

Ethics & Jurisprudence – Indiana Physical Therapy

Goals & Objectives

Course Description

“Ethics and Jurisprudence – Indiana Physical Therapy” is an asynchronous text-based online continuing education program for Indiana licensed physical therapists and physical therapist assistants. The course focuses on defining moral, ethical, and legal behavior of physical therapy professionals. The information presented includes the APTA’s Code of Ethics, Standards of Ethical Conduct for the PTA, Guide for Professional Conduct for Physical Therapists and Assistants, Indiana Code article 25-27, Indiana Administrative Code-Title 844-Article 6, model for ethical decision making, and hypothetical case analysis.

Course Rationale

This course is designed to educate, promote and facilitate ethical and legal behavior by Indiana licensed physical therapists and physical therapist assistants. It is intended to fulfill the 2-hour Ethics & Jurisprudence CE requirement as defined by 844 IAC 6-8-1 Section 1(a) of the Indiana Administrative Code.

Course Goals & 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 components of the ethical decision-making model
3. interpret and apply the APTA’s Code of Ethics
4. interpret and apply the APTA’s Standards of Ethical Conduct for the PTA
5. identify and interpret the statutes of Indiana Code Article 25-27
6. identify and apply the regulations of Indiana Administrative Code-Title 844-Article 6
7. differentiate between ethical/unethical and legal/illegal professional behavior in physical therapy practice

Course Provider – Innovative Educational Services

Course Instructor - Michael Niss, DPT

Target Audience – Indiana licensed physical therapists and physical therapist assistants

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

Course Prerequisites – None

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

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

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

Ethics & Jurisprudence – Indiana Physical Therapy

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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 (“science” according to some definitions) that examines the bases of human goals and the foundations of “right” and “wrong” human actions that further or hinder these goals.

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 was the one that provided 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 (1724-1804).

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. For example- 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 Aristotle and 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.

Model for Ethical Decision Making

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

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 geographic 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 policemen 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.

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.

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.

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.

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:

Innovative Educational Services

To take the post-test for CE credits, please go to: www.cheapceus.com

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 judgment 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.

Indiana Code §25-27-1

The following is an abridged version of Indiana Code 25-27-1.
If you would like to read the statute in its entirety, please go to: <http://www.in.gov/pla/2581.htm>

IC 25-27-1-1 Definitions

Sec. 1. For the purposes of this chapter:

(1) "Physical therapy" means the evaluation of, administration of, or instruction in physical rehabilitative and habilitative techniques and procedures to evaluate, prevent, correct, treat, alleviate, and limit physical disability, pathokinesiobiological function, bodily malfunction, pain from injury, disease, and any other physical disability or mental disorder, including:

(A) the use of physical measures, agents, and devices for preventive and therapeutic purposes;

(B) neurodevelopmental procedures;

(C) the performance, interpretation, and evaluation of physical therapy tests and measurements; and

(D) the provision of consultative, educational, and other advisory services for the purpose of preventing or reducing the incidence and severity of physical disability, bodily malfunction, and pain.

(7) "Sharp debridement" means the removal of foreign material or dead tissue from or around a wound, without anesthesia and with generally no bleeding, through the use of:

(A) a sterile scalpel;

(B) scissors;

(C) forceps;

(D) tweezers; or

(E) other sharp medical instruments;

in order to expose healthy tissue, prevent infection, and promote healing.

(8) "Spinal manipulation" means a method of skillful and beneficial treatment by which a physical therapist uses direct thrust to move a joint of the patient's spine beyond its normal range of motion, but without exceeding the limits of anatomical integrity.

IC 25-27-1-2 Unlawful practices

Sec. 2. (a) Except as otherwise provided in this chapter, it is unlawful for a person to practice physical therapy or to profess to be a physical therapist, physiotherapist, or physical therapy technician or to use the initials "P.T.", "P.T.T.", or "R.P.T.", or any other letters, words, abbreviations, or insignia indicating that the person is a physical therapist, or to practice or to assume the duties incident to physical therapy without first obtaining from the board a license authorizing the person to practice physical therapy in this state.

(d) This chapter does not authorize a person who is licensed as a physical therapist or certified as a physical therapist's assistant to:

- (2) practice medicine, surgery, dentistry, optometry, osteopathy, psychology, chiropractic, or podiatric medicine; or
- (3) prescribe a drug or other remedial substance used in medicine.

IC 25-27-1-2.5 Evaluations and treatment without a referral; exceptions

Sec. 2.5. (a) Except as provided in subsection (b), a physical therapist may evaluate and treat an individual during a period not to exceed forty-two (42) calendar days beginning with the date of the initiation of treatment without a referral from a provider described in section 2(b) of this chapter. However, if the individual needs additional treatment from the physical therapist after forty-two (42) calendar days, the physical therapist shall obtain a referral from the individual's provider, as described in section 2(b) of this chapter.

(b) A physical therapist may not perform spinal manipulation of the spinal column or the vertebral column unless:

- (1) the physical therapist is acting on the order or referral of a physician, an osteopath, or a chiropractor; and
- (2) the referring physician, osteopath, or chiropractor has examined the patient before issuing the order or referral.

IC 25-27-1-3.5 Sharp debridement referral

Sec. 3.5. A physical therapist may not perform sharp debridement unless the physical therapist is acting on the order or referral of a:

- (1) physician or osteopath licensed under IC 25-22.5; or
- (2) podiatrist licensed under IC 25-29.

IC 25-27-1-4 Indiana Board of Physical Therapy

The board is comprised of the following:

- (1) Three physical therapists.
 - (2) One physical therapist assistant.
 - (3) One member who is a resident of the state and who is not associated with physical therapy in any way, other than as a consumer.
- (c) Each physical therapist and physical therapist assistant appointed must
- (1) have an unrestricted license or certificate issued under this chapter;

- (2) have had not less than five years of experience in the actual practice of physical therapy immediately preceding appointment; and
- (3) be a resident of the state and actively engaged in this state in the practice of physical therapy during incumbency as a member of the board.
- (d) The affirmative vote of a majority of the members appointed to the board is required for the board to take action on any measure.
- (e) The board shall meet at least quarterly.

Title 844. Medical Licensing Board

Article 6. Physical Therapists and Physical Therapists' Assistants

The following is an abridged version of Indiana Title 844, Article 6.
If you would like to read the statute in its entirety, please go to: <http://www.in.gov/pla/2581.htm>

Rule 1. General Provisions

844 IAC 6-1-3 Standards of practice for physical therapy services

Sec. 3. (a) A physical therapy service shall be under the direction of a licensed physical therapist who is qualified by experience, demonstrated ability, and specialized education.

(b) A physical therapist shall develop a plan of care for each patient referred and shall be responsible for the plan implementation and modification. A physical therapist shall consult with the referring practitioner regarding any contraindicated or unjustified treatment.

Rule 3. Admission to Practice

844 IAC 6-3-5 Temporary permits

Sec. 5. (a) For applicants for licensure by endorsement, the committee may not issue more than two (2) temporary permits to an applicant for a license as a physical therapist or a certificate as a physical therapist's assistant where the applicant submits verification of a valid license to practice physical therapy or a valid certificate to act as a physical therapist's assistant from another jurisdiction and meets the requirements of section 1(1) through 1(4) and 1(7) of this rule, except where the applicant has graduated from an educational program in another state, country, or territory, not approved by the committee.

(b) For recent graduates, the committee may issue not more than two (2) temporary permits to an applicant for a license as a physical therapist or a certificate as a physical therapist's assistant who is a graduate of an approved physical therapy program or an approved physical therapist's assistant program that meets the standards set by the committee and who has applied for and been approved by the committee to take the examination for which the applicant has applied for licensure or certification.

(c) A candidate for a license as a physical therapist or for a certificate as a physical therapist's assistant holding a temporary permit under this section shall only work under the direct supervision of a licensed physical therapist and shall report to the committee, on a form provided by the committee, the name of the facility and supervising physical therapists.

Innovative Educational Services

To take the post-test for CE credits, please go to: www.cheapceus.com

(d) A temporary permit shall expire on the earliest date that any one (1) of the following events occurs:

- (1) The applicant is licensed or certified.
- (2) The application for licensure or certification is disapproved.
- (3) Ninety (90) days has passed since the issuance of the temporary permit.

Rule 4. Registration of Licensed Physical Therapists and Physical Therapists' Assistants

844 IAC 6-4-1 Mandatory registration; renewal

Sec. 1. (a) Every physical therapist holding a license issued by the committee shall renew his or her license biennially on or before July 1 of each even numbered year.

(b) A licensee's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the licensee from renewing such license.

(c) Every physical therapist's assistant holding a certificate issued by the committee shall renew his or her certificate biennially on or before July 1 of each even-numbered year.

Rule 6. Reinstatement of Suspended License

844 IAC 6-6-3 Duties of suspended licensees, certificate holders

Sec. 3. In any case where a person's license or certificate has been suspended under IC 25-1-9, said person shall do the following:

(1) Within thirty (30) days from the date of the order of suspension, file with the physical therapy committee an affidavit showing the following:

(A) All active patients then under the licensee's or certificate holder's care have been notified in the manner and method specified by the committee of the licensee's or certificate holder's suspension and consequent inability to act for or on their behalf in a professional capacity. Such notice shall advise all such patients to seek the services of another licensee or certificate holder of good standing of their own choice.

(B) All hospitals and medical and health care facilities where such licensee or certificate holder has privileges or staff status have been informed of the suspension order.

(C) Reasonable arrangements were made for the transfer of patient records, radiographic studies, and test results, or copies thereof, to a succeeding licensee or certificate holder employed by the patient or those responsible for the patient's care.

(2) Prove compliance with this section as a condition precedent to reinstatement.

Rule 7. Standards of Professional Conduct

844 IAC 6-7-2 Standards of professional conduct and competent practice

Sec. 2. (a) A practitioner when engaging in the practice of physical therapy shall abide by, and comply with, the standards of professional conduct in this section.

(b) A practitioner shall maintain the confidentiality of all knowledge and information regarding a patient, including, but not limited to, the patient's: (1) diagnosis; (2) treatment; and (3) prognosis; of which the practitioner has knowledge during the course of the patient-practitioner relationship. Information about a patient shall be disclosed by a practitioner when required by law or when authorized by the patient or those responsible for the patient's care.

(c) A practitioner shall give a truthful, candid, and reasonably complete account of the patient's condition to the patient or to those responsible for the patient's care, except where a practitioner reasonably determines that the information is detrimental to the physical or mental health of: (1) the patient; or (2) those persons responsible for the patient's care.

(d) The practitioner shall give reasonable written notice to the patient and to the referring physician, podiatrist, psychologist, chiropractor, or dentist when the practitioner withdraws from a case so that another referral may be made by the referring physician, podiatrist, psychologist, chiropractor, or dentist. A practitioner shall not abandon a patient. A practitioner who withdraws from a case, except in emergency circumstances, shall, upon written request, comply with the provisions of IC 16-39-1-1 et seq., and of any subsequent amendment or revision thereof, when a patient requests health records.

(e) A practitioner shall exercise reasonable care and diligence in the treatment of patients based upon generally accepted scientific principles, methods, treatments, and current professional theory and practice.

(f) A practitioner shall not represent; advertise; state; or indicate the possession of any degree recognized as the basis for licensure to practice physical therapy unless the practitioner is actually licensed on the basis of such degree in the state or states in which he/she practices.

(g) A physical therapist shall not delegate to supportive personnel any service that requires the skill, knowledge, and judgment of the licensed physical therapist.

(h) A physical therapist's assistant shall not accept a delegation of a service that exceeds the scope of practice of their certificate

(i) A practitioner who has personal knowledge based upon a reasonable belief that another practitioner holding the same license or certificate has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of physical therapy shall promptly report such conduct to a peer review or similar body, This provision does not prohibit a practitioner from promptly reporting said conduct directly to the physical therapy committee. Further, a practitioner who has personal knowledge of any person engaged in, or attempting to engage in, the unauthorized practice of medicine or physical therapy shall promptly report such conduct to the medical licensing board or the physical therapy committee.

(j) A practitioner who voluntarily submits himself or herself to, or is otherwise undergoing a course of treatment for: (1) addiction; (2) severe dependency upon alcohol or other drugs or controlled substances; or (3) psychiatric impairment; where such treatment is sponsored or supervised by a committee for impaired practitioners of a state, regional, or local organization of professional health care

providers, or where such treatment is sponsored or supervised by a committee for impaired practitioners of a hospital, shall be exempt from reporting to a peer review committee as set forth in subsection (i) or to the physical therapy committee so long as the practitioner is complying with the course of treatment and making satisfactory progress. If the practitioner fails to comply with or is not benefited by the course of treatment, the practitioner-chief administrative officer, his or her designee, or any member of the committee for impaired practitioners shall promptly report such facts and circumstances to the physical therapy committee. Subsection (i) and this subsection shall not, in any manner whatsoever, directly or indirectly, be deemed or construed to prohibit, restrict, limit, or otherwise preclude the physical therapy committee from taking such action as it deems appropriate or as may otherwise be provided by law.

(k) Fees charged by a practitioner for his or her professional services shall be reasonable and shall reasonably compensate the practitioner only for services actually rendered.

(l) A practitioner shall not enter into agreement for, charge, or collect an illegal or clearly excessive fee.

(m) Factors to be considered in determining the reasonableness of a fee include, but are not limited to, the following: (1) The difficulty or uniqueness, or both, of the services performed and the time, skill, and experience required. (2) The fee customarily charged in the locality for similar practitioner services. (3) The amount of the charges involved. (4) The quality of performance. (5) The nature and length of the professional relationship with the patient. (6) The experience, reputation, and ability of the practitioner in performing the kind of services involved.

(n) A practitioner shall not pay, demand, or receive compensation for referral of a patient except for a patient referral program operated by a professional society or association.

(o) A practitioner shall be responsible for the conduct of each and every person employed by the practitioner for every action or failure to act by said employee or employees in the course of the employment relationship.

(p) A practitioner shall not, on behalf of himself or herself, a partner, an associate, a shareholder in a professional corporation, or any other practitioner or specific health care provider affiliated with the practitioner; use, or participate in the use of, any form of public communication containing a false, fraudulent, misleading, deceptive, or unfair statement or claim.

(q) a practitioner may advertise services through the public media, provided that the advertisement is dignified and confines itself to the existence, scope, nature, and field of practice of physical therapy.

(r) If the advertisement is communicated to the public by radio, cable, or television, it shall be prerecorded and approved for broadcast by the practitioner and a recording and transcript of the actual transmission shall be retained by the practitioner for a period of five years from the last date of broadcast.

(s) If a practitioner advertises a fee for a service; a treatment; a consultation; an examination; or any other procedure; the practitioner must render that service or procedure for no more than the fee advertised.

(t) Except as otherwise provided in these rules, a practitioner shall not contact or solicit individual members of the public personally or through an agent in order to offer services to such person or persons unless that individual initiated contact with the practitioner for the purpose of engaging that practitioner's professional services.

(u) A practitioner may, whenever the practitioner believes it to be beneficial to the patient and upon approval of the referring physician, podiatrist, psychologist, chiropractor, or dentist, send or refer a patient to a qualified specific professional health care provider for treatment or health care that falls within the specific professional health care provider's scope of practice. Prior to any such referral, however, the practitioner shall examine or consult with, or both, the patient and the referring physician, podiatrist, psychologist, chiropractor, or dentist to ensure that a condition exists in the patient that would be within the scope of practice of the specific professional health care provider to whom the patient is referred or sent.

(v) A practitioner, upon his or her retirement; or discontinuation of the practice of physical therapy; or leaving or moving from a community; shall not sell, convey, or transfer for valuable consideration, remuneration, or anything of value patient records of that practitioner to any other practitioner.

(w) A practitioner, upon retiring from private practice; or discontinuation of the private practice of physical therapy; or leaving or moving from a community; shall notify all of his or her active patients in writing, or by publication once a week for three consecutive weeks in a newspaper of general circulation in the community, that he or she intends to discontinue his or her practice of physical therapy in the community and shall notify the referring health provider of each active patient.

The practitioner discontinuing his or her practice shall make reasonable arrangements with his/her active patients for the transfer of his/her records, or copies thereof, to the referring health provider the records, or copies thereof, available to the succeeding practitioner or to a program conducted by a professional society or association.

(x) As used herein, "active patient" applies and refers to a person whom the practitioner has: (1) examined; (2) treated; (3) cared for; or (4) otherwise consulted with; during the two-year period prior to retirement, discontinuation of the practice of physical therapy, or leaving or moving from a community.

(y) A practitioner shall not base his fee upon the uncertain outcome of a contingency, whether such contingency be the outcome of litigation or any other occurrence or condition that may or may not develop, occur, or happen.

(z) A practitioner shall not attempt to exonerate himself or herself from or limit his or her liability to a patient for his or her personal malpractice except that a practitioner may enter into agreements that contain informed, voluntary releases or waivers of liability, or both, in settlement of a claim made by a patient or by those responsible for a patient's care.

(aa) A practitioner shall not attempt to preclude, prohibit, or otherwise prevent the filing of a complaint against him or her by a patient or other practitioner for any alleged violation.

(bb) A practitioner shall maintain adequate patient records.

(cc) A practitioner shall not interfere with, or refuse to cooperate in, an investigation or disciplinary proceeding by willful misrepresentation of facts or the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any legal action.

(dd) A practitioner shall not aid or abet a person not licensed or certified in this state who directly or indirectly performs activities requiring a license or certificate.

(ee) A practitioner shall not practice as a physical therapist or work as a physical therapist's assistant when physical or mental abilities are impaired by the use of: (1) controlled substances; (2) other habit-forming drugs; (3) chemicals; or (4) alcohol.

(ff) A practitioner shall not engage in the performance of substandard care due to a deliberate or negligent act or failure to act regardless of whether there was actual injury to the patient.

(gg) A practitioner shall not engage in sexual misconduct, including the following: (1) Making sexual advances. (2) Requesting sexual favors. (3) Engaging in verbal conduct or physical contact of a sexual nature with patients, clients, or coworkers.

(hh) A practitioner who has been convicted of a felony, or who has pled no contest or any other finding of guilt as to such felony, in this or any other state, territory, or country, which demonstrates impaired judgment or risk to the public in the practitioner's future provision of physical therapy service, may be deemed to be in violation of this section.

(ii) Failure to comply with the above standards of professional conduct and competent practice of physical therapy may result in disciplinary proceedings against the offending practitioners. Further, all practitioners licensed in Indiana shall be responsible for having knowledge of these standards of conduct and practice.

Rule 8. Continuing Competency

844 IAC 6-8-1 Continuing Competency Requirements

Sec. 1. (a) Twenty-two hours of continuing competency activities are required for the biennial renewal period, of which two hours must be in an ethics and Indiana jurisprudence course as it relates to the practice of physical therapy.

(b) Only activities that have been approved under this article will be accepted as credit for license or certification renewal.

(c) Continuing competency hours: (1) must be obtained within the biennial renewal period; and (2) may not be carried over from one renewal period to another.

(d) If a license or certification is valid for less than twelve (12) months, no continuing competency activity is required for renewal. If the license or certification is valid for twelve to twenty-three months, twelve hours of continuing

competency activities are required for renewal, which shall include the two hours of an ethics and Indiana jurisprudence course as it relates to the practice of physical therapy.

844 IAC 6-8-3 License or certification period; number of hours required

Sec. 3. (a) During each two-year license period, a physical therapist or physical therapist assistant must complete at least twenty-two hours of continuing competency activities of which at least ten hours must be in category I courses and two hours must be in an ethics and Indiana jurisprudence course as it relates to the practice of physical therapy.

(b) A physical therapist or physical therapist's assistant may not earn more than ten category II credit hours towards the requirements under this section.

844 IAC 6-8-4 "Category I continuing competency activities" and "category II continuing competency activities" defined

Sec. 4. (a) As used in this rule, "category I continuing competency activities" includes the following and must be at least one contact hour in length and be relevant to the practice of physical therapy:

- (1) Formally organized courses.
- (2) Workshops.
- (3) Seminars.
- (4) Symposia.
- (5) Home study programs, including approved computer, audio, and video instructional programs, designed by committee-approved organizations and subject to committee verification and approval procedures.
- (6) Approved "for credit" courses that are related to the practice of physical therapy from an approved organization as defined in IC 25-1-4-0.2.

(b) The following conversion will be used for "category I continuing competency credit":

- (1) One semester hour equals fifteen contact hours.
- (2) One quarter hour equals ten contact hours.
- (3) One trimester hour equals twelve and one-half hours.

(c) As used in this rule, "category II continuing competency activities" includes the following:

- (1) Professional research/writing. A licensee or certificate holder may receive continuing competency credit for publication of scientific papers, abstracts, or review articles in peer-reviewed and other professional journals; publication of textbook chapters; and poster or platform presentations at conferences sponsored by any approved entity up to a maximum of ten hours per biennium. The following conversion will be used for continuing competency credit: (A) Ten hours for each refereed article. (B) Three hours for each non-refereed article, abstract of published literature or book review. (C) Eight hours for each published textbook chapter. (D) Five hours for each poster or platform presentation or review article.

- (2) Teaching as an adjunct responsibility at an accredited PT or PTA program. Two hours of credit for each academic credit hour awarded by the accredited PT or PTA program for the first time the course is taught up to a maximum of ten hours per biennium.
- (3) Participation as a presenter in an approved workshop, continuing education course, seminar, or symposium. Two contact hours for each one hour of presentation for first event, with a maximum of ten hours per biennium.
- (4) Supervision of physical therapist students or physical therapist's assistant students from accredited programs in full-time clinical internships or residency programs. One contact hour for every forty hours of supervision with a maximum of ten contact hours per biennium.
- (5) In-house or in-service seminars related to the practice of physical therapy. One credit hour for each hour of in-service. Maximum of four hours per biennium. Documentation shall consist of a description of the topic, date, duration, and the name of the presenter.
- (6) Actively participating with professional organizations related to the practice of physical therapy, with one credit hour for each six months service as an officer, delegate, or committee member, for a maximum of six hours per biennium.
- (7) Certification of clinical specialization by the American Board of Physical Therapy Specialties (ABPTS) or another organization approved by the Indiana physical therapy committee: ten hours maximum per biennium. Credit may be awarded only in the year that certification or recertification is obtained.
- (8) Certificate of Advanced Proficiency for the PTA by the APTA: five hours maximum per biennium to be awarded. Credit may be awarded only in the year that certification or recertification is obtained.
- (9) Attendance at INAPTA state or district meetings that are at least one (1) hour in length, for a maximum of one hour per meeting, for a maximum of four hours per biennium.
- (10) Other scholarly or educational, or both, activities related to the practice or management of physical therapy and not described above, with approval from the committee.

844 IAC 6-8-5 Approved organizations; standards for approval

(a) In addition to those approved organizations approved under IC 25-1-4-0.2, the following organizations are approved organizations for the purpose of approving and sponsoring continuing competency courses without making further application to the committee:

- (1) American Physical Therapy Association (APTA).
- (2) American Physical Therapy Association Indiana Chapter (INAPTA).
- (3) Federation of State Boards of Physical Therapy (FSBPT).
- (4) United States Department of Education.
- (5) Council on Postsecondary Education.

- (6) Joint Commission on Accreditation of Hospitals.
 - (7) Joint Commission on Health Care Organizations.
 - (8) Federal, state, and local governmental agencies.
 - (9) A national, state, district, or local organization that operates as an affiliated entity under the approval of any organization listed in subdivisions (1) through (8).
 - (10) A college or other teaching institution accredited by the United States Department of Education or the Council on Postsecondary Education or a regional accreditation association.
- (b) The committee will approve continuing competency activities if it determines that the activity:
- (1) contributes directly to professional competency;
 - (2) relates directly to the practice, management, or education of physical therapy practitioners; and
 - (3) is conducted by individuals who have demonstrated expertise in the subject matter of the program.

Prior approval by the committee is not required for the aforementioned approved organizations. Proof of content shall be demonstrated by the original workshop or conference brochure, agenda, or materials given to participants during the presentations and evidence of successful completion of the course provided by the course instructor, such as certificate of completion or signed agenda indicating completion.

Case Studies

Case Study #1 - Confidentiality

John Jones PT, Sue Brown (therapy receptionist), and Mary Smith (Therapy 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 then leaves.

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

Patients have a fundamental right to direct what happens to their bodies, grounded in the principles of autonomy and respect for persons. In turn, health care professionals have an ethical obligation to involve patients in a process of shared decision making and to seek patients' informed consent for treatments and procedures. Good informed consent practices, thus, are an essential component of ethics quality in health care. And that means more than getting a patient's signature on a consent form.

The goal of the informed consent process is to ensure that patients have an opportunity to be informed participants in decisions about their health care. To achieve that goal practitioners must inform the patient (or authorized surrogate) about treatment options and alternatives, including the risks and benefits of each, providing the information that a "reasonable person" in similar circumstances would want to know in making the treatment decision. A key element of the process is that the practitioner must explain why he or she believes recommended treatments or procedures will be more beneficial than alternatives in the context of the patient's specific condition.

Informed consent must always be specific: to the individual patient, the clinical situation, and the recommended plan of care or recommended treatment(s) or procedure(s).

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 adequate informed consent must include communication of the following:

- the nature of the decision/procedure
- reasonable alternatives to the proposed intervention
- the relevant risks, benefits, and uncertainties of each alternative
- professional recommendations specific to the individual patient
- the consequences on non-treatment
- the goals of treatment
- the prognosis for achieving the goals

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. 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.

In this situation, the Sam's actions 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 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 the physician as 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. The arrangement described in this case study is undeniably a direct offer of cash for patients. 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/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.

References

- American Physical Therapy Association. Code of Ethics. www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf Accessed July 2, 2020
- American Physical Therapy Association. Guide for Professional Conduct. www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessionalConduct.pdf Accessed July 2, 2020
- American Physical Therapy Association. Guide for Conduct of the Physical Therapist Assistant. www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforConductofthePTA.pdf Accessed July 2, 2020
- American Physical Therapy Association. Professionalism in Physical Therapy: Core Values. Accessed July 2, 2020
- American Physical Therapy Association. Standards of Ethical Conduct for the Physical Therapist Assistant. www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/Standards.pdf Accessed July 2, 2020
- Appel, J. M. (2019). Trends in confidentiality and disclosure. *Focus*, 17(4), 360-364.
- Botha, J. (2019, January). Patient autonomy/Informed consent. In *The Specialist Forum* (Vol. 19, No. 1, pp. 10-12). New Media Publishing.
- Cain, D. M., & Banker, M. (2020). Do Conflict of Interest Disclosures Facilitate Public Trust? *AMA Journal of Ethics*, 22(3), 232-238.
- Carpenter, C. Moral distress in physical therapy practice. *Physiotherapy Theory & Practice*. 26(2):69-78, 2010 Feb.
- Delany CM, Edwards I, Jensen GM, Skinner E. Closing the gap between ethics knowledge and practice through active engagement: an applied model of physical therapy ethics. *Physical Therapy*. 90(7):1068-78, 2010 Jul.
- Ethical Issues Surrounding End-of-Life Care: A Narrative Review. In *Healthcare* (Vol. 4, No. 2, p. 24). Multidisciplinary Digital Publishing Institute. 2763
- George, J., & Bhila, T. (2019). Security, Confidentiality and Privacy in Health of Healthcare Data.
- Gilboa, M., & Pelled, O. Y. (2019). The Costs of Having (Too) Many Choices: Reshaping the Doctrine of Informed Consent. *Brooklyn Law Review*, 84(2), 2.
- Indiana Physical Therapy Committee Laws & Regulations 2017 Edition; Indiana Code Article 25-27 Physical Therapists & Physical Therapist Assistants. <http://iga.in.gov/legislative/laws/2017/ic/titles/25/#25-27> Accessed July 2, 2020
- Indiana Physical Therapy Committee Laws & Regulations 2016 Edition; Indiana Administrative Code Title 844, Article 6 – Physical Therapists and Physical Therapists’ Assistants. http://www.in.gov/legislative/iac/iac_title?iact=844&iaca=6&submit=+Go+ Accessed July 2, 2020
- Millenson, M. L., Shapiro, E., Greenhouse, P. K., & DiGioia, A. M. (2016). Patient-and Family-Centered Care: A Systematic Approach to Better Ethics and Care. *AMA Journal of Ethics*, 18(1), 49.
- Nalette, E. (2010). Constrained physical therapist practice: an ethical case analysis of recommending discharge placement from the acute care setting. *Physical therapy*, 90(6), 939.
- National Center for Ethics in Health Care. Informed Consent Dos & Don’t for Best Practice. In *Focus*, Aug 2006
- National Center for Ethics in Health Care. When Patients Refuse Treatment. In *Focus*, Dec 2005
- Olejarczyk, J. P., & Young, M. (2019). Patient Rights. In *StatPearls*. StatPearls Publishing.
- Poitras, G. (2012). Medical ethics and economic medicalization. INTECH Open Access Publisher.8606
- Sah, S. (2019). Conflict of interest disclosure as a reminder of professional norms: Clients first!. *Organizational Behavior and Human Decision Processes*, 154, 62-79.
- Sokol, D. (2020). ABC of medical confidentiality. *BMJ*, 368.
- Stewart, B. A., & Scott, R. (2018). Some Ethical Issues in Treating and Caring for People with Dementia. *Online Journal of Health Ethics*, 14(1), 5.
- Swisher, L. L. (2010). Moral reasoning among physical therapists: results of the Defining Issues Test. *Physiotherapy Research International*, 15(2), 69-79.
- The Office of the National Coordinator for Health Information Technology. (2015, April) Guide to Privacy and Security of Electronic Health Information. Version 2.0.
- Véliz, C. (2020). Not the doctor’s business: Privacy, personal responsibility and data rights in medical settings. *Bioethics*.
- Veterans’ Health Administration. VHA Handbook 1004.01: Informed Consent for Clinical Treatments and Procedures. August 2009 17064

Ethics & Jurisprudence – Indiana Physical Therapy

Post-Test

1. Which ethics theory is defined INCORRECTLY?
 - A. Utilitarianism is the theory that right and wrong are 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 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, PTAs 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 professional
 - D. None of the above

6. Indiana licensed physical therapists may legally perform which of the following without a referral?
 - A. Evaluate and treat a patient for not more than 42 calendar days.
 - B. Spinal manipulation
 - C. Sharp debridement
 - D. None of the above

7. Indiana PT licensure / PTA certification applicants may be issued no more than ___ temporary permits. Temporary permits expire upon applicant approval/disapproval or after ___ days whichever is earliest.
 - A. 2, 60
 - B. 2, 90
 - C. 3, 90
 - D. 3, 120

8. When a person's Indiana license or certificate has been suspended under IC 25-1-9, the person must do which of the following?
 - A. Notify all active patients under their care to seek the services of another licensee or certificate holder of their choice.
 - B. Write a letter of appeal to the Medical Licensing Board of Indiana.
 - C. Provide the Indiana Physical Therapy Committee with two professional letters of reference
 - D. Pay a fine of no less than \$500 for each identified violation and attend remedial training as stipulated by the Committee.

9. Which of the following statements regarding Indiana physical therapy continuing competency requirements is FALSE?
 - A. PTs & PTAs must complete 2 hours of ethics and Indiana jurisprudence each biennial renewal period.
 - B. Continuing competency hours may be carried over from one renewal period to another.
 - C. Category I continuing competency activities must be at least one hour long and be relevant to the practice of physical therapy.
 - D. Home study programs taken via computer are defined as Category I continuing competency activities.

10. It is unethical for a physical therapist to _____.
 - A. have a referring physician as a medical director
 - B. sublease office space to a potential referral source
 - C. waive a treatment co-pay for the spouse of a referring physician
 - D. meet with a physician to educate them about new physical therapy techniques and interventions.

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