendation, change “physical therapy” education program to “physical therapist” education program. This should be changed because it is specific to the core requirements to apply for a physical therapist license – not cross-referencing other sections for the requirements.
- Section 2653 – Pursuant to legal counsel’s recommendation, the Board directed staff to change “physical therapy” education program to “physical therapist” education program.
• Section 2654 – Legal counsel noted since the education program is a core requirement of applying for licensure – not cross-referencing other sections for the requirements, each program should be specifically identified. The Board did not amend this section.
• Section 2655.2 – Keep limit on the number of aides and place in appropriate section. The Board would like to see this provision in regulation rather than statute; however, it does not want to risk the delay in it being absent in statute to be added to regulation.
• Section 2660.3 – Pursuant to legal counsel’s recommendation, the Board directed staff to strike “at the discretion of the board,” in the proposed language (from B&P Code section 2233).
• Moving specific application, renewal, documentation and supervision requirements from statute to regulation – Staff recommended it conduct further review of the Board’s authority in each of the areas noted above, and then determine whether to move forward with proposing to move the specified requirements to regulation based upon that review. The Board concurred with this recommendation.

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

MOVED: Dr. Jewell
SECOND: Mr. Turner
VOTE: 5-0 Motion carried.

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

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

MOVED: Ms. Wallisch
SECOND: Dr. Jewell
VOTE: 5-0 Motion carried.

17. Review of Sunset Report Addendum for Submission to Legislature – Rebecca Marco

Ms. Marco explained the Board was provided electronic versions of the 2012 Sunset Report Addendum (Addendum) to review and provide feedback to staff since the Addendum is due shortly after the meeting on December 1, 2012. Dr. Jewell indicated she had a number of comments and would provide those to staff.
The Board did, however, review Section 11 – New Issues, of the Addendum in detail because the Board’s current issues, and/or position on those issues have changed; therefore, the entire section was redone.

Addendum Section 11 – Current Issues

1. Proposed Revisions to the Physical Therapy Practice Act

See minutes for agenda item 16.

2. Corporate Practice of Physical Therapy

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

3. Operational Deficiencies

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

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

1. Operational Deficiencies
2. Proposed Revisions to the Physical Therapy Practice Act
3. Fictitious Name Permits

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

18. Rulemaking Calendar Update – Sarah Conley

(A) Summary of 2012 Rulemaking Progress

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

(B) Adoption of 2013 Calendar

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

The Board added the following items to the proposed 2013 Rulemaking Calendar:
1. Evaluation Elements
2. Physical Therapy Business Requirements

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

MOVED: Dr. Jewell
SECOND: Mr. Turner
VOTE: 5-0 Motion carried.

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

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

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

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

MOTION: To add language recommended by legal counsel to the proposed
language.

MOVED: Dr. Jewell
SECOND: Mr. Turner
VOTE: 5-0 Motion carried

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

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

MOVED: Dr. Jewell
SECOND: Ms. Wallisch
VOTE: 5-0 Motion carried
20. Special Order of Business – November 8, 2012 9:00 a.m.
Regulatory Hearing on Proposed Language for Notice to Consumers, Section Number 1398.15 of Division 13.2 of Title 16 of the California Code of Regulations

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

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

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

MOVED: Dr. Jewell
SECOND: Ms. Wallisch

VOTE: 5-0 Motion carried


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

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

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

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

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

23. Elections
(A) President
(B) Vice-President
(C) FSBPT Delegate
(D) FSBPT Alternate Delegate (Primary)
The Board postponed this item until the December teleconference since not all members were present.

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

Dr. Syms, speaking as a licensee on behalf of Loma Linda University, brought forth an issue regarding fixed-date testing and applicants' access to the national licensing exam. Dr. Syms highlighted points from a letter written by Larry Chinnock, PT, EdD, Physical Therapy Program Director, Loma Linda University, outlining the negative impact on applicants of the current process to approve applicants to sit for the national exam, and requested the Board reconsider this process.

Ms. Marco advised that due to statutory restrictions and feasibility issues, Board staff is limited in what it can do to accommodate applicants in this regard, and staff has exhausted all of those limited options in order to address the complications created with the implementation of fixed-date testing. Pursuant to Ms. Marco’s advice, the Board noted the comment, but did not take action to consider the matter further.

25. **Agenda Items for Next Meeting** – February 13 & 14, 2013

Sacramento, CA

Dr. Jewell will provide staff with a list of items she collected throughout the meeting.

26. **Adjournment**

The meeting adjourned at 3:56 p.m. on Thursday, November 8, 2012.
1. Call to Order and Roll Call

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.

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.

2. Closed Session

(A) Pursuant to Government Code Section 11126(c)(3) Deliberation on Disciplinary Actions
The Board convened in closed session to deliberate pursuant to Government Code section 11126(c)(3).

Once issued, disciplinary decisions may be found on the Board’s website at www.ptbc.ca.gov.

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

Executive Officer’s Report – Rebecca Marco

Ms. Marco responded to questions raised regarding items in her written report.

3. 2012 Sunset Report Addendum

(A) Operational Deficiencies
(B) Proposed Revisions to the Physical Therapy Practice Act
(C) Fictitious Name Permits

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

3. Elections

(A) President

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

MOTION: To nominate Dr. Alviso for Board President.

MOVED: Dr. Jewell
SECOND: Dr. Takii
VOTE: Roll call vote 6-0
Motion carried.

(B) Vice-President

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

1. MOTION: To nominate Ms. Wallisch as Vice-President.
MOVED: Dr. Alviso
SECOND: Dr. Chu

*Ms. Wallisch declined the nomination.*

2. MOTION: To nominate Dr. Jewell for Vice-President.
MOVED: Dr. Takii
SECOND: Ms. Wallisch
VOTE: Roll call vote 3-3

3. MOTION: To nominate Dr. Chu for Vice-President.
MOTION: Mr. Turner
SECOND: Dr. Alviso
VOTE: Roll call vote 3-3

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

(C) FSBPT Delegate
(D) FSBPT Alternate Delegate (Primary)
(E) FSBPT Alternate Delegate (Back-up)

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

MOVED: Dr. Takii
SECOND: Ms. Wallisch
VOTE: Roll call vote 6-0
Motion carried.

4. Public Comment on Items Not on the Agenda
The Board received no public comment.

5. Adjournment
The meeting was adjourned at 1:40 p.m. on Wednesday, December 12, 2012.
## Physical Therapy Board
### Adopted 2013 Meeting Calendar

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**January**
- 1: New Year’s Day
- 21: Martin Luther King Jr. Day

**May**
- 8-9: PTBC Meeting – Sacramento
- 12: Mother’s Day
- 27: Memorial Day

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

**February**
- 13-14: PTBC Meeting – Sacramento, CA

**June**
- 16: Father’s Day

**March**
- 31: Easter

**July**
- 4: Independence Day

**April**
- 7-8: PTBC Meeting – Sacramento

**August**
- 11: Veteran’s Day
- 28: Thanksgiving Day

**November**
- 6-7: PTBC Meeting – Samuel Merritt University
- 25: Christmas
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**January**
- New Year’s Day
- Martin Luther King Jr. Day

**April**
- Easter

**July**
- Independence Day

**October**
- Halloween

**February**
- President’s Day
- PTBC Meeting

**May**
- PTBC Meeting
- Mother’s Day
- Memorial Day

**August**
- PTBC Meeting

**November**
- PTBC Meeting
- Veteran’s Day
- Thanksgiving

**March**
- Sunset Hearing

**June**
- Father’s Day

**September**
- Labor Day

**December**
- Christmas
DATE: January 24, 2013

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.
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<td>Consolidated Data Center</td>
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<td>535</td>
<td>19%</td>
<td>2,347</td>
</tr>
<tr>
<td>DP Maintenance &amp; Supplies</td>
<td>15,493</td>
<td>0</td>
<td>0%</td>
<td>15,493</td>
</tr>
<tr>
<td>Central Admin Services</td>
<td>147,824</td>
<td>73,912</td>
<td>50%</td>
<td>73,912</td>
</tr>
<tr>
<td>Exams Totals</td>
<td>12,616</td>
<td>1,340</td>
<td>11%</td>
<td>11,276</td>
</tr>
<tr>
<td>Admin and C/P Services</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
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<tr>
<td>Exam Contracts</td>
<td>9,931</td>
<td>1,340</td>
<td>13%</td>
<td>8,591</td>
</tr>
<tr>
<td>Exam Subject Matter Experts</td>
<td>2,685</td>
<td>0</td>
<td>0%</td>
<td>2,685</td>
</tr>
<tr>
<td>Enforcement Totals</td>
<td>937,051</td>
<td>515,706</td>
<td>55%</td>
<td>421,345</td>
</tr>
<tr>
<td>Attorney General</td>
<td>285,668</td>
<td>205,129</td>
<td>72%</td>
<td>80,539</td>
</tr>
<tr>
<td>Office of Admin Hearings</td>
<td>59,584</td>
<td>36,140</td>
<td>61%</td>
<td>23,444</td>
</tr>
<tr>
<td>Evidence/Witness</td>
<td>100,145</td>
<td>21,540</td>
<td>22%</td>
<td>78,605</td>
</tr>
<tr>
<td>Court Reporters</td>
<td>0</td>
<td>3,193</td>
<td>-</td>
<td>-3,193</td>
</tr>
<tr>
<td>DOI Investigation</td>
<td>491,654</td>
<td>249,704</td>
<td>51%</td>
<td>241,950</td>
</tr>
<tr>
<td><strong>TOTALS, OE &amp; E</strong></td>
<td>1,973,447</td>
<td>899,779</td>
<td>46%</td>
<td>1,073,668</td>
</tr>
</tbody>
</table>

**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: $744,567
General Services: $102,808
Departmental Services: $279,925
Enforcement: $515,706
Exams: $1,340

Personnel Services: Salary and Wages, Board Member Per Diem, Temp Help, Overtime, Benefits.
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: $171,864
- License Renewal: $1,649,950
- License Delinquent: $8,600
- Other Regulatory: $59,980
- Scheduled Reimbursements: $18,117
- Unscheduled Reimbursements: $16,372
- Miscellaneous Income: $1,750

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.
Miscellaneous Income: Investments, Unclaimed, Cancelled and Dishonored Warrants.
## Web Hit Statistics

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

## Twitter Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Data As Of 10/15/2012</th>
<th>Data As Of 1/8/2013</th>
<th>% Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Tweets</td>
<td>168</td>
<td>187</td>
<td>11% ↑</td>
</tr>
<tr>
<td>Number of Followers</td>
<td>112</td>
<td>120</td>
<td>7% ↑</td>
</tr>
</tbody>
</table>

*Account opened on 2/27/2011

## Facebook Statistics

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

### Facebook Page Views: 10/01/2012 – 12/31/2012

![Facebook Page Views Graph](image)

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

![Gender and Age Graph](image)

*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

## Application Statistics

### Applications Received

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>FY Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td>37</td>
<td>112</td>
<td>152</td>
<td>58</td>
<td>58</td>
<td>117</td>
<td>534</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>FOREIGN PT</td>
<td>22</td>
<td>22</td>
<td>25</td>
<td>10</td>
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<td>22</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOREIGN PTA*</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>21</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT</td>
<td>14</td>
<td>22</td>
<td>20</td>
<td>26</td>
<td>49</td>
<td>9</td>
<td>140</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EQUIV AT</td>
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<td>2</td>
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<td>4</td>
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</tr>
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<td>0</td>
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<td>0</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EN</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>77</td>
<td>163</td>
<td>202</td>
<td>98</td>
<td>133</td>
<td>152</td>
<td>825</td>
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</tbody>
</table>

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

## Licensing Statistics

### Licenses Issued*

<table>
<thead>
<tr>
<th>License Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>FY Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td>203</td>
<td>163</td>
<td>37</td>
<td>78</td>
<td>201</td>
<td>53</td>
<td>735</td>
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<td></td>
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</tr>
<tr>
<td>AT</td>
<td>27</td>
<td>63</td>
<td>22</td>
<td>22</td>
<td>27</td>
<td>17</td>
<td>178</td>
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</tr>
<tr>
<td>EN</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>230</td>
<td>226</td>
<td>59</td>
<td>100</td>
<td>228</td>
<td>70</td>
<td>913</td>
<td></td>
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</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>License Type</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>FY Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td>1,334</td>
<td>918</td>
<td>1,750</td>
<td>970</td>
<td>786</td>
<td>892</td>
<td>6,650</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT</td>
<td>293</td>
<td>250</td>
<td>434</td>
<td>244</td>
<td>149</td>
<td>219</td>
<td>1,589</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>EK</td>
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<td>0</td>
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<td>1</td>
<td>7</td>
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<tr>
<td>EN</td>
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<td>1</td>
<td>0</td>
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<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,632</td>
<td>1,171</td>
<td>2,184</td>
<td>1,215</td>
<td>936</td>
<td>1,112</td>
<td>8,250</td>
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</table>
## License Status Statistics

### ACTIVE LICENSES

<table>
<thead>
<tr>
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<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td>21,585</td>
<td>21,495</td>
<td>21,504</td>
<td>21,471</td>
<td>21,493</td>
<td>21,603</td>
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</tr>
<tr>
<td>AT</td>
<td>5,262</td>
<td>5,228</td>
<td>5,222</td>
<td>5,219</td>
<td>5,239</td>
<td>5,238</td>
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<tr>
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<td>29</td>
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<tr>
<td><strong>Total</strong></td>
<td>26,896</td>
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<td>26,776</td>
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### INACTIVE LICENSES

<table>
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<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td>1,054</td>
<td>1,142</td>
<td>1,192</td>
<td>1,254</td>
<td>1,257</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,342</td>
<td>1,461</td>
<td>1,534</td>
<td>1,610</td>
<td>1,613</td>
<td>1,657</td>
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### DELINQUENT LICENSES

<table>
<thead>
<tr>
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<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
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<td>3,239</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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<td>4,154</td>
<td>4,228</td>
<td>4,219</td>
<td>4,199</td>
<td>4,248</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Licensees in delinquent status are eligible to renew their license and make it active/valid.
National Physical Therapist (PT) Examination - CALIFORNIA STATISTICS

**Accredited PT Program & Foreign Educated PT Combined Pass/Fail**

<table>
<thead>
<tr>
<th></th>
<th>Jul</th>
<th>Aug*</th>
<th>Sept*</th>
<th>Oct</th>
<th>Nov*</th>
<th>Dec*</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>FY Total</th>
</tr>
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<tbody>
<tr>
<td>Pass</td>
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**Accredited PT Program Pass/Fail**

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National Physical Therapist Assistant (PTA) Examination - CALIFORNIA STATISTICS

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*No examination was given during this month.
## California Law Examination (CLE)

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### Accredited Pass/Fail

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### National Physical Therapist (PT) Examination - NATIONAL STATISTICS

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### National Physical Therapist Assistant (PTA) Examination - NATIONAL STATISTICS

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<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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*No examination was given during this month.*
### Law Examination - NATIONAL STATISTICS

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### Accredited Program Pass/Fail

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### Complaint Intake

Complaints Received by the Program. 
Measured from date received to assignment for investigation or closure without action.

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<th>Sep-12</th>
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<th>May-13</th>
<th>Jun-13</th>
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### Convictions/Arrest Reports

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<th>Apr-13</th>
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<td>19</td>
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### Total Intake

Complaints investigated by the program whether by desk investigation or by field investigation.

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<th>Sep-12</th>
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<td>143</td>
<td>188</td>
<td>169</td>
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### Investigation

Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action. 
If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation. 
If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

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### Field Investigation (Sworn)

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### FY 2011/2012

#### All Investigations

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<th>May-13</th>
<th>Jun-13</th>
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### 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.**

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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.
Department of Consumer Affairs
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**

![Graph showing volume over time]

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

**Target: 9 Days**

**Q2 Average: 4 Days**

![Graph showing intake over time]
**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

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**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

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**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.ptcb.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)

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.
REDMON, KEVIN (PT 27864)
Accusation Filed 03/29/12. Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Conviction of Criminal Offense, 2660(h) Violating the Code. Stipulated Settlement and Disciplinary Order Effective 12/10/12, Revocation Stayed, 4 Years Prob., or Diversion Plus 1 Year; whichever is longer.

RUSENESCU, VICTOR (PT 34018)
Accusation Filed 11/03/11. Violation of B & P Codes: 2234 Unprofessional Conduct, 2660 Unprofessional Conduct. Stipulated Settlement and Disciplinary Order Effective 12/13/12, Revocation Stayed, 3 Years Prob.

January 2013

BORGESEN, OLE CHRISTIAN (PT 27048)
Violation of B & P Codes: 2620.7 Patient Record Docum & Retention, 2660(h) Violating the Code. Stipulated Settlement and Disciplinary Order for Public Reprimand Effective 01/18/13.

DAVIS, BRIAN (PT 16134)
Accusation Filed 01/17/12. Amended Accusation Filed 04/11/12. Violation of B & P Code: 820 Mental/Physical Illness. Stipulated Surrender of License and Order Effective 01/03/13. Stipulated Surrender.

JENSEN, JUDY (PT 5897)
Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations, 1399.97 Required Record Keeping for CC. Public Letter of Reprimand Issued 01/15/13.

December 2012

LANCE, LINDA (PT 5994)
Violation of B & P Codes: 2660 Unprofessional Conducts. Citation and Fine Ordered 11/26/12. Citation Paid in Full 12/11/12.

PHAN, DICK (PT 25560)
Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 12/12/12. Citation Paid in Full 12/31/12.
RONCHELLI, MARK (AT 4381)
Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 11/30/12. Citation Paid in Full 12/06/12.

SAY, LAURA (PT 32234)
Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h) Violating the Code. Citation and Fine Ordered 11/12/12. Citation Paid in Full 12/31/12.

SAYAO, FREDRIC (PT 37755)
Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h) Violating the Code. Citation and Fine Ordered 11/30/12. Citation Paid in Full 12/13/12.

STAGG, AHMAD (PT 33700)
Violation of B & P Code: 2660(d) Convict of Criminal Offense. Citation and Fine Ordered 11/26/12. Citation Paid in Full 12/17/12.

TRINIDAD, BRIANA (PT 34084)
Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h) Violating the Code. Citation and Fine Ordered 11/26/12. Citation Paid in Full 12/17/12.

BELCHER, AMI (PT 21127)

BLUNCK, ERIN (AT 6463)

HUSTON, SAMUEL (AT 3686)

JACKSON, STEVEN (PT 33662)

STEBBINS, JON (AT 1919)

THOMAS, ERWIN (PT 23903)

WILSON, MARIA (PT 21944)

HIGGS, SEAN (AT 3954)
Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 12/12/12. Citation Paid in Full 01/07/13.

TOCK, CHRISTOPHER (AT 8064)
Violation of CCR: 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 12/19/12. Citation Paid in Full 01/08/13.

WITKIEWICZ, PATTI (PT 19782)
Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 11/30/12. Citation Paid in Full 01/10/13.

Glossary of Terms

B & P Code – Business and Professions Code
H & S Code – Health and Safety Code
R & R – Rules and Regulations
CCR – California Code Regulations

Accusations: Charges and allegations, which still must undergo rigorous tests of proof at later administrative hearings.

Citation & Fine: An alternative means to address relatively minor violations that are not discipline in order to protect the public. Citations and Fine Orders are not disciplinary actions, but are matters of public record.
Petition to Revoke Probation: A Petition to Revoke Probation is filed when a licensee is charged with violation of a prior disciplinary decision.

Probationary License: Where good cause exists to deny a license, the licensing agency has the option to issue a conditional license subject to probationary terms and conditions.

Statement of Issues Filed: When an applicant for licensure is informed the license will be denied for cause, the applicant has a right to demand a formal hearing, usually before an Administrative Law Judge. The process is initiated by the filing of a Statement of Issues, which is similar to an accusation.

Surrender of License: License surrenders are accepted in lieu of further proceedings.

Statement of Issues Decision: These are decisions rendered after the filing of a Statement of Issues.

Stipulated Decision: Negotiated settlements waiving court appeals.
AB 1588

Professions and vocations: reservist licensees: fees and continuing education.

Current Text: Chaptered: 9/29/2012  
Chapter Number: 742

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

Current Text: Chaptered: 7/13/2012  pdf  html
Chapter Number: 119

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

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

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

Licensees: settlement agreements.

**Current Text:** Chaptered: 9/25/2012  pdf  html

**Chapter Number:** 561

**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**

Regulations.

**Current Text:** Chaptered: 9/11/2012  pdf  html

**Chapter Number:** 295

**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:

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

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**

(Price D) Professions and vocations.

**Current Text:** Chaptered: 9/14/2012  [pdf]  [html]

**Chapter Number:** 332

**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.
Business and Professions Code Section 2674 (SB 543, Steinberg, 2011)

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

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

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

Corporations Code Section 13401.5

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

(a) Medical corporation.
   (1) Licensed doctors of podiatric medicine.
   (2) Licensed psychologists.
   (3) Registered nurses.
   (4) Licensed optometrists.
   (5) Licensed marriage and family therapists.
   (6) Licensed clinical social workers.
   (7) Licensed physician assistants.
   (8) Licensed chiropractors.
   (9) Licensed acupuncturists.
   (10) Naturopathic doctors.
   (11) Licensed professional clinical counselors.

(b) Podiatric medical corporation.
   (1) Licensed physicians and surgeons.
   (2) Licensed psychologists.
   (3) Registered nurses.
   (4) Licensed optometrists.
   (5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.

(c) Psychological corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed chiropractors.
(8) Licensed acupuncturists.
(9) Naturopathic doctors.
(10) Licensed professional clinical counselors.

(d) Speech-language pathology corporation.
(1) Licensed audiologists.

(e) Audiology corporation.
(1) Licensed speech-language pathologists.

(f) Nursing corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed physician assistants.
(8) Licensed chiropractors.
(9) Licensed acupuncturists.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.

(g) Marriage and family therapist corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed clinical social workers.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(8) Licensed professional clinical counselors.

(h) Licensed clinical social worker corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed marriage and family therapists.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(8) Licensed professional clinical counselors.

(i) Physician assistants corporation.
(1) Licensed physicians and surgeons.
(2) Registered nurses.
(3) Licensed acupuncturists.
(4) Naturopathic doctors.

(j) Optometric corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.

(k) Chiropractic corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed optometrists.
(6) Licensed marriage and family therapists.
(7) Licensed clinical social workers.
(8) Licensed acupuncturists.
(9) Naturopathic doctors.
(10) Licensed professional clinical counselors.

(l) Acupuncture corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed optometrists.
(6) Licensed marriage and family therapists.
(7) Licensed clinical social workers.
(8) Licensed physician assistants.
(9) Licensed chiropractors.
(10) Naturopathic doctors.
Agenda Item #10(C)

- (11) Licensed professional clinical counselors.
  
  (m) Naturopathic doctor corporation.
  (1) Licensed physicians and surgeons.
  (2) Licensed psychologists.
  (3) Registered nurses.
  (4) Licensed physician assistants.
  (5) Licensed chiropractors.
  (6) Licensed acupuncturists.
  (7) Licensed physical therapists.
  (8) Licensed doctors of podiatric medicine.
  (9) Licensed marriage and family therapists.
  (10) Licensed clinical social workers.
  (11) Licensed optometrists.
  (12) Licensed professional clinical counselors.

- (n) Dental corporation.
  (1) Licensed physicians and surgeons.
  (2) Dental assistants.
  (3) Registered dental assistants.
  (4) Registered dental assistants in extended functions.
  (5) Registered dental hygienists.
  (6) Registered dental hygienists in extended functions.
  (7) Registered dental hygienists in alternative practice.

- (o) Professional clinical counselor corporation.
  (1) Licensed physicians and surgeons.
  (2) Licensed psychologists.
  (3) Licensed clinical social workers.
  (4) Licensed marriage and family therapists.
  (5) Registered nurses.
  (6) Licensed chiropractors.
  (7) Licensed acupuncturists.
  (8) Naturopathic doctors.
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

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
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
Clinic Director
Athercare
20994 Redwood Rd
Castro Valley, CA 94546
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 do 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
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
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
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

   26.1. Measures body dimensions such as height, weight, girth, segment length
   26.2. Assesses atrophy
   26.3. Quantifies edema

   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

   28.1. 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
29.2. Examines cranial nerves
29.3. Examines proprioception, pain, touch, and temperature
29.4. Examines deep tendon reflexes

   30.1. Assesses activities of daily living, transfers and functional mobility
   30.2. Assesses Community barriers and integration

   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

   38.1. Assesses the need for devices
   38.2. Assesses the alignment, fit and effectiveness of devices

   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
FSBPT
Supervised Clinical Practice
Performance Evaluation Tool

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
FSBPT
Supervised Clinical Practice
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
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
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).

http://ptrehab.ucsf.edu/education/entry-level-dpt
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.
Curriculum

On this page:
- DPT Curriculum Overview
- Curriculum Outline

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.

Individual course descriptions can be found in the UCSF Course Catalog and the SFSU Bulletin.

Year One

<table>
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<tr>
<th>School</th>
<th>Course</th>
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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

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SUMMER SESSION

http://ptrehab.ucsf.edu/education/doctor-physical-therapy-dpt/dpt-curriculum
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<th>Course</th>
<th>Quarter Units</th>
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<td>UCSF</td>
<td>Anat 207 Neuroscience</td>
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<td>UCSF</td>
<td>PT 251 Research Design</td>
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<td>SFSU</td>
<td>PT 801 Clinical Clerkship I</td>
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**FALL SESSION**

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<td>UCSF</td>
<td>PT 111 Neurology &amp; Rehab Diagnosis/Treatment</td>
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<tr>
<td>UCSF</td>
<td>Biostat 183 Biostatistical Methods I</td>
<td>4</td>
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<tr>
<td>UCSF/SFSU</td>
<td>PT 260/899 Application of Principles of Learning**</td>
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<td>SFSU</td>
<td>PT 704 Education, Health Promotion, Wellness &amp; Prevention in PT</td>
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<td>SFSU</td>
<td>PT 710 Neurological Pathokinesiology I</td>
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<td>SFSU</td>
<td>PT 735 Psychosocial Issues in Rehab Science</td>
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**WINTER SESSION**

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<td>PT 210 Radiology for Physical Therapists</td>
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<tr>
<td>UCSF</td>
<td>PT 419 Mentored Clinical Research</td>
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**SPRING SESSION**

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<td>PT 705 Administration &amp; Organization in PT</td>
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<td>PT 711 Neurological Pathokinesiology II</td>
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<td>PT 736 Ecological &amp; Organizational Issues in Rehab</td>
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<td>SFSU</td>
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**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**

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<td>SFSU</td>
<td>PT 802 Clinical Clerkship II</td>
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<td>SFSU</td>
<td>PT 803 Clinical Clerkship III</td>
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**SUMMER SESSION**

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<td>UCSF</td>
<td>PT 209 Evidence Based Practice in PT</td>
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<td>PT 212a Muscle &amp; Nerve Biology</td>
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<td>UCSF</td>
<td>PT 213 Movement Science</td>
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<tr>
<td>UCSF</td>
<td>PT 400b Grand Rounds</td>
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<tr>
<td>SFSU</td>
<td>PT 920 Case Reports</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**FALL SESSION**

<table>
<thead>
<tr>
<th>School</th>
<th>Course</th>
<th>Quarter Units</th>
<th>Semester Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCSF</td>
<td>PT 207 Medical Screening for Physical Therapists</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>UCSF</td>
<td>PT 400c Grand Rounds</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SFSU</td>
<td>PT 418 Mentored Clinical Clerkship</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

**WINTER SESSION**

<table>
<thead>
<tr>
<th>School</th>
<th>Course</th>
<th>Quarter Units</th>
<th>Semester Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCSF</td>
<td>PT 212b Muscle &amp; Nerve Biology</td>
<td>1.5</td>
<td></td>
</tr>
</tbody>
</table>

**SPRING SESSION**

<table>
<thead>
<tr>
<th>School</th>
<th>Course</th>
<th>Quarter Units</th>
<th>Semester Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCSF</td>
<td>PT 212b Muscle &amp; Nerve Biology</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>Course</td>
<td>Quarter Units</td>
<td>Semester Units</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td>UCSF</td>
<td>PT 419 Mentored Clinical Research</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>SFSU</td>
<td>PT 908 Professional Colloquium</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>SFSU</td>
<td>PT 910 Evidence Based Practice</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td><strong>184.5</strong></td>
<td><strong>123</strong></td>
</tr>
</tbody>
</table>
Sample

Current Course outline

in Clinical Pharmacology
Course Director: Marisa Perdomo, PT, DPT perdomo@usc.edu

Course Faculty: Michael S. Simpson, PT, DPT mssimpson@usc.edu
Jesus Dominguez, PhD, PT idomingu@usc.edu
Didi Matthews, DPT, NCS 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 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:
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:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class participation and preparedness</td>
<td>10%</td>
</tr>
<tr>
<td>Clinical Cases Portfolio/Priming Assignments</td>
<td>40%</td>
</tr>
<tr>
<td>Final Examination</td>
<td>50%</td>
</tr>
</tbody>
</table>

Grading Scale used will be:

<table>
<thead>
<tr>
<th>Passing grades:</th>
<th>Non-passing grades:</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 - 100</td>
<td>A</td>
</tr>
<tr>
<td>90 - 92</td>
<td>A-</td>
</tr>
<tr>
<td>87 - 89</td>
<td>B+</td>
</tr>
<tr>
<td>83 - 86</td>
<td>B</td>
</tr>
<tr>
<td>80 - 82</td>
<td>B-</td>
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<tr>
<td>77 - 79</td>
<td>C+</td>
</tr>
<tr>
<td>73 - 76</td>
<td>C</td>
</tr>
<tr>
<td>70 - 72</td>
<td>C-</td>
</tr>
<tr>
<td>67 - 69</td>
<td>D+</td>
</tr>
<tr>
<td>63 - 66</td>
<td>D</td>
</tr>
<tr>
<td>60 - 62</td>
<td>D-</td>
</tr>
<tr>
<td>&lt; 60</td>
<td>F</td>
</tr>
</tbody>
</table>

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 ACCOMMODATIONS

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 sited 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.

<table>
<thead>
<tr>
<th>Medication: (1)</th>
<th>(2)</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Classification</td>
<td>1)</td>
<td>2)</td>
</tr>
<tr>
<td>b) Mechanism of action</td>
<td>1)</td>
<td>2)</td>
</tr>
<tr>
<td>c) Process of absorption, distribution &amp; elimination</td>
<td>1)</td>
<td>2)</td>
</tr>
<tr>
<td>d) Clinical application</td>
<td>1a)</td>
<td>1b)</td>
</tr>
<tr>
<td>e) Common Adverse Reactions</td>
<td>1a)</td>
<td>1b)</td>
</tr>
<tr>
<td>f) Potential Interactions</td>
<td>1a)</td>
<td>1b)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>a) Intervention/Mvt</th>
<th>Effect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Intervention/Mvt</td>
<td>Effect:</td>
</tr>
<tr>
<td>c) Intervention/Mvt</td>
<td>Effect:</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Article Citation (AMA format) and Level of Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Description:</td>
</tr>
<tr>
<td>Impact of Medication on Intervention:</td>
</tr>
</tbody>
</table>
CEU Courses
Available in
Pharmacology
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
From: 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
71 KB

Pharmacology in Physical Therapist Practice (pdf)
PHARMACOLOGY IN PHYSICAL THERAPIST PRACTICE HOD P06-04-14-14
... Physical therapist patient/client management integrates an understanding of a patient ...
Source: APTA.org
From: 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
From: 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 hypertensive ...
Source: APTA.org; Learning Center
From: 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
From: 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
From: 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
From: 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
From: 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
From: APTA.org
1 KB
<table>
<thead>
<tr>
<th>Search Term</th>
<th>Pharmacology</th>
<th>All</th>
<th>Advanced Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sort By:</td>
<td>Relevance (Date)</td>
<td>Showing: 11 of 20</td>
<td>Page: 1 of 2</td>
</tr>
</tbody>
</table>

1. **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
   - 3 KB

2. **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

3. **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

4. **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

5. **Essentials in Physical Therapy: Neuromuscular Essentials: Applying the Preferred...**
   - Series editor: Marilyn Moffet, PT, DPT, PhD, FAPTA, CSOS...
   - Each book provides a brief review of pertinent anatomy, physiology, pathology, pharmacology, and imaging.
   - Source: Store
   - From: Store/Store
   - 72 KB

6. **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

7. **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...
   - Source: Store
   - From: Store/Store
   - 72 KB

8. **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...
   - Source: Store
   - From: Store/Store
   - 72 KB

9. **Call for PT Volunteers**
   - Physical therapists 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
   - 355 bytes

10. **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
    - 56 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:

Green: Current Status Red: Completed Grey: Not Applicable

Last Updated 1/31/2013
Continuing Competency

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

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

Delegation Authority for Citation Informal Conferences

This proposal is on the Board’s 2013 Rulemaking Calendar.

Green: Current Status Red: Completed Grey: Not Applicable
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

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:

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 1st – November 30th</td>
<td>January 1st</td>
</tr>
<tr>
<td>December 1st – February 29th</td>
<td>April 1st</td>
</tr>
<tr>
<td>March 1st – May 31st</td>
<td>July 1st</td>
</tr>
<tr>
<td>June 1st – August 31st</td>
<td>October 1st</td>
</tr>
</tbody>
</table>
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.
## SCHEDULE B: PROPOSED REGULATIONS IMPLEMENTING STATUTES ENACTED PRIOR TO THE YEAR 2012

### Subject: Review and/or Update of All Application and Licensing Regulations

<table>
<thead>
<tr>
<th>CCR Title &amp; Sections Affected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statute(s) Being Implemented:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business and Professions (B&amp;P) Code, Division 2, Chapter 5.7, Articles 3-4.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsible Agency Unit: Application and Licensing Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liz Constancio (916) 561-8274</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person &amp; Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liz Constancio (916) 561-8274</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projected Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice Published: 6/4/2013</td>
</tr>
<tr>
<td>Public Hearing: 8/7/2013</td>
</tr>
<tr>
<td>Adoption by your agency: 8/7/2013</td>
</tr>
<tr>
<td>To OAL for review: 9/2013</td>
</tr>
</tbody>
</table>

### Subject: Continuing Competency

<table>
<thead>
<tr>
<th>CCR Title &amp; Sections Affected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title 16, Division 13.2, Article 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statute(s) Being Implemented:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B&amp;P Code, Division 2, Chapter 5.7, Section 2676</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Responsible Agency Unit: Continuing Competency</th>
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<tbody>
<tr>
<td>Jason Kaiser (916) 561-8278</td>
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<th>Contact Person &amp; Phone Number:</th>
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<td>Jason Kaiser (916) 561-8278</td>
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<th>Projected Dates:</th>
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<tbody>
<tr>
<td>Notice Published: 12/2013</td>
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<tr>
<td>Public Hearing: 2/2014</td>
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<td>Adoption by your agency: 2/2014</td>
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<td>To OAL for review: 4/2014</td>
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<tr>
<td>Subject</td>
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<tr>
<td>Delegation Authority for Citation Informal Conferences (Cite and Fine)</td>
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<tr>
<td>Uniform Standards</td>
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<tr>
<td>Evaluation Elements</td>
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### Physical Therapy Business Requirements

**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

### Telehealth

**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

### Mandatory Fingerprinting

**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
<table>
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<th><strong>Subject:</strong></th>
<th><strong>Office Location</strong></th>
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<tr>
<td></td>
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<td>Title 16, Division 13.2, Section 1398.1</td>
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<td>Administrative Services</td>
<td>Sarah Conley (916) 561-8210</td>
<td>Notice Published: 6/2013</td>
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### 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
MEMBERS OF THE PHYSICAL THERAPY BOARD OF CALIFORNIA:

DEBRA J. ALVISO, PT, DPT., PROFESSIONAL BOARD MEMBER, PRESIDENT

MARTHA JEWELL, PT, PH.D., PROFESSIONAL BOARD MEMBER, VICE PRESIDENT

DONALD A. CHU, PH.D., PT, ATC, CSCS, PROFESSIONAL BOARD MEMBER

SARA TAKII, PT, DPT, MPA, PROFESSIONAL BOARD MEMBER

JAMES E. TURNER, MPA, PUBLIC BOARD MEMBER

CAROL A. WALLISCH, MA, MPH, PUBLIC BOARD MEMBER

JASON KAISER, INTERIM EXECUTIVE OFFICER
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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.

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

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

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

PROFICIENCY
We value innovative ideas and concepts.
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 BReEZe.

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.