Ethics – Texas Physical Therapy

Goals & Objectives

Course Description
“Ethics – Texas Physical Therapy” is an online continuing education course for Texas licensed physical therapists and physical therapist assistants. The course focuses on defining ethical behavior for physical therapy professionals. Information presented includes sections on the theoretical basis for ethical decision-making, the APTA’s Code of Ethics and Guide for Professional Conduct, legal standards of behavior, and hypothetical case scenarios.

Course Rationale
This course was developed to explain, promote, and facilitate ethical behavior among physical therapists and physical therapist assistants.

Course Goals and Objectives
At the end of this course, the participants will be able to:
1. define the meaning of Ethics and explain the various theories that promote ethical behavior.
2. identify the theoretical basis for ethical decision-making
3. define the legal role of assistive personnel as per Texas state rules.
4. define supervision requirements as per Texas state rules
5. identify the requirements for initiation and provision of physical therapy services as per Texas state rules.
6. recognize the legal standards of behavior as defined by Rules and Acts of the Texas State Board of Physical Therapy Examiners.
7. identify and apply the principles of the APTA’s Code of Ethics and Guide for Professional conduct.
8. identify and apply the standards of the APTA’s Standards of Ethical Conduct for Physical Therapist Assistant
9. analyze and interpret clinical situations to determine appropriate professional legal and ethical behavior.

Course Provider – Innovative Educational Services

Course Instructor - Michael Niss, DPT

Target Audience – Texas licensed physical therapists and physical therapist assistants

Course Educational Level - This course is applicable for introductory learners.

Course Prerequisites – None

Method of Instruction/Availability – Online text-based course available continuously.

Criteria for Issuance of CE Credits - A score of 70% or greater on the course post-test.

Continuing Education Credits - Two (2) hours of continuing education credit

Innovative Educational Services
To take the post-test for CE credit, go to: WWW.CHEAPCEUS.COM
# Ethics – Texas Physical Therapy

## Course Outline

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Ethics Overview

The word “ethics” is derived from the Greek word *ethos* (character), and from the Latin word *mores* (customs). Together, they combine to define how individuals choose to interact with one another. In philosophy, ethics defines what is good for the individual and for society and establishes the nature of duties that people owe themselves and one another. Ethics is also a field of human inquiry that examines the bases of human goals and the foundations of “right” and “wrong” human actions that further or hinder these goals.

Why Ethics are Important
Ethics are important on several levels.
- People feel better about themselves and their profession when they work in an ethical manner.
- Professions recognize that their credibility rests not only on technical competence, but also on public trust.
- At the organizational level, ethics is good business. Several studies have shown that over the long run ethical businesses perform better than unethical businesses.

Ethics vs. Morals
Although the terms “ethics” and “morals” are often used interchangeably, they are not identical. Morals usually refer to practices; ethics refers to the rationale that may or may not support such practices. Morals refer to actions, ethics to the reasoning behind such actions. Ethics is an examined and carefully considered structure that includes both practice and theory. Morals include ethically examined practices, but may also include practices that have not been ethically analyzed, such as social customs, emotional responses to breaches of socially accepted practices and social prejudices. Ethics is usually at a higher intellectual level, more universal, and more dispassionate than morals. Some philosophers, however, use the term “morals” to describe a publicly agreed-upon set of rules for responding to ethical problems.

Ethical Questions
Ethical questions involve 1) responsibilities to the welfare of others or to the human community; or 2) conflicts among loyalties to different persons or groups, among responsibilities associated with one’s role (e.g. as consumer or provider), or among principles. Ethical questions include (or imply) the words “ought” or “should”.

Ethics Theories
Throughout history, mankind has attempted to determine the philosophical basis from which to define right and wrong. Here are some of the more commonly accepted theories that have been proposed.
Utilitarianism
This philosophical theory develops from the work of Jeremy Bentham and John Stuart Mill. Simply put, utilitarianism is the theory that right and wrong is determined by the consequences. The basic tool of measurement is pleasure (Bentham) or happiness (Mill). A morally correct rule is one that provides the greatest good to the greatest number of people.

Social Contract Theory
Social contract theory is attributed to Thomas Hobbes, John Locke, and from the twentieth century, John Rawls. Social contract theories believe that the moral code is created by the people who form societies. These people come together to create society for the purpose of protection and gaining other benefits of social cooperation. These persons agree to regulate and restrict their conduct to achieve this end.

Deontological or Duty Theory
Under this theory you determine if an act or rule is morally right or wrong if it meets a moral standard. The morally important thing is not consequences but the way choosers think while they make choices. One famous philosopher who developed such a theory was Immanuel Kant.

Ethical Intuitionism
Under this view an act or rule is determined to be right or wrong by appeal to the common intuition of a person. This intuition is sometimes referred to as your conscience. Anyone with a normal conscience will know that it is wrong to kill an innocent person.

Ethical Egoism
This view is based on the theory that each person should do whatever promotes their own best interests; this becomes the basis for moral choices.

Natural Law Theory
This is a moral theory which claims that just as there are physical laws of nature, there are moral laws of nature that are discoverable. This theory is largely associated with Thomas Aquinas, who advocated that each thing has its own inherent nature, i.e. characteristic ways of behavior that belong to all members of its species and are appropriate to it. This nature determines what is good or bad for that thing. In the case of human beings, the moral laws of nature stem from our unique capacity for reason. When we act against our own reason, we are violating our nature, and therefore acting immorally.

Virtue Ethics
This ethics theory proposes that ethical behavior is a result of developed or inherent character traits or virtues. A person will do what is morally right because they are a virtuous person. Aristotle was a famous exponent of this view. Aristotle
felt that virtue ethics was the way to attain true happiness. These are some of the commonly accepted virtues.

- **Autonomy**: the duty to maximize the individual’s right to make his or her own decisions.
- **Beneficence**: the duty to do good.
- **Confidentiality**: the duty to respect privacy of information.
- **Finality**: the duty to take action that may override the demands of law, religion, and social customs.
- **Justice**: the duty to treat all fairly, distributing the risks and benefits equally.
- **Nonmaleficence**: the duty to cause no harm.
- **Understanding/Tolerance**: the duty to understand and to accept other viewpoints if reason dictates.
- **Respect for persons**: the duty to honor others, their rights, and their responsibilities.
- **Universality**: the duty to take actions that hold for everyone, regardless of time, place, or people involved.
- **Veracity**: the duty to tell the truth.

**How to Make Right Decisions**

The foundation for making proper ethical decisions is rooted in an individual’s ability to answer several fundamental questions concerning their actions.

1. **Are my actions legal?**
   Weighing the legality of one’s actions is a prudent way to begin the decision-making process. The laws of a geopolitical region are a written code of that region’s accepted rules of conduct. This code of conduct usually defines clearly which actions are considered acceptable and which actions are unacceptable. However, a legitimate argument can be made that sometimes what is legal is not always moral, and that sometimes what is moral is not always legal. This idea is easily demonstrated by the following situation.

   It is illegal for a pedestrian to cross a busy street anywhere other than at the designated crosswalk (jaywalking). A man is walking down a street and sees someone fall and injure themselves on the other side of the street. He immediately crosses the street outside of the crosswalk to attend to the injured person. Are his actions legal? Are they moral?
What if by stepping into the street he causes a car to swerve and to strike another vehicle?

Admittedly, with the exception of law enforcement officers and attorneys, most people do not know all of the specific laws that govern their lives. However, it is assumed that most people are familiar with the fundamental virtues from which these laws are based, and that they will live their lives in accordance with these virtues.

2. **Are my actions ethical?**
   Professional ethical behavior as it is defined in this context relates to actions that are consistent with the normative standards established or practiced by others in the same profession. For physical therapists and physical therapist assistants, these ethical standards are documented in the APTA’s Code of Ethics. All PT’s and PTA’s, even those who are not members of the APTA, are bound to these guidelines. This is because The APTA Code of Ethics is the accepted and de facto standard of practice throughout the profession.

3. **Are my actions fair?**
   I think most people would agree that the concept of fairness is often highly subjective. However, for these purposes, we will define fairness as meaning deserved, equitable and unbiased. Fairness requires the decision-maker to have a complete understanding of benefits and liabilities to all parties affected by the decision. Decisions that result in capricious harm or arbitrary benefit cannot be considered fair. The goal of every decision should be an outcome of relative equity that reflects insightful thought and soundness of intent.

4. **Would my actions be the same if they were transparent to others?**
   This question presents as a true reflection of the other three. Legal, ethical, and fair are defined quite differently by most people when judged in the comfort of anonymity versus when it is examined before the forum of public opinion. Most often it is the incorrect assumption that “no one will ever find out about this” that leads people to commit acts of impropriety. How would your decisions change, if prior to taking any actions, you assumed just the opposite; “other people will definitely know what I have done”. One sure sign of a poor decision is debating the possible exposure of an action instead of examining the appropriateness of it.
APTA Code of Ethics

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:
1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5: Physical therapists shall fulfill their legal and professional obligations.**
5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.**
6A. Physical therapists shall achieve and maintain professional competence.
6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.**
7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

**APTA’s Guide for Professional Conduct**

The APTA’s Guide for Professional Conduct is produced to assist physical therapists in interpreting the Code of Ethics in matters of professional conduct. The interpretations reflect the opinions, decisions, and advice of the APTA’s Ethics and Judicial Committee (EJC).

The following information has been summarized from the APTA’s Guide for Professional Conduct:

**Respect**
Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

**Altruism**
Principle 2A reminds physical therapists to adhere to the profession’s core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a
decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

**Patient Autonomy**
The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist must use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and must collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient’s/client’s right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

**Professional Judgment**
Principles 3, 3A, and 3B state that it is the physical therapist’s obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist’s judgment as being informed by three elements of evidence-based practice. With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she is responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist must establish the plan of care and must provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and must make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist must inform the patient/client and must refer the patient/client to an appropriate practitioner.

A physical therapist must determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist’s judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist must not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist must avoid overutilization of physical therapy services. See Principle 8C.
Supervision
Principle 3E describes an additional circumstance in which sound professional
defense is required; namely, through the appropriate direction of and
communication with physical therapist assistants and support personnel.

Integrity in Relationships
Principle 4 addresses the need for integrity in relationships. This is not limited to
relationships with patients/clients, but includes everyone physical therapists
come into contact with professionally. For example, demonstrating integrity could
encompass working collaboratively with the health care team and taking
responsibility for one’s role as a member of that team.

Reporting
When considering the application of “when appropriate” under Principle 4C, it is
important to know that not all allegedly illegal or unethical acts should be
reported immediately to an agency/authority. The determination of when to do so
depends upon each situation’s unique set of facts, applicable laws, regulations,
and policies. Depending upon those facts, it might be appropriate to
communicate with the individuals involved. Consider whether the action has been
corrected, and in that case, not reporting may be the most appropriate action.
Note, however, that when an agency/authority does examine a potential ethical
issue, fact finding will be its first step. The determination of ethicality requires an
understanding of all of the relevant facts, but may still be subject to interpretation.

Exploitation
Principle 4E is fairly clear – sexual relationships with patients/clients, supervisees
or students are prohibited.

Colleague Impairment
The central tenet of Principles 5D and 5E is that inaction is not an option for a
physical therapist when faced with the circumstances described. Principle 5D
states that a physical therapist shall encourage colleagues to seek assistance or
counsel while Principle 5E addresses reporting information to the appropriate
authority.

5D and 5E both require a factual determination on your part. This may be
challenging in the sense that you might not know or it might be difficult for you to
determine whether someone in fact has a physical, psychological, or substance-
related impairment. In addition, it might be difficult to determine whether such
impairment may be adversely affecting his or her professional responsibilities.
Moreover, once you do make these determinations, the obligation under 5D
centers not on reporting, but on encouraging the colleague to seek assistance.
However, the obligation under 5E does focus on reporting. But note that 5E
discusses reporting when a colleague is unable to perform, whereas 5D
discusses encouraging colleagues to seek assistance when the impairment may
adversely affect his or her professional responsibilities. So, 5D discusses
something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

**Professional Competence**
6A requires a physical therapist to maintain professional competence within one’s scope of practice throughout one’s career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice.

**Professional Growth**
6D elaborates on the physical therapist’s obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist’s responsibility, whether or not the employer provides support.

**Charges and Coding**
Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed.

**Pro Bono Services**
The key word in Principle 8A is “or”. If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

**Standards of Ethical Conduct for the Physical Therapist Assistant**

**Standards**

**Standard #1:** Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.
1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.
Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.
2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.
2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.
3A. Physical therapist assistants shall make objective decisions in the patient’s/client’s best interest in all practice settings.
3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.
3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.
3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.
4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.
4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

**Standard #5:** **Physical therapist assistants shall fulfill their legal and ethical obligations.**

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.
5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

**Standard #6:** **Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.**

6A. Physical therapist assistants shall achieve and maintain clinical competence.
6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Standard #7:** **Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.**

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

**Standard #8:** **Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.**

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.
8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

APTA Guide for Conduct of the Physical Therapist Assistant

The following abridged information has been summarized from the APTA’s Guide for Conduct of the Physical Therapist Assistant:

Sound Decisions
To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

Supervision
Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed.

Clinical Competence
6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills.
**Documenting Interventions**
7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

**Texas Physical Therapy Practice Act**

The 62nd Texas Legislature enacted the Physical Therapy Practice Act in 1971. All rules adopted by the Board are based on the Act.

A complete copy of the State of Texas Physical Therapy Practice Act can be found at: www.ptot.texas.gov/idl/6D2078FF-B6F0-ED66-C84F-6E0493418534

Some of the sections relevant to professional and/or clinical conduct are summarized below.

**Sec. 453.005 Practice of Physical Therapy**
(a) The practice of physical therapy requires that a person practicing have education, training, and experience in physical therapy.
(b) The practice of physical therapy includes:
   (1) measurement or testing of the function of the musculoskeletal, neurological, pulmonary, or cardiovascular system;
   (2) rehabilitative treatment concerned with restoring function or preventing disability caused by illness, injury, or birth defect;
   (3) treatment, consultative, educational, or advisory services to reduce the incidence or severity of disability or pain to enable, train, or retrain a person to perform the independent skills and activities of daily living; and
   (4) delegation of selective forms of treatment to support personnel while a physical therapist

**Sec. 453.201. License Required; Use of Title.**
(a) A person may not practice physical therapy or practice as a physical therapist assistant, unless the person is an individual who holds a license issued by the board.
(b) A person, including the person’s employee or other agent or representative, may not extend or provide physical therapy services unless the services are provided by a physical therapist.
(c) A person is considered to be practicing physical therapy if the person:
   (1) performs, offers to perform, or attempts to perform physical therapy; or
   (2) publicly professes to be or holds the person out to be a physical therapist or as providing physical therapy.
(d) Unless the person is a physical therapist, a person, including the person’s employee or other agent or
representative, may not use in connection with the person's name or business activity:

(1) the words "physical therapy," "physical therapist," "physiotherapy," "physiotherapist," "licensed physical therapist," "registered physical therapist," or "physical therapist assistant";
(2) the letters "PT," "PhT," "LPT," "RPT," "DPT," "MPT," or "PTA"; or
(3) any other words, letters, abbreviations, or insignia indicating or implying, by any means or in any way, that physical therapy is provided or supplied.

(e) A person may not use the title "Physical Therapist" unless the person is a physical therapist.

(f) A person may not use the title "Physical Therapist Assistant" unless the person is a physical therapist assistant.

Sec. 453.351. Grounds for Denial of license or Discipline of License Holder.
(a) The board may deny a license or suspend or revoke a license, place a license holder on probation, reprimand a license holder, impose an administrative penalty, or otherwise discipline a license holder if the applicant or license holder has:

(1) except as provided by Section 453.301 or 453.302, provided physical therapy to a person without a referral from a referring practitioner;
(2) used drugs or intoxicating liquors to an extent that affects the license holder's or applicant's professional competence;
(3) been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or in any other state or nation;
(4) obtained or attempted to obtain a license by fraud or deception;
(5) been grossly negligent in the practice of physical therapy or in acting as a physical therapist assistant;
(6) been found to be mentally incompetent by a court;
(7) practiced physical therapy in a manner detrimental to the public health and welfare;
(8) had a license to practice physical therapy revoked or suspended or had other disciplinary action taken against the license holder or applicant;
(9) had the license holder's or applicant's application for a license refused, revoked, or suspended by the proper licensing authority of another state or nation; or
(10) in the case of a physical therapist assistant, treated a person other than under the direction of a physical therapist.

(b) The board shall revoke or suspend a license, place on probation a person whose license has been suspended, or reprimand a license holder for a violation of this chapter or a rule adopted by the board.

(c) If a license suspension is probated, the board may require the license holder to:

(1) report regularly to the board on matters that are the basis of the probation;
(2) limit practice to the areas prescribed by the board; or
(3) continue or review continuing professional education until the license holder attains a degree of skill satisfactory to the board in those areas that are the basis of the probation.

Texas Physical Therapy Rules

As mandated by the Texas Physical Therapy Practice Act, the PT Board adopts rules to govern the practice of physical therapy in the State. Rules are adopted, changed and repealed in response to developments in physical therapy practice, administrative changes, or legislative mandates. The rules are established as minimum standards, to ensure that the public is adequately protected.
A complete copy of the State of Texas Physical Therapy Rules can be found at: http://www.ptot.texas.gov/idl/26EA29FD-77A2-42B0-0357-C7361B13DF63

Some of the sections relevant to professional and/or clinical conduct are summarized below.

§322.1. Provision of Services.
(a) Initiation of physical therapy services.
(1) Referral requirement. A physical therapist is subject to discipline from the board for providing physical therapy treatment without a referral from a qualified healthcare practitioner licensed by the appropriate licensing board, who within the scope of the professional licensure is authorized to prescribe treatment of individuals. The list of qualifying referral sources includes physicians, dentists, chiropractors, podiatrists, physician assistants, and advanced nurse practitioners.
(2) Exceptions to referral requirement.
(A) A PT may evaluate without referral.
(B) A PT may provide instructions to any person who is asymptomatic relating to the instructions being given without a referral, including instruction to promote health, wellness, and fitness.
(C) Emergency Circumstances. A PT may provide emergency medical care to a person after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity without referral if the absence of immediate medical attention could reasonably be expected to result in a serious threat to the patient's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
(D) Prior referrals. A physical therapist may treat a patient for an injury or condition that is the subject of a prior referral if all of the following conditions are met.
   (i) The physical therapist must notify the original referring healthcare personnel of the commencement of therapy by
telephone within five days, or by letter postmarked within five business days;
(ii) The physical therapy provided must not be for more than 20 treatment sessions or 30 consecutive calendar days, whichever occurs first. At the conclusion of this time or treatment, the physical therapist must confer with the referring healthcare personnel before continuing treatment;
(iii) The treatment can only be provided to a client/patient who received the referral not more than one year previously; and
(iv) The physical therapist providing treatment must have been licensed for one year. The physical therapist responsible for the treatment of the patient may delegate appropriate duties to another physical therapist having less than one year of experience or to a physical therapist assistant. A physical therapist licensed for more than one year must retain responsibility for and supervision of the treatment.

(3) Methods of referral. A referral may be transmitted by a qualifying referral source in the following ways:
   (A) in a written document, including faxed and emailed documents;
or
   (B) verbally, in person or by telephone. If a referral is transmitted verbally, whether in person or by telephone, it must be received, recorded and signed by the PT, PTA or other authorized personnel, and include all of the information that would appear on a written referral.

(b) Evaluation and screening.
   (1) Evaluation. Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT.
   (2) PTAs may screen patients designated by a PT as possible candidates for physical therapy services. Screening entails the collection of uniform information from all patients screened using a predetermined, standardized format. The information collected is delivered to the supervising PT. Only a PT may determine whether further intervention for patients screened is necessary.

c) Physical therapy plan of care development and implementation.
   (1) The PT must develop a written plan of care, based on his evaluation, for each patient.
   (2) Treatment may not be provided by a PTA or aide until the plan of care has been established.
   (3) The plan of care must be reviewed and updated as necessary following a reevaluation of the patient's condition.
   (4) The plan of care or treatment goals may only be changed or modified by a PT.
(5) A PTA may modify treatment techniques as indicated in the plan of care.

(6) A PT or PTA must interact with the patient regarding his/her condition, progress and/or achievement of goals during each treatment session.

(d) Reevaluation.
(1) Provision of physical therapy treatment by a PTA or an aide may not continue if the PT has not performed a reevaluation:
   (A) at a minimum of once every 60 days after treatment is initiated, or at a higher frequency as established by the PT; and
   (B) in response to a change in the patient’s medical status that affects physical therapy treatment, when a change in the physical therapy plan of care is needed, or prior to any planned discharge.

(2) A reevaluation must include:
   (A) an onsite reexamination of the patient; and
   (B) a review of the plan of care with appropriate continuation, revision, or termination of treatment.

(e) Documentation of treatment.
(1) At a minimum, documentation of physical therapy services must include the following:
   (A) any referral authorizing treatment;
   (B) the initial examination and evaluation;
   (C) the plan of care;
   (D) documentation of each treatment session by the PT or PTA providing the services;
   (E) reevaluations as required by this section;
   (F) any conferences between the PT and PTA, as described in this section; and
   (G) the discharge summary.

(2) The PTA must include the name of the supervising PT in his documentation of each treatment session.

(3) Physical therapy aides may not write or sign any physical therapy documents in the permanent record. However, a physical therapy aide may enter quantitative data for tasks delegated by the supervising PT or PTA.

(4) Discharge Summary. The PT must provide final documentation for discharge of a patient, including patient response to treatment at the time of discharge and any necessary follow-up plan. A PTA may participate in the discharge summary by providing subjective and objective patient information to the supervising physical therapist.

§322.2. Role Delineation.
(a) The role of the PT.
(1) The PT holds primary responsibility for physical therapy care rendered under his supervision.

(2) The PT’s professional responsibilities include, but are not limited to:
(A) Performance and documentation of the initial physical therapy examination and evaluation of the patient;
(B) Interpretation of the practitioner’s referral;
(C) Development and documentation of a plan of care;
(D) Implementation of, or directing implementation of, the plan of care;
(E) Delegation of tasks to appropriate personnel;
(F) Direction and supervision of the PTA and physical therapy aide;
(G) Completion and accuracy of the patient's physical therapy record;
(H) Performance and documentation of the reexamination and reevaluation of the patient as described in this section; and when necessary, modification of the plan of care;
(I) Discharge of a patient or discontinuation of treatment;
(J) Development of any follow-up plan for the patient; and
(K) Collaboration with members of the health care team when appropriate.

(3) The PT shall not implement any plan of care that, in his judgment, is contraindicated.

(b) The role of the PTA.

(1) A PTA may provide physical therapy services only under the supervision of a PT.

(2) A PTA may be assigned responsibilities by a supervising PT to:
(A) screen patients designated by a PT as possible candidates for physical therapy services.
(B) provide physical therapy services as specified in the physical therapy plan of care which may include but are not limited to:
   (i) preparing patients, treatment areas, and equipment;
   (ii) implementing treatment programs that include therapeutic exercises; gait training and techniques; ADL training techniques; administration of therapeutic heat and cold; administration of ultrasound; administration of therapeutic electric current; administration of ultraviolet; application of traction; performance of intermittent venous compression; application of external bandages, dressings, and support; performance of goniometric measurement;
   (iii) modifying treatment techniques as indicated in the plan of care;
(C) respond to acute changes in physiological state;
(D) teach other health care providers, patients, and families to perform selected treatment procedures and functional activities; and
(E) identify architectural barriers and report them to the PT.

(3) The PTA may not:
(A) specify and/or perform definitive (decisive, conclusive, final) evaluative and assessment procedures;
(B) alter a plan of care or goals;
(C) recommend wheelchairs, orthoses, prostheses, other assistive devices, or alterations to architectural barriers to persons;
(D) sign progress notes which design or modify the plan of care.

(c) The role of the physical therapy aide.
(1) All rules governing the services provided by a PTA are further modified for the physical therapy aide.

(2) A physical therapy aide may be assigned responsibilities by the supervising PT or PTA to provide services as specified in the physical therapy plan of care within the scope of on-the-job training with supervision by a PT or PTA who is on the premises and readily available to respond in person.

(3) A physical therapy aide may not:
   (A) perform any evaluative or assessment activities;
   (B) initiate physical therapy treatment, to include exercise instruction; or
   (C) write or sign physical therapy documents in the permanent record, except as provided for in §322.1(e) of this title.

§322.3. Supervision.
(a) It is the responsibility of each PT and/or PTA to determine the number of PTAs and/or aides he or she can supervise safely.

(b) Supervision of PTAs.
   (1) A supervising PT is responsible for and will participate in the patient's care.
   (2) A supervising PT must be on call and readily available when physical therapy services are being provided.
   (3) A PT may assign responsibilities to a PTA to provide physical therapy services, based on the PTA's training, that are within the scope of activities listed in §322.1, Provision of Services.
   (4) The supervising PT must hold documented conferences with the PTA regarding the patient. The PT is responsible for determining the frequency of the conferences consistent with accepted standards of practice.

(c) Supervision of physical therapy aides.
   (1) A supervising PT or PTA is responsible for the supervision of, and the physical therapy services provided by, the PT aide.
   (2) A PT or PTA must provide onsite supervision of a physical therapy aide, and remain within reasonable proximity during the aide's interaction with the patient.

§322.4. Practicing in a Manner Detrimental to the Public Health and Welfare.
(a) The board may deny a license to or discipline an applicant/respondent who is found to be practicing in a manner detrimental to the public health and welfare. The board may deny a registration for a physical therapy facility to an applicant or discipline a physical therapy facility required to be registered by the act which is found to be practicing in a manner detrimental to the public health and welfare.

(b) Practicing in a manner detrimental to the public health and welfare may include, but is not limited to, the following:
   (1) failing to document physical therapy services, inaccurately recording, falsifying, or altering patient/client records;
   (2) obtaining or attempting to obtain or deliver medications through means of misrepresentation, fraud, forgery, deception, and/or subterfuge;
(3) failing to supervise and maintain the supervision of supportive personnel, licensed or unlicensed, in compliance with the Act and rule requirements;
(4) aiding, abetting, authorizing, condoning, or allowing the practice of physical therapy by any person not licensed to practice physical therapy;
(5) permitting another person to use an individual's physical therapist's or physical therapist assistant's license for any purpose;
(6) failing to cooperate with the agency by not furnishing papers or documents requested or by not responding to subpoenas issued by the agency;
(7) interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the agency or the board, or by the use of threats or harassment against any patient/client or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
(8) engaging in sexual contact with a patient/client as the result of the patient/client relationship;
(9) practicing or having practiced with an expired temporary or permanent license;
(10) failing to conform to the minimal standards of acceptable prevailing practice, regardless of whether or not actual injury to any person was sustained, including, but not limited to:
   (A) failing to assess and evaluate a patient's/client's status;
   (B) performing or attempting to perform techniques or procedures or both in which the physical therapist or physical therapist assistant is untrained by education or experience;
   (C) delegating physical therapy functions or responsibilities to an individual lacking the ability or knowledge to perform the function or responsibility in question; or
   (D) causing, permitting, or allowing physical or emotional injury or impairment of dignity or safety to the patient/client;
(11) intentionally or knowingly offering to pay or agreeing to accept any remuneration directly or indirectly, overtly or covertly, in cash or in kind, to or from any person, firm, association of persons, partnership, or corporation for receiving or soliciting patients or patronage, regardless of source of reimbursement, unless said business arrangement or payments practice is acceptable under 42 United States Code §1320a-7b(b) or its regulations;
(12) advertising in a manner which is false, misleading, or deceptive;
(13) knowingly falsifying and/or forging a referring practitioner's referral for physical therapy;
(14) failing to register a physical therapy facility which is not exempt or failing to renew the registration of a physical therapy facility which is not exempt;
(15) practicing in an unregistered physical therapy facility which is not exempt;
(16) failing to notify the board of any conduct by another licensee which reasonably appears to be a violation of the Practice Act and rules, or aids or causes another person, directly or indirectly, to violate the Practice Act or rules of the board; 
(17) abandoning or neglecting a patient under current care without making reasonable arrangements for the continuation of such care; and 
(18) failing to maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communication, including compliance with HIPAA regulations.

Ethics Case Studies

Case Study #1 - Confidentiality

John Jones PT, Sue Brown (therapy receptionist), and Mary Smith (Director of Managed Care Contracting), are in a private PT office discussing the fact that they are treating Biff Simpson, a star NFL quarterback. John says, “I can’t believe that I’m actually treating Biff Simpson.” Mary asks, “How bad do you think his injury is?” John replies, “I saw his MRI report, it looks like he is going to need surgery.”

Is this a breach in confidentiality?

The information contained in each patient’s medical record must be safeguarded against disclosure or exposure to nonproprietary individuals. The right to know any medical information about another is always predicated on a sound demonstration of need. Frequently, many individuals require access to information contained in a patient’s medical record. Their right to access this information is limited to only that information which is deemed necessary for them perform their job in a safe, effective, and responsible manner.

The first questions we must ask are “What information is being disclosed and do the three individuals engaged in the conversation have a need to know this information?”

John’s first statement discloses the name of person receiving care, and his second statement reveals private patient medical information. Certainly, as the primary therapist, John would need to know the patient’s name and therapy related diagnosis in order to provide care. Sue, the receptionist, may also need this information to schedule appointments and perform other essential clerical tasks. Mary, whose job it is to contract with managed care organizations, most likely has no compelling reason to know either the patient’s identity or any of his medical information. Therefore, the disclosure to Mary of the patient’s identity and medical information is a breach of patient confidentiality.
Case Study #2 – Qualifications of Practice

You work in very busy outpatient rehab clinic. One of your coworkers is a physical therapy aide who has worked in rehabilitation for more than 20 years. Frequently, she is called upon to perform treatments that should be done by a PT or PTA. The patients always give her compliments, and frequently request her to treat them. She demonstrates exceptional skills and achieves outstanding outcomes.

Is the clinic providing ethical care to its patients?

The practice of physical therapy is closely regulated throughout the United States. Each state, through legislation, establishes minimal licensure and practice standards. This is done to protect the general public against fraud and substandard care by under-qualified practitioners. It is each physical therapist’s responsibility to adhere to the standards of care and licensure requirements specific to the state in which they practice. The therapist must also ensure that all care provided not directly by them, but under their supervision, also meets these standards.

In this situation, the aide’s abilities and outcomes are considered irrelevant. The key sentence in the paragraph is: “perform treatments that should be done by a PT or PTA.”. The “should” in this case must not be interpreted as merely a casual suggestion but rather a legal definition regulated by the state’s Physical Therapy Practice Act. Any treatment or procedure that should be performed by a licensed professional, must be performed by a licensed professional.

Case Study #3 – Informed Consent

Sam is a PT who has just received orders to begin ambulation with a 75-year-old woman who is s/p right hip ORIF. He goes to her hospital room to evaluate her and begin ambulation. She says she does not want therapy today because she is in too much pain. Sam explains to her that the doctor has left orders for her to begin walking. The patient refuses. Sam leaves and returns the next day to try again. Again, she declines treatment and he leaves.

Under the guidelines of informed consent, were the therapist’s actions adequate?

Informed consent is the process by which a fully informed patient can participate in choices about their health care. It originates from the legal and ethical right the patient has to direct what happens to their body and from the ethical duty of the therapist to involve the patient in her health care.

The most important goal of informed consent is that the patient has an opportunity to be an informed participant in their health care decisions. It is
generally accepted that complete informed consent includes a discussion of the following elements:

- the nature of the decision/procedure
- reasonable alternatives to the proposed intervention
- the relevant risks, benefits, and uncertainties related to each alternative
- the consequences on non-treatment
- the goals of treatment
- the prognosis for achieving the goals
- assessment of patient understanding
- the acceptance of the intervention by the patient

In order for the patient’s consent to be valid, they must be considered competent to make the decision at hand and their consent must be voluntary. It is easy for coercive situations to arise in medicine. Patients often feel powerless and vulnerable. The therapist should make clear to the patient that they are participating in a decision, not merely signing a form. With this understanding, the informed consent process should be seen as an invitation for them to participate in their health care decisions. The therapist is also generally obligated to provide a recommendation and share their reasoning process with the patient. Comprehension on the part of the patient is equally as important as the information provided. Consequently, the discussion should be carried on in layperson’s terms and the patient’s understanding should be assessed along the way.

The therapist’s actions in this case were not sufficient. None of the required information was offered to the patient. The most important thing the therapist failed to explain to the patient was the consequences of non-treatment. The patient cannot make an informed decision regarding therapy without this information. It could be argued that her decision to refuse therapy may have changed had she known that one of the consequences of this decision could be the development of secondary complications. (i.e. increased risk of morbidity or mortality).

**Case Study #4- Medical Necessity**

*Steve is a physical therapist and owns his own therapy clinic. He recently signed a contract with an HMO to provide physical therapy services. The contract stipulates that Steve will be compensated on a case rate basis. (A fixed amount of money per patient, based on diagnosis) Steve has performed a thorough cost analysis on this contract and has determined that the financial “breakeven” point (revenue equals expenses) on each of these patients is 5 visits. He informs his staff that all patients covered by this insurance must be discharged by their fourth visit.*
Is limiting care in this manner ethical?

Therapists are obligated to propose and provide care that is based on sound medical rationale, patient medical necessity, and treatment efficacy and efficiency. It is unethical to either alter or withhold care based on other extraneous factors without the patient’s knowledge and consent.

In this instance, the decision to limit care is not ethical. The quantity of care is not being determined by the medical necessity of the patient. A therapist must be able to justify all of their professional decisions (such as the discharging of a patient from clinical care) based on sound clinical rationale and practices.

Case Study #5 – Conflicts of Interest

Debi Jones PT works in an acute care hospital. She is meeting with a vendor whose company is introducing a new brace onto the market. He offers her 3 free braces to “try out” on patients. The vendor states that if Debi continues to order more braces, she will qualify to receive compensation from his company by automatically becoming a member of its National Clinical Assessment Panel.

Does this represent a conflict of interest?

Yes, there exists a conflict of interest in this situation. Debi has two primary obligations to fulfill. The first is to her patient. It is her professional duty to recommend to her patient a brace that, in her judgment, will benefit them the most. The second obligation is to her employer, the hospital. As an employee of the hospital it is her responsibility to manage expenses by thoroughly and objectively seeking effective products that also demonstrate economic efficiency. The conflict of interest occurs when she begins to accept compensation from the vendor in direct or indirect response for her brace orders. Even if she truly believes it is the best brace for her patient, and it is the most cost effective brace the hospital could purchase, by accepting the money she has established at least an apparent conflict of interest. Under this situation she is obligated to disclose to all parties her financial interest in ordering the braces. This disclosure is necessitated because the potential for personal gain would make others rightfully question whether her objectivity was being influenced.

A conflict of interest is a situation in which a person has a private or personal interest that influences the objective exercise of his or her professional duties. As a professional you take on certain responsibilities and obligations to patients, employers, and others. These obligations must take precedence over a therapist’s private or personal interests.

In addition to avoiding all real instances of conflict of interest, therapists must also avoid any apparent or potential conflicts as well. An apparent conflict of

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interest is one in which a reasonable person would think that the professional’s judgment is likely to be compromised, and a potential conflict of interest involves a situation that may develop into an actual conflict of interest.

How do you determine if you are in a conflict of interest, whether actual, apparent, or potential? The key is to determine whether the situation you are in interferes or is likely to interfere with your independent judgment. A good test is the ‘trust test’: Would relevant others (my employer, my patients, professional colleagues, or the general public) trust my judgment if they knew I was in this situation. Trust is at the ethical heart or core of this issue. Conflicts of interest involve the abuse, actual or potential, of the trust people have placed in professionals. This is why conflicts of interest not only injure particular patients and employers, but they also damage the whole profession by reducing the trust people generally have in therapists.

Case Study #6 – Relationships with Referral Sources

Larry Jones PT owns a private practice. Business has been poor. He decides to sublease half of his space to an orthopedic surgeon. Larry’s current lease is at $20/sq ft. The doctor wants to pay $15/sq ft. They come to a compromise of $17/sq ft. Larry also agrees that if the doctor is his top referral source after 3 months, he’ll make him the Medical Director of the facility and pay him a salary of $500/month.

Is this an ethical arrangement?

No, this agreement is not ethical. The most notable infraction involves offering to designate (and compensate) the physician as the Medical Director contingent upon the number of referrals he sends. It is perfectly acceptable (and required in some instances) to have a physician as a Medical Director; however, compensating the Medical Director based on their referral volume is unethical. Another area of concern is the rent. At first glance, the rent amount of $17/sq ft seems fair because it was a compromise between the two parties. However, closer scrutiny reveals this to be unethical. The fair market value for rent has been established as $20/sq ft. (Larry’s current rental agreement with his landlord) By discounting the doctor $3/sq ft on his rent, Larry is giving a referral source something of value.

It is unethical for a physical therapist to offer anything of value to physicians or any other referral source in direct response for the referral of patients or services. This includes cash, rebates, gifts, discounts, reduced rent, services, equipment, employees, or marketing. Many mistakenly believe that it is a normal acceptable business practice to offer these things to referral sources. It is not. In most states, the practice is not only unethical, but it is also illegal. Exchanges of valued items or services between therapists and referral sources must never
have any relationship to the referral of patients. Goodwill gifts of nominal value are acceptable provided that no correlation can be made between the magnitude or frequency of the gift giving and referral patterns. All business agreements and transactions should always be well documented and most importantly, reflect fair market value.

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Kirsch.NR. Unsatisfying Satisfaction. PT in Motion. Alexandria: Sep 2010. Vol. 2, Iss. 8; p. 44


Ethics – Texas Physical Therapy

Post-Test

1. Which statement regarding ethics theories is INCORRECT?
   A. Utilitarianism is the theory that right and wrong is determined by consequence.
   B. Social Contract Theory proposes that moral code is created by the people who form societies.
   C. Ethical Egoism is based on the theory that each person should do whatever promotes their own best interests.
   D. Natural Law Theory proposes that ethical behavior is a result of inherent character traits.

2. Which of the following statements is TRUE?
   A. All actions that are legal are also morally right.
   B. All actions that are morally right are also legal.
   C. Physical therapy ethics vary state by state.
   D. The APTA Code of Ethics establishes ethical behavior for all physical therapists; including therapists who are not members of the APTA.

3. Which of the following is NOT one of the stated purposes of the APTA’s Code of Ethics?
   A. Provide standards of behavior and performance that form the basis of professional accountability to the public.
   B. Establish rules that define lawful physical therapy practice.
   C. Provide guidance for physical therapists facing ethical challenges.
   D. Establish standards by which the APTA can determine if a physical therapist has engaged in unethical conduct.

4. As per the principles of the APTA’s Code of Ethics, it is unethical for a physical therapist to have a sexual relationship with ________.
   A. their patient
   B. a PTA working under their supervision
   C. their physical therapy student intern
   D. All of the above

5. According to the Standards of Ethical Conduct for the Physical Therapist Assistant, physical therapist assistants shall provide physical therapy services under the direction and supervision of a ____________.
   A. physical therapist
   B. physical therapist or physician
   C. physical therapist, physician, or other qualified health care professional
   D. None of the above
6. Which of the following is NOT permissible under the Rules of the Texas Physical Therapy Board?
   A. PT treatment of a patient referred by a licensed prosthetist.
   B. PT evaluation of a patient without a referral.
   C. PT instructions to any person who is asymptomatic relating to promote health, wellness, and fitness
   D. Provision of emergency care by a PT to prevent serious impairment to bodily functions.

7. A Texas licensed PTA may do all of the following, EXCEPT:
   A. Intermittent venous compression
   B. Teach other health care providers to do selected treatment procedures
   C. Sign progress notes which design or modify the plan of care.
   D. Identify architectural barriers

8. Which of the following is FALSE regarding supervision?
   A. A PT can supervise no more than 3 PTAs at one time.
   B. A supervising PT must be on call and readily available when physical therapy services are being provided by a PTA.
   C. Supervising physical therapists must hold documented conferences with the PTA regarding the patient.
   D. PTA’s may supervise physical therapy aides

9. Which of the following is NOT generally considered to be a requirement of Informed Consent?
   A. Discussion of consequences of non-treatment
   B. Discussion explaining the treatment goals and the prognosis for attaining those goals
   C. Assessment of patient understanding
   D. Patient’s signature of acceptance on a written plan of care

10. Which of the following is unethical?
     A. Having a physician serve as your facility’s Medical Director.
     B. Showing your appreciation to your top referral source by inviting them to stay for a week at your mountain cabin
     C. Taking a case manager out to lunch to inform her about the new therapy services you have available
     D. Subleasing office space to an attorney.