

Ethics & Jurisprudence – Georgia Physical Therapy

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Goals & Objectives

Course Description

“Ethics and Jurisprudence – Georgia Physical Therapy” is an asynchronous online continuing education program for Georgia licensed physical therapist and physical therapist assistants. Information presented includes sections on the theoretical basis for ethical decision-making, informed consent, conflict of interest, relationships, confidentiality, Georgia General Provisions (Title 43 Chapter 1 - specifically 43-1-9 and 43-1-19 through 43-1-27), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter 490), Board Policies and a general review of the Board’s web-site including the FAQ’s, aPTitude review and hypothetical case studies.

Course Rationale

This course was developed in accordance with the Ethics & Jurisprudence CE requirement defined by section 490-4-.02 of the Rules of the Georgia State Board of Physical Therapy and the GA PT Board’s Policy #13; and is intended to promote and facilitate ethical behavior by Georgia licensed physical therapists and physical therapist assistants

Course Goals & Objectives

At the end of this course, the participants will be able to:

1. Define the meaning of Ethics and differentiate between the various theories that promote ethical behavior.
2. Define the principles of the ethical decision-making model
3. Define the parameters of informed consent
4. Differentiate between appropriate and inappropriate relationships
5. Define conflict of interest
6. Recognize all of the rights and responsibilities of physical therapy licensure as defined by the Georgia General Provisions (Title 43 Chapter 1 -specifically 43-1-9 and 43-1-19 through 43-1-27), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter 490), Board Policies
7. Identify patients’ rights relating to confidentiality
8. Analyze and interpret clinical situations to determine appropriate professional legal and ethical behavior.

Course Provider – Innovative Education Services

Course Instructor - Michael Niss, DPT

Target Audience - Georgia 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 - Four (4) hours of continuing education credit

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Ethics Overview

The word “ethics” is derived from the Greek word *ethos* (character). 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 Stewart 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.

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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 Georgia licensed physical therapists and physical therapist assistants, these ethical standards are documented in Chapter 490-9 of the Rules of GA State Board of Physical Therapy.

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.

Informed Consent

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

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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 diagnosis.

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).

Consent for Multiple Treatments

Although consent is always specific, it is not the same as saying that separate consent is always required for every episode of repeated treatment. When the plan of care for a given diagnosis involves repeated treatments or procedures—for example, a course of diagnostic tests or ongoing therapy—practitioners do not need to obtain consent for each individual episode.

Blanket Consent

Informed consent for a planned course of multiple repeated treatments based on a specific diagnosis is very different from practices sometimes referred to as "routine" or "blanket" consent. Asking a patient to agree at the outset of care to "any treatment your doctors think is necessary," or "routine procedures as needed," is ethically problematic in several ways. Blanket consent should not be used because it fails to meet the requirement that consent be specific.

Moreover, seeking consent "in case" a patient should need some future intervention that is not related to that patient's current clinical status violates the fundamental ethical norm that patients must make decisions about proposed treatments or procedures in the context of their present situation. As a "patient-centered action," informed consent involves the contemporaneous bodily integrity, rights, dignity, intelligence, preferences, interests, goals, and welfare. If a patient's condition changes enough to warrant a change in the plan of care, the practitioner must explain to the patient (or authorized surrogate) how the situation has changed, establish goals of care in light of the new situation,

recommend a new plan of care, and obtain informed consent for the new plan or for specific treatment(s) or procedure(s) now recommended.

Notification versus Consent

Informed consent is also different from “notification,” that is, providing general information relevant to patients’ participation in health care. Notification informs patients not only about their rights, but also about organizational activities and processes that shape how care is delivered. Like informed consent, notification serves the goal of respecting patients as moral agents.

Refusing Treatment

The right to refuse unwanted treatment, even potentially life-saving treatment, is central to health care ethics. Health care professionals are understandably concerned when patients refuse recommended treatments. How should practitioners respond when a patient declines an intervention that practitioners believe is appropriate and needed? The answer to that question depends on both the patient’s decision-making capacity and the particular circumstances of the treatment decision.

Practitioners should take care not to assume that a patient who refuses recommended treatment lacks decision-making capacity. A capacity assessment is appropriate if the practitioner has reason to believe the patient might lack one or more of the components of decision-making capacity. When decision-making capacity is not in question, practitioners must respect the patient’s decision to decline an intervention, even if they believe the decision is not the best one that could have been made. However, this does not mean that health care professionals should never question the patient’s decision, or never try to persuade the patient to accept treatment. For example, by exploring the reasons for refusal with the patient, a practitioner might learn that the patient simply needs more information before deciding to proceed.

The professional ethical ideal of shared decision-making calls for active, respectful engagement with the patient or surrogate. As a prelude to exploring a patient’s refusal of recommended treatment, practitioners should clarify the patient’s (and/or surrogate’s) understanding of the clinical situation and elicit his or her expectations about the course of illness and care. Practitioners should clarify the goals of care with the patient or surrogate, address expectations for care that may be unrealistic, and work with the patient or surrogate to prioritize identified goals as the foundation for a plan of care.

Asking in a nonjudgmental way, “What leads you to this conclusion?” can then help the practitioner to understand the reasons for the patient’s decision to decline recommended treatment. It can also help to identify concerns or fears the

patient may have about the specific treatment that practitioners can address. The aim should be to negotiate a plan of care that promotes agreed on goals of care.

Resisting Treatment

Health care professionals face different concerns when patients who lack decision-making capacity resist treatment for which their authorized surrogates have given consent. When a surrogate consents to treatment on behalf of a patient who lacks decision-making capacity, practitioners are authorized to carry out the treatment or procedure even if the patient actively resists. In such cases, treatment is not being administered over the patient's refusal because the surrogate has taken the patient's place in the process of shared decision making and exercised the patient's decision-making rights. However, practitioners should still be sensitive to patients who resist treatment. They should try to understand the patient's actions and their implications for treatment. Practitioners should ask themselves why, for example, a patient repeatedly tries to pull out a feeding tube. Is the tube causing physical discomfort? Is the patient distressed because he or she does not understand what is happening?

Resistance to treatment should prompt practitioners to reflect on whether the treatment is truly necessary in light of the established goals of care for the patient, or whether it could be modified to minimize the discomfort or distress it causes. For instance, a patient may resist treatment via one route of administration but not another.

Practitioners should also be alert to the implications of the patient's resistance for the judgment that he or she lacks decision-making capacity. In some cases, resistance to treatment may be an expression of the patient's authentic wishes. Decision-making capacity is not an "all or nothing" proposition. Rather, decision-making capacity is task specific. It rests on being able to receive, evaluate, deliberate about and manipulate information, and communicate a decision, which can vary considerably with the decision to be made. A patient may have capacity to make a simple decision but not a more complex one.

When a patient resists, surrogates, family members, or friends may be able to shed light on the patient's actions and help practitioners identify ways to provide treatment that are less upsetting for the patient. For patients with fluctuating capacity, it may be possible to explore concerns directly with the patient during lucid moments.

Patients who resist treatment present unique challenges for health care practitioners. The root cause of the resistance should be explored, as well as other clinically acceptable alternatives to the proposed treatment.

Relationships

Boundaries define the limits of appropriate behavior by a professional toward his or her clients. By establishing boundaries, a health care professional creates a safe space for the therapeutic relationship to occur. Health care professionals need guidance if they are to avoid engaging in interactions with their patients that may prove ethically problematic.

Professionalism

The notion of boundaries in the health care setting is rooted in the concept of a “profession”. While this concept is understood in several different ways in the medical and sociological literature, there is consensus regarding one of the defining characteristics of professions and professionals: commitment to serve the profession’s clients. That is, professionals are expected to make a fiduciary commitment to place their clients’ interests ahead of their own. In exchange for faithfully applying their unique knowledge and skills on behalf of their clients, members of a profession are granted the freedom to practice and to regulate themselves.

Patients who come to health care professionals when they are ill and vulnerable bring with them expectations about this interaction and how clinicians should behave toward them as health care professionals, though patients are not always able to articulate those expectations clearly. Patients should be able to trust that their interests and welfare will be placed above those of the health care professional, just as they should be confident they will be treated with respect, and be informed so that they can make their own health care decisions to the greatest extent possible. Professionals, as such, are held to different standards of conduct from other persons. Relationships and interactions that may be ethically unproblematic among nonprofessionals may be unacceptable when one of the parties is a professional. An individual may have a personal interest that is perfectly acceptable in itself, but conflicts with an obligation the same individual has as a health care professional.

For example, under circumstances in which it would normally be acceptable for one person to ask another individual for a date, it may not be acceptable for a health care professional to ask a patient for a date, because doing so might compromise the professional’s fiduciary commitment to the patient’s welfare. The nature of professions is such that the human needs the professions address and the human relationships peculiar to them are sufficiently distinct to warrant, indeed to demand, expectations of a higher morality and a greater commitment to the good of others than in most other human activities.

Boundaries

Boundaries define the professional relationship as fundamentally respectful and protective of the patient and as dedicated to the patient's well-being and best interests. A boundary violation occurs when a health care professional's behavior goes beyond appropriate professional limits. Boundary violations generally arise when the interaction between parties blurs their roles vis-à-vis one another. This creates what is known as a "double bind situation". That is a circumstance in which a personal interest displaces the professional's primary commitment to the patient's welfare in ways that harm—or appear to harm—the patient or the patient-clinician relationship, or might reasonably be expected to do so.

Legal Aspects

Various legal and regulatory requirements address boundaries in patient-professional interactions. Clinicians are subject to guidelines for professional conduct in health care promulgated by state licensing boards. Most state professional licensing boards have addressed specific boundary issues. For example, "engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual ... [or] behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient."

Some state board guidelines offer specific guidance to help clinicians avoid inappropriate conduct, such as recommending that professionals restrict contact with patients to appropriate times and places for the therapy to be given. Violations of these guidelines could result in probation, limitation of practice, and suspension or revocation of licensure. Clinicians should be aware; moreover, that inappropriate sexual or physical contact can result in patients suing clinicians for battery and malpractice, and in several states sexual exploitation of a patient is considered a felony.

Other Problematic Relationships

Many kinds of interaction potentially interfere with the primary clinical relationship between practitioner and patient and pose concerns about acceptable conduct for health care professionals. Becoming socially involved or entering into a business relationship with a patient, for example, can impair, or appear to impair, the professional's objectivity. Accepting a gift is sometimes an appropriate way to allow a patient to express his or her gratitude, and at other times is problematic. Showing favoritism—by giving a particular patient extra attention, time, or priority in scheduling appointments, for example—can cross the boundary between action that is appropriate advocacy on behalf of a particular patient and action that is unfair to others.

Such interactions or activities are ethically problematic when they can reasonably be expected to affect the care received by the individual or by other patients or the practitioner's relationships with his or her colleagues, or when they give the appearance of doing so. Yet not all behavior that might be considered inappropriate necessarily violates professional obligations.

Health care professionals should be alert to situations in which they may be likely to be motivated to behave in ways that violate accepted ethical standards. Ambiguous interactions and relationships, for example, have the potential both to impair the professional's objectivity and compromise his or her judgment, and to give rise to conflicting expectations on the patient's part, which can contaminate the therapeutic relationship and potentially undermine the patient's trust.

Gifts and Conflict of Interest

Because gifts create relationships, health care professionals' acceptance of gifts from commercial vendors can be ethically problematic in several ways. Accepting gifts risks undermining trust. It may bias clinicians' judgments about the relative merits of different treatments. And it may affect treatment patterns in ways that increase costs and adversely affect access to care.

Health care professionals' fiduciary, or trust-based, relationship with patients requires that practitioners explain the reasons for treatment decisions and disclose any potential conflicts of interest, including the influence of gifts.

Given the ways in which gift giving differs from entering into a contractual relationship, gifts to health care professionals can blur the distinction between formal business exchanges and informal, interpersonal exchanges. Industry gifts to health care professionals create potential conflicts of interest that can affect practitioners' judgment—without their knowledge and even contrary to their intent—thereby placing professional objectivity at risk and possibly compromising patient care.

If accepting gifts is ethically problematic in these ways, why do health care professionals continue to take the gifts they are offered? One explanation is that accepting a gift is a natural, socially expected reaction motivated by a combination of self-interest and politeness. But it is also argued that health care professionals have come to expect gifts as part of a "culture of entitlement" that has evolved over many years. Gifts have become a familiar part of many health care workplace cultures and established patterns of behavior often resist change. Other rationales are that inducements such as free lunches are needed to induce attendance at educational sessions (and may help offset the costs of such programs), and that they help boost employee morale. Some even claim that accepting gifts results in economic savings for health care institutions, because

the industry provides for free items that the institutions would otherwise have to buy. Finally, apathy on the part of professional bodies allows the “tradition” of accepting gifts to continue.

Failure to enforce ethical standards consistently has made it easier simply not to notice, or not to be concerned about, the fact that accepting gifts creates ethical risks. None of these arguments, however, is compelling enough to allow an ethically problematic practice to continue. While habit and self-interest can be powerful motivators, ethical standards explicitly require health care professionals to place patient interests above their own.

In recent years, many prominent organizations and associations have established ethical guidelines for health care professionals about accepting gifts from industry representatives. These guidelines do not prohibit all gifts from industry, but there is general agreement that gifts from companies to health care professionals are acceptable only when the primary purpose is the enhancement of patient care and medical knowledge. The acceptance of individual gifts, hospitality, trips, and subsidies of all types from industry by an individual is strongly discouraged. Practitioners should not accept gifts, hospitality, services, and subsidies from industry if acceptance might diminish, or appear to others to diminish, the objectivity of professional judgment.

Professional guidelines seek to establish thresholds for what kinds of gifts and gift relationships are acceptable. In general, gifts to individual practitioners are discouraged unless they are of minimal value and related to the practitioner’s work—such as pads, pens, or calendars for office use.

The social dynamics of the gift relationship, the potential for gifts subtly to bias health care professionals’ prescribing practices and clinical decisions, and the obligation of health care professionals to avoid acting in ways that might undermine public trust all argue for the adoption of clear, robust policies regarding the acceptance of gifts from companies. Creating a workplace in which professionals no longer routinely expect or accept gifts from industry is a challenging task that calls for professional role modeling and sustained, coordinated efforts on the part of clinical and administrative leaders, as well as development and careful implementation of clear, well-considered policy.

Confidentiality

The obligation to ensure patient privacy is rooted in the ethical principle of respect for persons. Health care providers convey that respect in a few ways with regard to privacy. They respect patient’s informational privacy by limiting access to patient information to those authorized health care providers who need it to perform their duties. The obligation to ensure patient privacy is also justified by

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the obligation of harm prevention. Sometimes maintaining patient privacy is a way of keeping the patient safe, for example, by minimizing the risk of identity theft.

Confidentiality is mandated by HIPAA laws, specifically the Privacy Rule. The Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

“Individually identifiable health information” is information, including demographic data, that relates to:

- the individual’s past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Health care providers must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. They must also develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose.

Georgia Physical Therapy Practice Act Official Code 43-33

The following is an abridged version of the Georgia Physical Therapy Practice Act, to view Code 43-33 in its entirety, go to: https://sos.ga.gov/plb/acrobat/Laws/15_Physical_Therapists_Act_43-33_July_8_2019.pdf

Title 43. Professions and Businesses Chapter 33. Physical Therapists

§ 43-33-1. Short title

This chapter shall be known and may be cited as the "Georgia Physical Therapy Act."

§ 43-33-2. Declaration of purpose

This chapter is enacted for the purpose of safeguarding the public health, safety, and welfare by providing for state administrative control, supervision, and regulation of the practice of physical therapy. The practice of physical therapy is declared to be affected with the public interest; and this chapter shall be liberally construed so as to accomplish the purpose stated in this Code section.

§ 43-33-3. Definitions

As used in this chapter, the term:

- (1) "Board" means the State Board of Physical Therapy.
- (2) "License" means a valid and current certificate of registration issued by the board, which shall give the person to whom it is issued authority to engage in the practice prescribed thereon.
- (3) "Licensee" means any person holding a license under this chapter.
- (4) "Person" means a human being only, not a legal entity.
- (5) "Physical therapist" means a person licensed to practice physical therapy as defined in this chapter and whose license is in good standing. A physical therapist shall be designated by the initials "P.T."
- (6) "Physical therapist assistant" or "physical therapy assistant" means a person who is licensed by the board to assist a physical therapist, whose activities are supervised and directed by a physical therapist, and whose license is in good standing. A physical therapist assistant shall be designated by the initials "P.T.A."
- (7) "Physical therapy" means the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction and pain from injury, disease, and any other bodily and mental conditions and includes the administration, interpretation, documentation, and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation, and modification of treatment and instruction, including the use of physical measures, activities, and devices, for preventative and therapeutic purposes; and 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.
- (8) "Physical therapy aide" means a person who only performs designated and supervised physical therapy tasks. The physical therapy aide must receive direct supervision and must be directed on the premises at all times by a licensee. Physical therapy aides are not licensed under this chapter.
- (9) "Trainee" means an individual who is approved for a traineeship.
- (10) "Traineeship" means a period of activity during which a trainee works under the direct supervision of a licensed physical therapist who has practiced for not less than one year prior to assuming the supervisory role.
- (11) "Training permit" means a valid and current certificate of registration issued by the board, which gives the person to whom it is issued authority to engage in practice through a traineeship prescribed thereon.

§ 43-33-5. Appointment of board members; terms; vacancies; removal

The board shall consist of eight members, as provided in Code Section 43-33-6, each of whom shall be appointed by the Governor and confirmed by the Senate for a term of three years and until a successor is appointed and qualified. Vacancies on the board shall be filled by the Governor's appointment of a successor to serve out the unexpired term. The Governor, after notice and opportunity for hearing, may remove any member of the board for neglect of duty, incompetence, revocation or suspension of license of those licensee members, or other dishonorable conduct. No person shall serve consecutively more than two full terms as a member of the board.

§ 43-33-6. Qualifications of board members

To be eligible for appointment to the board, a person must be a resident of this state. Six members of the board shall be licensed as physical therapists under this chapter who have practiced or taught physical therapy for at least three years. At least one member shall be licensed and practicing as a physical therapist assistant for at least three years. The eighth member shall be appointed from the public at large and shall have no business connection whatsoever with the practice or profession of physical therapy.

§ 43-33-10. General powers and duties of board

In carrying out the provisions of this chapter, the board shall, in addition to the other powers conferred upon it under this chapter, have the power to:

- (1) Prepare or approve all examinations or applicants for licenses;
- (2) Determine the qualifications of and authorize the issuance of licenses to qualified physical therapists and physical therapist assistants;
- (3) Determine the qualifications for and approve educational programs that prepare physical therapists and physical therapist assistants for the purpose of determining qualifications of applicants for licensure;
- (4) Initiate investigations of alleged or suspected violations of the provisions of this chapter or other laws of this state pertaining to physical therapy and any rules and regulations adopted by the board. For this purpose, any board member or authorized agent of the board shall have the power and right to enter and make reasonable inspection of any place where physical therapy is practiced;
- (5) Conduct all hearings in contested cases according to Chapter 13 of Title 50, known as the "Georgia Administrative Procedure Act";
- (6) Discipline any person licensed under this chapter, or refuse to grant, renew, or restore a license to any person upon any ground specified in this chapter;
- (7) Adopt a seal, the imprint of which together with the authorized signature of either the division director or other member authorized by the board shall be effective to evidence its official acts;
- (8) Establish licensing fees and maintain in the office of the division director a register of all persons holding a license and a record of all inspections made;
- (9) Adopt and publish a code of ethics;

- (10) Issue training permits; and
- (11) Adopt such rules and regulations as shall be reasonably necessary for the enforcement and implementation of the provisions and purposes of this chapter and other laws of this state insofar as they relate to physical therapy.

§ 43-33-11. License required for physical therapists or physical therapist assistants; use of titles; limitation on scope of Code section

A physical therapist shall display either the title "physical therapist" or the abbreviation "P.T." on a name tag or other similar form of identification during times when such person is providing direct patient care. A physical therapist assistant shall display either the title "physical therapist assistant" or the abbreviation "P.T.A." on a name tag or other similar form of identification during times when such person is providing direct patient care. A physical therapy aide shall be required to display the title "physical therapy aide" on a name tag or other similar form of identification during times when such person is assisting a licensee. No person shall practice as a physical therapist or as a physical therapist assistant nor hold himself or herself out as being able to practice as a physical therapist or as a physical therapist assistant or as providing physical therapy or use the initials P.T. or P.T.A. in conjunction therewith or use any word or title to induce the belief that he or she is engaged in the practice of physical therapy unless he or she holds a license and otherwise complies with the provisions of this chapter and the rules and regulations adopted by the board. Nothing in this Code section shall be construed as preventing or restricting the practice, services, or activities of:

- (1) Any person licensed under any other law of this state who is engaged in the professional or trade practices properly conducted under the authority of such other licensing laws;
- (2) Any person pursuing a course of study leading to a degree or certificate as a physical therapist or as a physical therapist assistant in an entry level educational program approved by the board, if such person is designated by a title indicating student status, is fulfilling work experiences required for the attainment of the degree or certificate, and is under the supervision of a licensed physical therapist;
- (3) Any person enrolled in a course of study designed to develop advanced physical therapy skills when the physical therapy activities are required as part of an educational program sponsored by an educational institution approved by the board and are conducted under the supervision of a physical therapist licensed under this chapter. If such person provides physical therapy services outside the scope of the educational program, he or she shall then be required to be licensed in accordance with this chapter;
- (4) A physical therapist licensed in another state or country or employed by the United States government conducting a teaching or clinical demonstration in connection with an academic or continuing education program;
- (5) Any person employed as a physical therapist or as a physical therapist assistant by the United States government if such person provides physical

therapy services solely under the direction or control of the employing organization. If such person shall engage in the practice of physical therapy or as a physical therapist assistant outside the course and scope of such employment, he or she shall then be required to be licensed in accordance with this chapter; or (6) A person currently licensed in another state who is present in this state for treatment of a temporary sojourner only, said treatment in this state not to exceed a total of 60 days during any 12-month period.

§ 43-33-12. Requirements for license to practice physical therapy

A license to practice physical therapy shall be issued to any person who:

- (1) Is a graduate of an educational program that prepares physical therapists and which is accredited by a recognized accrediting agency and approved by the board or, in the case of an applicant who has graduated from an educational program which prepares physical therapists conducted in a foreign country, has submitted, in a manner prescribed by the board, credentials approved by the board and who has further demonstrated the ability to speak, write, and understand the English language and has satisfactorily completed a three- month board approved traineeship under the supervision of a physical therapist licensed under this chapter;
- (2) Has satisfactorily passed an examination prepared or approved by the board; and
- (3) Is not disqualified to receive a license under the provisions of Code Section 43-33-18 or subsection (a) of Code Section 43-1-19.

§ 43-33-13. Requirements for license to practice as physical therapist assistant

A license to practice as a physical therapist assistant shall be issued to any person who:

- (1) Is a graduate of an educational program that prepares physical therapist assistants and which is accredited by a recognized accrediting agency and approved by the board or, in the case of an applicant who has graduated from an educational program which prepares physical therapist assistants conducted in a foreign country, has submitted, in a manner prescribed by the board, credentials approved by the board and who has further demonstrated the ability to speak, write, and understand the English language and has satisfactorily completed a three- month board approved traineeship under the supervision of a physical therapist licensed under this chapter;
- (2) Has satisfactorily passed an examination prepared or approved by the board; and
- (3) Is not disqualified to receive a license under the provisions of Code Section 43-33-18 or subsection (a) of Code Section 43-1-19.

§ 43-33-13.1. Physical therapy aide

A physical therapy aide is one, other than a physical therapist or physical therapist assistant, who is employed to assist a physical therapist or a physical

therapist assistant by performing only designated physical therapy tasks under direct supervision of a licensee as approved by the board by rule or regulation.

§ 43-33-15. Reciprocity

The board may grant to a person licensed in another state or territory of the United States full privileges to engage in equivalent practice authorized by this chapter without taking an examination, provided:

- (1) That such person is properly licensed under the laws of another state or territory or the United States; and
- (2) That the requirements for licensing in such other state or territory of the United States are substantially equal to the requirements for a similar license in this state.

§ 43-33-17. Training permits

(a) The board may issue a training permit to an applicant who is a graduate of an approved physical therapy program who is approved to take the physical therapy licensing examination or who has taken the examination but not yet received the examination results.

(b) The board may issue a training permit to a foreign trained applicant who is a graduate from a physical therapy program outside the United States and its territories and who is approved to take the physical therapy licensing examination.

(c) The board may issue a training permit to a reinstatement applicant whose license to practice as a physical therapist or license to practice as a physical therapist assistant has been expired for more than two years.

(d) The training permit shall allow the holder thereof to work only under the direct supervision of a physical therapist who has been approved by the board and has practiced for not less than one year prior to assuming the supervisory role.

(e) Training permits are governed by rules and regulations authorized under this chapter and approved by the board.

§ 43-33-18. Refusal to grant or restore licenses; discipline of licensees; suspension, revocation, or restriction of licenses; immunity for violation reporters

(a) The board shall have authority to refuse to grant or restore a license to an applicant or to discipline a physical therapist licensed under this article upon a finding by the board that the licensee or applicant has:

- (1) Identified himself or herself as a doctor without also clearly informing the public of his or her professional credential as a physical therapist;
- (2) Performed physical therapy care and services without examination and evaluation of patients in order to determine a physical therapy diagnosis, prognosis, and plan of intervention, which, in the case of patients who have self-referred, means the physical therapist has:

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(A) Failed to refer the patient to an appropriate licensed health care provider (this is to be specifically interpreted as an individual licensed pursuant to Article 2 of Chapter 11 of Title 43 or Article 2 of Chapter 34 of Title 43) if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment beyond the scope of practice of the physical therapist or, regardless of the patient's condition, if after 21 days or eight visits from the initiation of a physical therapy plan of intervention, the physical therapist has not received a referral from the patient's appropriate licensed health care provider. The day and visit limitations contained in this subparagraph shall not apply:

(i) In the case of services provided for health promotion, wellness, fitness, or maintenance purposes, in which case the physical therapist shall refer a client seen for health promotion, wellness, fitness, or maintenance purposes to an appropriate individual licensed pursuant to Article 2 or 4 of Chapter 34 of Title 43 if the client exhibits or develops signs and symptoms beyond the scope of practice of the physical therapist;

(ii) In the case of a patient diagnosed within the previous nine months with a neuromuscular or developmental condition when the evaluation, treatment, or services are being provided for problems or symptoms associated with that previously diagnosed condition; or

(iii) In the case of a patient diagnosed within the previous 90 days with a chronic musculoskeletal condition and noted by a current relevant document from an appropriate licensed health care provider;

(B) Ordered radiology, performed surgery, ordered laboratory or body fluid testing, diagnosed disease, or practiced medicine;

(C) Failed to provide each self-referred patient with a written disclosure that a physical therapy diagnosis is not a medical diagnosis by a physician or based on radiological imaging and that such services might not be covered by the patient's health plan or insurer;

(D) Not satisfied the additional requirements for seeing a patient who has self-referred, which shall include:

(i) A doctorate in physical therapy or equivalent degree from an accredited institution plus two years of clinical practice experience;

(ii) A doctorate in physical therapy or equivalent and:

- Post graduate certification;
- American Board of Physical Therapy Specialties Board Certification; or
- Residency or fellowship training; or

(iii) Five years of clinical practice experience; or

(E) Performed dry needling treatment interventions without consulting an individual licensed pursuant to Article 2 or 4 of Chapter 34 of Title 43; or

(3) Acted in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to a patient occurs, or failed to provide the expected minimal standard of patient or client management, which shall include that:

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(A) A physical therapist is fully responsible for managing all aspects of the physical therapy care of each patient. A physical therapist shall provide: (i) The initial evaluation, determination of physical therapy diagnosis, prognosis, and plan of intervention and documentation of the initial evaluation; (ii) Periodic reevaluation and documentation of findings for each patient; and (iii) The documented episode of care for each patient, including the patient's response to the plan of intervention at the time of completion of the episode of care;

(B) A physical therapist shall assure the qualifications of all physical therapist assistants and physical therapy aides under his or her direction and supervision;

(C) For each patient on each date of service, a physical therapist shall provide all of the intervention that requires the education, skills, knowledge, and abilities of a physical therapist;

(D) A physical therapist shall determine the use of physical therapist assistants and physical therapy aides to ensure the delivery of care that is safe, effective, and efficient. A physical therapist may use physical therapy aides for designated routine tasks. A physical therapy aide shall work under the supervision of a physical therapist;

(E) A physical therapist shall communicate the overall plan of care with the patient or the patient's legally authorized representative;

(F) A physical therapist's responsibility shall include accurate documentation and billing of the services provided;

(G) A physical therapist shall adhere to the recognized standards for professional conduct and code of ethics of the physical therapy profession as established by rule; and

(H) A physical therapist shall ensure that he or she has liability coverage either independently or provided by the entity by which he or she is employed.

(b) The board shall have authority to refuse to grant or restore a license to an applicant or to discipline a physical therapist assistant licensed under this article upon a finding by the board that the licensee or applicant has:

- (1) Worked outside the supervision of a physical therapist;
- (2) Failed to provide accurate documentation or billing of services provided;
- (3) Failed to adhere to the recognized standards of ethical conduct and code of ethics as established by rule; or
- (4) Acted in a manner inconsistent with generally accepted standards of the physical therapist assistant's scope of work, regardless of whether actual injury to the patient occurs.

(c) The board shall have authority to refuse to grant or restore a license to an applicant or to discipline a physical therapist or physical therapist assistant licensed under this article or any antecedent law upon a finding by the board that the licensee or applicant has:

- (1) Displayed an inability or has become unable to practice as a physical therapist or as a physical therapist assistant with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any

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other type of material, or as a result of any mental or physical condition:

(2) Been convicted of a felony or crime involving moral turpitude in the courts of this state or the United States or the conviction of an offense in another jurisdiction which if committed in this state would be deemed a felony. For the purpose of this Code section, a "conviction" shall include a finding or verdict of guilty, a plea of guilty, or a plea of nolo contendere in a criminal proceeding regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon pursuant to the provisions of Code Sections 42-8-60 through 42-8-64, relating to first offenders, or any comparable rule or statute;

(3) Knowingly made misleading, deceptive, untrue, or fraudulent representations to a patient, consumer, or other person or entity in connection with the practice of physical therapy or in any document connected therewith; practiced fraud or deceit or intentionally made any false statement in obtaining or attempting to obtain a license to practice physical therapy or as a physical therapist assistant; or made a false or deceptive biennial registration with the board;

(4) Practiced physical therapy contrary to this Code section or to the rules and regulations of the board; knowingly aided, assisted, procured, or advised any person to practice physical therapy contrary to this Code section or to the rules and regulations of the board; or knowingly performed any act which in any way aids, assists, procures, advises, or encourages any unlicensed person to practice physical therapy;

(5) Engaged in any unprofessional, unethical, deceptive, or deleterious conduct or practice harmful to the public, which conduct or practice need not have resulted in actual injury to any person; unprofessional conduct shall also include any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing physical therapy practice or the failure to comply with the code of ethics of the board;

(6) Failed to report to the board any act or omission of a licensee or applicant or any other person which violates the provisions of this subsection; or

(7) Divided fees or agreed to divide fees received for professional services with any person, firm, association, corporation, or other entity for bringing or referring a patient.

§ 43-33-19. Unlicensed practice as constituting public nuisance; injunctions

The practice of physical therapy is declared to be an activity affecting the public interest and involving the health, safety, and welfare of the public. Such practice when engaged in by a person who is not licensed is declared to be harmful to the public health, safety, and welfare. The board or the district attorney of the circuit where such unlicensed practice exists, or any person or organization having an interest therein, may bring a petition to restrain and enjoin such unlicensed practice in the superior court of the county where such unlicensed person resides. It shall not be necessary in order to obtain an injunction under this Code

section to allege or prove that there is no adequate remedy at law, or to allege or prove any special injury.

§ 43-33-20. Penalty

Any person convicted of violating this chapter shall be guilty of a misdemeanor.

**Rules of the Georgia State Board of Physical Therapy
(Chapter 490)**

The following is an edited and abridged version of The Rules of Georgia State Board of Physical Therapy (Chapter 490). To view the entire unedited chapter, please go to: <http://rules.sos.ga.gov/gac/490>

Chapter 490-2 Licensure Requirements

Rule 490-2-.01 Application for Licensure and Examination

To practice in the State of Georgia, physical therapists and physical therapist assistants must first be licensed by the Georgia Board of Physical Therapy.

Individuals seeking licensure as a physical therapist or physical therapist assistant in the State of Georgia must complete and submit an application for examination. This application must then be approved by the Board before the applicant is permitted to take the examination.

Applicants for licensure have one year from their initial application submission to provide the Board with all required documentation.

Rule 490-2-.02 Licensure: Examination

Applicants who are graduates of a Commission on Accreditation in Physical Therapy Education (CAPTE) approved physical therapy program must submit all the following to the Georgia Board of Physical Therapy to qualify for Georgia licensure:

1. passing scores from the national licensing examination
2. passing scores from the examination on the laws and rules governing the practice of physical therapy, and the rules of the Georgia State Board of Physical Therapy
3. official proof of graduation directly from the physical therapy degree-issuing institution

If the Georgia licensure applicant has ever previously been licensed in any other state, or is currently licensed in any other state; the Board may conduct verification of these other state licensures.

Rule 490-2-.03 Licensure: Foreign-Educated Applicants

Individuals applying for Georgia licensure who graduated from non-CAPTE approved foreign-based educational programs must meet all the following

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conditions to receive Board consideration for approval to take the licensing examination:

- Applicant transcripts must be evaluated by a Board approved credential evaluation agency.
- Verification of licensure or license eligibility in the country where the applicant received their education.
- Verification of any previous licensure held in any jurisdiction.
- A documented total score of at least 89 on the IBT TOEFL exam. Applicants must achieve a passing score on each of the four sections; writing (24), reading (21), listening (18), and speaking (26).
- If the applicant graduated from an English speaking physical therapy program, a letter from a school official attesting to this must be submitted to the Board.

Following Board review and approval of the items listed above, foreign educated applicants must complete the following to be eligible for Georgia licensure:

- Achieve a passing score on the NPTE.
- Achieve a passing score on the examination on the laws governing the practice of physical therapy in Georgia and the rules of the Georgia State Board of Physical Therapy.
- Complete 480 hours of a Board-approved traineeship in a 3-month period. (The traineeship requirement may be waived by the Board if the applicant has at least 5 years of continuous active practice, demonstrates clinical competency, and has a license in good standing.)

Individuals applying for Georgia licensure who graduated from a CAPTE approved foreign physical therapy program are not required to submit a credentials evaluation.

Rule 490-2-.04 Training Permits

Qualified Applicants

As per the Georgia Physical Therapy Act, qualified applicants may be issued a training permit after the Board has approved their application for licensure.

The Board defines a qualified applicant as any of the following:

- Graduates of a CAPTE or non-CAPTE accredited program who have achieved a passing score on the NPTE and the Georgia physical therapy laws and rules exam.
- Individuals who have not actively practiced physical therapy for a period of 2-5 years and are applicants for licensure reinstatement.
- Individuals who have not practiced for greater than 5 years and have successfully passed the NPTE and the Georgia physical therapy laws and rules exam.

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- Endorsement applicants who have not actively practiced physical therapy for a period of 2-5 years.
- Endorsement applicants who have not practiced for greater than 5 years and have successfully passed the NPTE and the Georgia physical therapy laws and rules exam.

Initial Applications and Reinstatement Applications

Trainees must submit to the Board a notarized training permit completed by their supervisor that includes all the following:

- Name and license number of the trainee supervisor
- Name, address, phone number, fax number, and email address of all sites where the trainee and supervisor may be working during the traineeship.
- Dates of the traineeship.
- Supervisor acceptance of the responsibility for trainee supervision and performance evaluation.
- Termination of traineeship.
- Type of facility.

Training Permit Renewal

Training permits may be renewed only once, for no more than 6 months.

Renewal requires Board approval via written request of the applicant. The Board requires an exceptional reason to grant applicants a renewal of a training permit.

Examples of exceptional reasons include the following:

- Death of a family member
- Illness of the applicant or immediate family member.
- Jury duty

Training Permit Validity

The following conditions apply to training permits:

- Applicant must initiate training in Georgia within three months of permit issuance.
- Applicant must submit an explanation to the Board if the applicant does not initiate training in Georgia within three months of permit issuance.
- 480 hours of traineeship must be completed within three months.

Training permits are invalid and must be returned to the Board immediately if the trainee fails to complete the traineeship within the three-month time period; or if the supervisor determines that the trainee's performance is not satisfactory.

Training Permit Supervision

The supervisor named on the training permit must provide direct, continuous, on-site supervision of the trainee at all times. If the training permit supervisor is unable to fulfill their duties the trainee may not participate in any direct patient care until an alternative supervisor is approved by the Board.

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Supervisors and alternative supervisors must hold a Georgia physical therapy license in good standing and have practiced full time for at least one continuous year.

The supervisor must evaluate trainee performance in all area on a regular basis and submit a performance evaluation to the Board at the end of the traineeship.

The supervisor must notify the Board if the trainee is performing at an unsatisfactory level.

Supervising therapists may not have more than 2 trainees under their supervision at any on

Rule 490-2-.09 Licensure Endorsement

Applicants who have graduated from a CAPTE accredited physical therapy or physical therapist assistant program and approved by the Board must provide all the following:

- A list of all states that they hold an active physical therapy license
- License verification from all the states the applicant actively practiced in the prior two years.
- An official transcript from their entry level physical therapy educational institution that specifies the applicants date of graduation.
- NPTE scores.

Applicants who have graduated from a non-CAPTE accredited physical therapy or physical therapist assistant program must provide all of the following:

- A list of all states that they hold an active physical therapy license
- License verification from all the states the applicant actively practiced in the prior two years.
- Official transcripts and evaluation from a Georgia approved credential evaluation organization.
- NPTE scores.

Chapter 490-3 Evaluation of Examinations: Applicants

Rule 490-3-.01 Evaluation of Examinations. Amended

The minimum passing score on the NPTE for physical therapists and physical therapist assistants is 600.

Rule 490-3-.02 Re-examination (This rule is currently under amendment process. Please refer to "Proposed Rules" on page 37 of this course.)

Chapter 490-4 Renewal: Continuing Competence Requirements – Disciplinary Sanctions

Rule 490-4-.01 Renewal and Reinstatement of License and Penalties

Every Georgia licensed physical therapist and physical therapist assistant must do the following biennially on or before December 31st of odd years:

- Apply to the Board for license renewal.
- Submit proof of continuing competency.
- Pay a license renewal fee.

A late fee will be assessed to each licensee who fails to renew their license on or before December 31 of odd years.

If a license is not renewed on or before February 28 of the year following the renewal year, the license is considered revoked.

Individuals who have previously held a GA PT or PTA license and have allowed their license to lapse, must do all the following to qualify for licensure re-instatement:

- Apply for re-instatement to the Board.
- Pay a fee.
- Submit proof of meeting continuing competence requirements established by the Board.

Individuals seeking re-instatement by Board who have not actively practiced in the previous 2 – 5 years must also complete 480 hours of supervised practice within 3 months and pass the examination on the laws and rules governing practice of physical therapy in Georgia and the rules of the Georgia Board of Physical Therapy.

Individuals seeking re-instatement by Board who have not actively practiced in more than 5 years must:

- Complete 1000 hours of supervised practice within 1 year.
- Take and pass the NPTE
- Take and pass the examination on the laws and rules governing practice of physical therapy in Georgia and the rules of the Georgia Board of Physical Therapy.

Rule 490-4-.02 Continuing Competence Requirements Requirements

Georgia licensed physical therapists and physical therapist assistants are required to complete 30 clock hours of continuing competence each 2-year licensure period. The Board recommends that the continuing competence be a planned learning experience that has content which exceeds the licensee's current level of knowledge and competence. The learning experience must

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contain content that relates to physical therapy patient care in any of the following areas:

- Research
- Treatment
- Documentation
- Education
- Management
- Other content area

As part of their 30 hours of continuing competence, licensees must complete four hours of Ethics and Georgia Jurisprudence or successfully pass the Georgia Jurisprudence Examination.

Licensees that do not successfully complete the required continuing competence will not have their license renewed.

Acceptable Activities

The following activities may be considered for approval, but are not limited to:

- Programs approved by the APTA or its affiliate components.
- Programs approved by PTAG or other state chapters.
- Programs approved by the Federation of State Boards of Physical Therapy.
- Programs provided by schools of physical therapy with a CAPTE approved institutions.
- Programs offered by similar professional organizations that has qualifying content.
- Undergoing a peer review (15 hours maximum)
- Performing a peer review that is not a responsibility of primary employment. (10 hours maximum)
- Presenter of continuing competence that has qualifying content (10 hours per topic maximum)
- Authorship of a presented scientific poster, scientific platform presentation, or published article. (10 hours per event maximum and may not exceed 20 hours total.)
- Teaching a PT or PTA credit course as an adjunct responsibility and not primary employment (20 hours maximum)
- Certification of clinical specialization by the American Board of Physical Therapy Specialties. (30 hours maximum; only in the biennium in which the certification is awarded.)
- Self-instruction from reading professional literature. (3 hours maximum)
- Attendance at a scientific poster session, lecture, panel, symposium, or university course.
- Being a clinical instructor for an accredited PT or PTA education program. (1 continuing competence hour is earned per 8 hours of clinical instruction;

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- 10 hours maximum)
- Being a clinical instructor or an intern for a formal, nonacademic, advanced clinical internship; or as a mentor or learner for a formal nonacademic mentorship. (10 hours maximum)
- Volunteering in the role of a physical therapist or physical therapist assistant at a charity event. (1 continuing competence hour is earned per 8 hours of volunteer hours; 5 hours maximum)
- Post professional physical therapist educational programs that award academic credit. (10 continuing competence hours are earned for each 1 credit hour successfully completed with a passing grade.)

Unacceptable Activities

Unacceptable activities for continuing competence include, but are not limited to:

- Orientation programs
- In-service programs
- Policy decision meetings
- Entertainment activities
- Recreational activities or meetings
- Committee meetings
- Organizational meetings
- Holding of professional offices
- Visiting exhibits
- CPR

Reporting Continuing Competence

Georgia licensed PTs and PTAs must maintain a record of completed continuing competency programs and experiences utilizing the Federation of State Boards of Physical Therapy's aPTitude platform. (Go to page 49 for more information.)

Continuing Competence Exemptions

Pts and PTAs who received their GA license during the last 6 months of a biennium renewal period are exempt from continuing education requirements for that biennium.

Pts and PTAs who had their licenses reinstated in the last 6 months of a biennium are exempt from continuing education requirements for that biennium.

Audit

Licensees selected for audit must submit to the Board a completed Verification of Continuing Competence form and documentation that supports their compliance. Acceptable documentation includes:

- An official course outline or program that includes content relating to physical therapy patient care and number of contact hours.
- Verification of successful completion of a home study course that includes

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the name of the sponsor, or final grade (University credit course), or specialization certificate, or proof of attendance with copy of the program, or documentation of self-instruction.

- Peer review verification by a recognized entity of acceptable practice.

Licensee Responsibilities

Licensees must:

- Maintain continuing competency documents for at least three years from the beginning date of the licensure period.
- If audited, submit to the Georgia State Board of Physical Therapy a properly completed and notarized “Verification of Competence Education” form.
- Complete all re-licensure requirements on or before December 31 of odd numbered years.
- If audited, provide requested information to the Board.
- Maintain a current mailing address on record with the Board at all times.

Rule 490-4-.04 Inactive License

A licensee who no longer practices physical therapy in Georgia may file an application with the Board for Inactive License status.

An individual with inactive status may not practice as a physical therapy professional in the state of Georgia; and is not subject to the biennial renewal fees or continuing competence requirements. An individual whose license is under sanctions may not transfer to inactive status. An individual with an inactive license may reactivate their license by applying for reinstatement to the Board, paying a fee, and providing verification of the following:

- Practice of physical therapy within the last 2 years.
- Proof of required continuing competence.

If the individual has not worked as physical therapy professional for more than 2 years, but has within 5 years, then the following is required for license reinstatement:

- Verification of required continuing competence.
- 480 hours of physical therapy practice within 3 months under the supervision of a Georgia licensed physical therapist.
- Passage of the examination on the laws governing the practice of physical therapy in Georgia and the rules of the Georgia state Board of Physical Therapy.

If an individual has not practiced as physical therapy professional in more than 5 years, then the following is required for licensure reinstatement:

- 1000 hours of continuous practice under the supervision of a Georgia licensed physical therapist completed in no less than 6 months.

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- Passage of the next NPTE.

Continuing Competence Exemption

The Board may grant an exemption from continuing competency requirements and supervision requirements if an individual holds a current license in good standing from another state or the individual is currently employed as a PT or PTA by the United States government.

Chapter 490-5 Supervision and Direction of Physical Therapy Assistant

Rule 490-5-.01 Responsibility of the Licensed Physical Therapist in Supervision and Direction of the Physical Therapist Assistant

In an institutional setting, a licensed physical therapist is responsible for providing adequate supervision of the assistant supervised by him/her. Adequate supervision requires the licensed physical therapist must be present in the same institutional setting 25% of any work week (Monday-Friday), and they must be readily available to the assistant at all other times including weekends.

In a home health setting, the physical therapist is responsible for supervising the physical therapist assistant and must:

- Perform the initial patient evaluation and establish a physical therapy diagnosis, treatment goals, frequency, duration, and a care plan.
- Review all patients being treated by the assistant at least one time per week.
- Document all meetings with the assistant and subsequent decisions.
- Be continuously available to the assistant for advice, assistance, and instructions.

In a school setting, the physical therapist is responsible for supervising the physical therapist assistant and must:

- Perform all physical therapy evaluations to develop or amend physical therapy interventions stated on the student's Individual Educational Plan (IEP).
- Establish physical therapy treatment frequency and duration.
- Perform an on-site visit every 2 months with each student receiving weekly physical therapy services from an assistant; and every 5 months for students receiving monthly physical therapy services from an assistant. (The on-site visit must include a case review, reassessment of the program and services, and a review of the assistant's documentation.)
- Documentation of on-site visits.
- Interact with the physical therapist assistant relating to the student's IEP.
- Be continuously available to the PTA for advice, assistance, and instruction.

Rule 490-5-.02 Adequate Supervision Defined

Adequate supervision by a licensed physical therapist must include the following:

- Evaluation of each patient.
- Documentation of a physical therapy diagnosis.
- A physical therapy treatment program that identifies which elements of care may be delegated to an assistant.
- Periodic reevaluation of the treatment program and the patient's response.
- Periodic reevaluation of the assistant's performance relating to the execution of the treatment plan.
- Interaction with the assistant relating to the patient's plan of care.

Chapter 490-8 Physical Therapy Aides: Definition and Requirements

Rule 490-8-.01 Definition

A physical therapy aide is any individual who aids a physical therapist or a physical therapist assistant in the provision of the licensee's physical therapy services. The activities an aide provides do not require technical training through a formal course of study.

Rule 490-8-.02 Supervision

A physical therapy aide must have continuous direct on-site supervision when providing supportive activities for a physical therapist or physical therapist assistant. Direct supervision is defined as "on the premises and immediately available at all times.". "On the premises is defined as "immediate area of the patient."

A physical therapist or a physical therapist assistant may supervise a maximum of two (2) physical therapy aides.

Rule 490-8-.03 Duties

Physical therapy aides may perform the following tasks without the supervision of a physical therapist or physical therapist assistant:

- Clerical tasks that do not include treatment documentation. "Treatment documentation" as defined by this rule as the creation, generation, and/or composition of any patient care report. Patient care reports include patient evaluations, assessments, plans of care, goals, progress notes, consultation reports, discharge summaries, and any other written materials related to patient management. The rule does not prohibit a physical therapy aide from transcribing, recording, or copying treatment documentation generated by a licensee. However, any treatment documentation prepared in this manner must be signed by the supervising licensee.
- Transporting patients
- Assembling and disassembling equipment areas
- Housekeeping activities

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The physical therapy aide may provide supportive patient care activities at the discretion of the licensee. Supportive patient care activities include:

- Assisting the patient in preparation for treatment by a licensee.
- Assisting the patient after the cessation of treatment by a licensee.
- Assisting the licensee during treatment provided by that licensee.

Supportive patient care activities do not include the direct provision of any patient intervention. Licensed physical therapists and physical therapist assistants are the only providers of physical therapy.

Chapter 490-9 Code of Ethics

Rule 490-9-.02 Principles of Conduct for Physical Therapists

Each physical therapist licensee shall abide by the following ethical standard: The physical therapist shall act with consideration, within the scope of physical therapy, for the rights and dignity of all individuals.

Physical therapists shall:

- Hold as confidential information obtained while acting in a professional way.
- Provide optimal physical therapy care for all patients regardless of patient race, gender, age, religion, disability, or sexual preference.
- Balance considerations of the patient's physical, psychological, and socioeconomic welfare in professional decisions and actions and document these considerations in the patient's record of care.
- Communicate and interact with patients and all persons encountered in a professional capacity with courteous regard and timeliness.
- Not engage in any behavior that constitutes harassment or abuse of a patient, professional colleague, or associate.

Physical therapists must comply with all the laws and regulations governing the practice of physical therapy in the state of Georgia.

Physical therapists must accept responsibility for the exercise of sound judgement in all the following instances:

- When implementing treatment, the therapist must assume the responsibility for evaluating, planning, implementing, supervising, reevaluating, and changing the therapeutic program.
- The therapist must maintain adequate records including progress notes.
- When performing wellness and preventative services, the PT must assume responsibility for providing optimal patient care.
- When the individual's needs are beyond the scope of the PT's expertise, the PT must inform and assist the patient in identifying a qualified person to provide the necessary services.

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- When the PT judges that benefit can no longer be obtained from their services, the PT must inform the individual receiving the services. It is unethical to initiate or continue services that, in the therapist's judgement, will not benefit the patient or are contraindicated.
- The PT's ability to make independent judgement must not be limited or compromised by professional affiliations, including employment relationships.
- A physical therapist may not delegate to a less qualified person any activity which requires the unique skills, knowledge, and judgement of a physical therapist.

The supervising therapist has primary responsibility for physical therapy care assisted by supportive personnel. Acceptable supervision requires that the physical therapist perform the following:

- Establish effective channels of written and oral communication.
- Interpret and communicate critical information about the patient to the supportive personnel.
- Perform an initial evaluation.
- Develop a plan of care, including short and long term goals.
- Delegate appropriate tasks to supportive personnel.
- Assess the supportive personnel's competence to perform assigned tasks.
- Provide supervision in accordance with the law, the patient's condition, and the specific situation.
- Identify and document precautions, special programs, contraindications, goals, anticipated progress, and plans for re-evaluation.
- Re-evaluate the patient, modify the plan of care when necessary, perform the final evaluation, and establish a follow-up plan.

Physical therapists are obligated to advise their employer of any practice that is considered unethical. Physical therapists must try to rectify any practices considered to be unethical.

Physical therapists should request reimbursement for their services that is deserved and reasonable. They may not:

- Directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee.
- Profit via a credit or other consideration in connection with the provision of physical therapy services.
- Use influence on individuals, or families of individuals under their care, for utilization of a product or service for which they will receive direct or indirect compensation.

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Physical therapists must provide accurate information to the public about the physical therapy profession and the services offered. They may not use deceptive, unfair, or fraudulent statements.

Physical therapists must protect the public from unethical, incompetent, or illegal acts. They must report such acts to the proper authorities.

Physical therapists must not participate in any arrangement that reimburses referral sources for their prescribing or referral of physical therapy services.

Physical therapists must disclose to patients any arrangement made with a referral source that may result in financial benefit from the referral.

Rule 490-9-.03 Principles of conduct for Physical Therapist Assistants

Physical therapist assistants must act with consideration for the rights and dignity of all individuals. The physical therapist assistant shall:

- Protect the privacy of individuals receiving physical therapy services.
- Provide optimal care to all individuals without differentiation.
- Be aware of each patient's unique physical, psychological, and socioeconomic welfare when providing services.
- Interact with all individuals in a courteous, respectful, and timely manner.
- Avoid behaving in an abusive or harassing manner toward others.

Physical therapist assistants must comply with Georgia state laws and regulations and practice only under the supervision of a licensed physical therapist.

Physical therapist assistants must:

- Exercise sound judgement.
- Provide services only within the care plan established by the physical therapist.
- Inform the supervising physical therapist if the individual's needs are beyond the scope of the PTA's abilities.
- Contact the supervising PT when they determine that a change is needed in the patient's care plan.
- Inform the supervising PT when the patient has received maximum benefit from physical therapy.
- Avoid delegating any activity which requires professional knowledge or skill to a less qualified person.

To ensure appropriate supervision of supportive personnel, the physical therapist assistant must:

- Maintain effective channels of communication.
- Communicate critical information about the patient to the supervising PT.

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- Function within the care plan.
- Identify and document all treatment activities.
- Request re-evaluation or plan modification when necessary.

Physical therapist assistants must advise their employer of any practices that conflict with ethical principles of the profession; and must attempt to rectify the identified unethical employment practices.

Physical therapist assistants may seek reimbursement for their services that are deserved and reasonable. PTAs may not:

- Request or receive an unearned fee.
- Profit by means of credit or other valuable consideration in connection with furnishing of physical therapy services.
- Use influence on individuals or their families to utilize any product or service that the PTA has a financial interest.

Physical therapist assistants must provide accurate information to the public about the physical therapy profession and the services offered. They may not use deceptive, unfair, or fraudulent statements.

Physical therapist assistants must protect the public from unethical, incompetent, or illegal acts. They must report such acts to the proper authorities.

Physical therapist assistants must not participate in any arrangement that reimburses referral sources for their prescribing or referral of physical therapy services.

Physical therapist assistants must disclose to patients any arrangement made with a referral source that may result in financial benefit from the referral.

Rule 490-9-.04 Disciplinary Sanctions

Unprofessional and unethical conduct includes, but is not limited to, the following:

- Nonadherence to the Code of Ethics.
- Delegating a professional or skilled physical therapy task to an unlicensed person.
- Insufficient supervision of an unlicensed individual when they perform a designated task.
- Performing dry needling without obtaining the required training and competency.
- Failure to adequately inform the public of an individual's profession.
- Failure to perform an evaluation and establish a physical therapy diagnosis for each patient.
- Failure to create and record a treatment program for each patient.
- Failure to perform a periodic evaluation of each patient and documenting it

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- in the patient record.
- Failure to create and record a patient's discharge plan.
 - Participation is an arrangement that financially benefits, through any means, an individual for the referral of a patient. This includes: payments, rebates, discounts, rent reduction, fee division, refunds, and non-disclosed waivers of charges.

Rule 490-9-.05 Dry Needling

Dry needling may only be performed by a licensed PT who has received specialized training and is competent to perform the procedure. The Georgia Board of physical therapy does not consider online study adequate or appropriate training to perform dry needling.

To perform dry needling, a physical therapist must complete an OSHA Blood Borne Pathogens education program and at least one of the following:

- Graduation from an entry level physical therapy program that included a minimum of 50 hours of dry needling instruction and a competency assessment in its curriculum.
- Graduation from a post-graduate residency or fellowship that included a minimum of 50 hours of dry needling instruction and a competency assessment in its curriculum.
- Successful completion of a didactic dry needling course that included a minimum of 50 hours of dry needling instruction and a competency assessment in its curriculum.

Physical therapists and physical therapist assistants must submit documentation of dry needling education and training to the online FSBPT aPTitude system.

At the time of license renewal, licensees approved to perform dry needling must attest that they are practicing in accordance with the rules and regulations of the Georgia Board of Physical Therapy.

Chapter 490-10 Preventive Services

Licensed physical therapists or licensed physical therapist assistants under the supervision of a licensed PT may perform preventive services such as education or activities for the purposes of injury prevention, stress reduction, or fitness promotion.

Proposed Rule Changes (Chapter 490)

To review the most current information regarding proposed changes to Georgia Physical Therapy Rules (Chapter 490), please go to: http://sos.ga.gov/index.php/licensing/plb/39/physical_therapist_proposed_rules

Rule 490-3-.02. Re-examination

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- (1) An applicant who fails the national examination on the first attempt may retake the examination up to the maximum lifetime limit in accordance with the eligibility criteria established by the exam administrator approved by the Board.
- (2) An applicant who fails the national examination will receive a notification from the Board to include an acknowledgement of receipt of the examination scores, with a request that the applicant complete a comprehensive review of their individual Score Report that is provided to them by the exam administrator.
- (3) An applicant may submit an appeal form to the Board for one (1) additional attempt to retake and pass the national exam if the applicant has been notified by the exam administrator or the Board that the applicant is ineligible to register to retake the national examination.
- (4) If an applicant has not successfully passed the NPTE within two (2) years of the initial test date, the applicant shall complete a board approved traineeship upon passing the examination and prior to the issuance of a license.

Georgia State Board of Physical Therapy Board Policies

The most current version of the GA PT Board Policies may be viewed at:
<http://sos.ga.gov/PLB/acrobat/Forms/15%20Reference%20-%20Physical%20Therapist%20Board%20Policies.pdf>

Policy #1 - General Application Information

(A) Applications and reinstatement applications will be approved administratively once all criteria as outlined in the law and board rules have been met. The staff will not administratively approve any applications with an affirmative answer to the conviction or board sanction question unless otherwise specified within this policy. A “yes” response for failure of the examination may be administratively approved in compliance with the Board’s rules and other policies. All administratively issued licenses are considered for a vote to ratify at the next regularly scheduled board meeting. The average processing time for a complete application is approximately fifteen (15) working days.

(B) Applications with arrests will fall under the following grid:

The Georgia State Board of Physical Therapy accepts the following guidelines for review of applications for licensure and renewal which indicate that the applicant has an arrest and/or conviction. Applications that do not fall within the parameters indicated below will be referred to the Board Cognizant and/or the Board for consideration.

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Offense	Frequency	Other	Action
DUI	One Time	No active probation / No active parole	If conviction is older than five years proceed with licensure. If conviction is less than five years license with a letter of concern Alcohol.
Bad Checks, Municipal Ordinance Violations, Driving with Suspended/Revoked License	One Time	No probation / No parole	If conviction is older than five years proceed with licensure with a letter of concern Criminal.
Petit Theft, Shoplifting, Non-Violent Property Crimes (not related to drugs)	Two Times	No probation / No parole	If conviction is older than five years proceed with licensure letter of concern Criminal.
Marijuana Possession of Less than One Ounce	One Time	No probation / No parole	If conviction is older than five years proceed with licensure letter of concern Criminal.
Misdemeanor Offenses with the Exception of Drug Related Misdemeanor Crimes	No Limit	No probation / No parole	If conviction is older than five years proceed with licensure letter of concern Criminal.
Any offenses of a sexual nature	No Limit	N/A	Must be presented to the Board.
Any felony offense	No Limit	N/A	Must be presented to the Board.
Applicants with multiple offenses	No Limit	N/A	Must be presented to the Board.

Policy #2 - Examination applications (Board Rule 490-2-.02)

(A) Effective November 21, 2011, the Board will make eligible, applicants for licensure by examination upon receipt of proof from either the College / University Registrar, Dean, PT or PTA Program Director at the applicant's CAPTE-accredited PT / PTA program stating that the applicant has successfully completed the Physical Therapist or Physical Therapist Assistant program but is awaiting degree conferment. The Board has provided, as part of the application, a form that must be completed by the appropriate school representative and submitted to the Board.

(B) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(C) An applicant that has not passed the national physical therapy examination or the Georgia Jurisprudence examination by the fourth (4th) time will not be allowed to sit for the examination for a 5th time without extensive further study, which may include completing a physical therapy educational program approved by CAPTE or additional coursework as deemed necessary by the Board.

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(D) Applicants for initial licensure by exam must take and pass the electronic Georgia Jurisprudence Exam the Federation of State Boards of Physical Therapy (FSBPT).

(E) After extensive further study, the Board may grant an applicant approval to take the national examination a sixth (6) time in accordance with the lifetime limit eligibility criteria established by the Federation of State Boards of Physical Therapy (FSBPT).

Policy #3 - Endorsement applications

(A) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(B) Endorsement applicants who have passed the examination within one (1) year of graduation may apply by examination instead of endorsement and must submit verification of licensure from every state in which they have held a license.

(C) All endorsement applicants must take and pass the electronic Georgia Jurisprudence exam. Candidates must register for the exam through the Federation of State Boards of Physical Therapy (FSBPT). An applicant who has not passed the Georgia Jurisprudence exam by the 4th time will not be allowed to sit for the exam a 5th time without evidence of completion of additional Jurisprudence coursework as deemed necessary by the Board.

Policy #4 - Renewal Applications

A renewal applicant who answers “no” to the continuing competency question must provide proof of completion of the continuing competency requirement.

Policy #5 – Traineeship

(A) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(B) Once Traineeship Supervision is approved, a letter will be sent to the physical therapist approved as the primary supervisor and alternate supervisor that all supervision must be in compliance with board rule 490-2-.04.

(C) Board voted to allow for early exit from traineeships once the individual passes the NPTE and the supervisors have submitted documentation showing successful practice under the traineeship.

Policy #6 – Reinstatement

All licensees who fail to renew their license by the established deadline are placed in “lapsed” status and must apply to reinstate his/her license. Upon discovering that a reinstatement applicant has practiced without a current license, reinstatement may be considered upon the issuance and docketing of a Public Consent Agreement or Public Reprimand including but not limited to the following:

(A) A \$25 fine for each day of unlicensed practice;

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- (B) Must take and pass the jurisprudence exam within 6 months of the docket date of the consent agreement or reprimand; and
- (C) Must report the period of unlicensed practice to their employer(s).

Policy #7 - Continuing Competence Policy

(A) The Georgia State Board of Physical Therapy requires each licensed physical therapist and physical therapist assistant to participate in a minimum number of thirty (30) clock hours of experience, not to exceed ten (10) credit hours per calendar day, to promote continuing competence (CC) per licensure period.

(B) The Board recommends the requirements for competence as planned learning experiences which have content beyond the licensee's present level of knowledge and competence which may be subject to audit by the board. Content of the experience must relate to patient care in physical therapy whether the subject is research, treatment, documentation, education, management, or some other content area.

(C) The thirty (30) hours of continuing competence requirements per biennium shall include a minimum of four (4) contact hours specifically in ethics and jurisprudence as defined in the Georgia Physical Therapy Act or by passage of the Georgia Jurisprudence Examination. Passage of the examination is equivalent to the four (4) hour requirement provided that the individual has not already received credit for the examination when licensure was obtained.

(D) Continuing competence hours obtained from, but not limited to, the following programs or organizations are generally accepted by the Board provided that the experience meets the requirements of Board Rule 490-4-.02 and is related to the practice of physical therapy:

- (a) The American Physical Therapy Association (APTA) and its affiliate components;
- (b) The Physical Therapy Association of Georgia (PTAG) or any other state chapters;
- (c) The Federation of State Boards of Physical Therapy (FSBPT) (Procert);
- (d) Programs provided at CAPTE-Accredited colleges and universities with programs in physical therapy when the continuing competency course is held under the auspices of the school of physical therapy;
- (e) The American Occupational Therapy Association (AOTA);
- (f) The American Academy of Physical Therapy (AAPT)
- (g) Programs approved by another state board
- (h) JCAHO-accredited healthcare organizations
- (i) The American Academy of Orthopedic Surgeons (AAOS)
- (j) The National Athletic Trainers Association (NATA)
- (k) The American Dental Association (ADA)
- (l) The American Association of Nurses (AAN)
- (m) The American Association of Veterinary State Boards (AAVSB)
- (n) The Federation of Chiropractic Licensing Boards (FCLB)

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Policy #8 – Cognizant Matters/Investigation/Disciplinary Matters

(A) In compliance with Georgia law, the Board maintains strict confidentiality of investigations of alleged violations of the Board's Laws and Rules and the identity of the individuals involved. To this end the Board has adopted the use of a member of the Board to act as Cognizant. The Cognizant member shall have access to all records and documents relating to applications which fall outside of the established guidelines for administrative issuance, complaints and investigations. The Cognizant member shall not disclose information leading to the identity of the involved persons until such time as the Board votes to pursue formal disciplinary action. In addition, all complaints received alleging irregular insurance billing practices will automatically be referred to the Insurance Commissioner's Office for investigation and to the appropriate agencies for Medicaid and Medicare fraud.

(B) Cognizant Review: The board staff shall receive all applications which fall outside of the established guidelines for administrative issuance and complaints of alleged violations of the Board's laws and rules and present them to the cognizant member. The applicant and/or complainant will be notified in an appropriate timeframe of any deficiencies or complaints that have been received by the board office and forwarded to the cognizant member for review and action. The cognizant member shall have the following authority:

- (1) Review the application with any supporting documentation and issue the license if it is determined that all qualifications have been met.
- (2) Recommend that the application be reviewed by the full board.
- (3) Recommend to full board that a complaint be dismissed due to no alleged violation of the laws or rules.
- (4) Refer a complaint directly to the Enforcement Division for investigation.
- (5) Conduct an investigative interview.
- (6) After an investigation is complete, make a recommendation to the full Board for one of the following:
 - (a) Close – No violation
 - (b) Sanction if investigative findings are that a violation has occurred.
 - (c) In all situations, the Cognizant member shall report to the Board the actions taken regarding the application or investigation of the complaint.
 - (d) The cognizant member timely receives and reviews copies of Enforcement Referrals and/or Dispositions to investigations in each case.
 - (e) All requests for additional information, from staff or cognizant member shall be in writing.
 - (f) If a matter regarding a licensee is referred to the AG's office for a consent order, the order will include the requirement that the disciplined licensee must take and receive a passing score on the jurisprudence examination within 3 months of the docket date of the order.

Policy #9 – Peer Review

Individuals working as peer reviewers for the board must have no disciplinary history, current clinical expertise of five (5) years' experience and be capable of

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providing an expert opinion on the subject matter and to general questions of patient care, record keeping and billing. Peer reviewers are selected by the Board on a case-by-case basis.

Policy #10 - Mental Physical Evaluations

The Board will accept the guidelines for mental physical evaluations as provided by O.C.G.A § 43-33-18(a) (2).

Policy #11 – Meeting/records

(A) Policy Review: The Board will hold an annual policy review.

(B) Minutes: Draft minutes and the board agenda will be provided to the Board at least one (1) week prior to the Board meeting or conference call.

(C) Meetings: Meetings will be held as established by yearly calendar that is approved by the Board. Changes to the meeting dates and times may be called when necessary.

Policy #12 – Position on Medications

The Georgia State Board of Physical Therapy, adopts the APTA position of Medications in the Provision of Physical Therapy which states:

The scope of practice of physical therapy often requires the use of medications in the course of patient/client management, such as in the administration of phonophoresis, iontophoresis, nebulized bronchodilators, and in integumentary repair and protection. The application and storage of medications used in physical therapy is within the scope of physical therapy practice.

Policy #13 – Georgia Jurisprudence

(A) In order to meet the minimum four (4) contact hour continuing competence requirement, Aa Georgia Ethics and Jurisprudence Continuing Competency Course must include a review of the Georgia General Provisions (Title 43 Chapter 1 -specifically 43-1-9 and 43-1-19 through 43-1-27), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter490), Board Policies and a general review of the Board's web-site (<http://sos.ga.gov/index.php/licensing/plb/39>), including the Frequently Asked Questions (FAQ's). A review of the Jurisprudence exam will occur when the laws and rules change.

(B) The requirement of (4) contact hours in Ethics and Jurisprudence can be met through coursework or may also be satisfied by taking and passing completion of the Georgia Jurisprudence Exam offered by FSBPT.

(C) Licensees will not receive credit towards the current continuing competency requirements for any passing score on a Georgia Jurisprudence Exam that was taken to satisfy the requirements for initial licensure in this State, prior renewal cycles or the terms and conditions of a Board Order.

Policy #14 Foreign Credentialing

(A) The Board requires sixty (60) hours of general education and ninety (90) hours

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of professional education for a total of 150 hours for foreign educated applicants. The Board further authorizes the use of the FSBPT Retro Tools for applicants educated prior to 1997.

(B) The Board approved foreign credentialing agencies are ICA, IERF and FCCPT.

Policy #15 Residency Programs

Pursuant to O.C.G.A. §43-33-1, the Board will consider for approval educational institutions for the purposes of offering programs to develop advanced physical therapy skills. All educational institutions that are providing such advanced training must petition the Board prior to allowing practice of residents/fellows per applicant that is unlicensed in Georgia and enrolled in said program.

Policy #16 Telehealth

The purpose of this policy is to establish guidelines for the practice of telerehabilitation (telehealth) by the spectrum of technologies involving interactive telehealth. Telehealth has been defined as the use of electronic communications to provide and deliver a host of health-related information and health care services including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

(A) All provisions of Physical Therapy utilizing telehealth mechanisms must conform to all statutes, rules and policies governing the practice of physical therapy in the State of Georgia.

(B) With the exception of part(c), individuals providing physical therapy via telehealth to a patient/client in the State of Georgia must be licensed in the State of Georgia.

(C) A physical therapist that is licensed in another jurisdiction of the United States may provide a consultation via telehealth to a physical therapist in the state of Georgia.

Policy # 17 Physical Therapist and Physical Therapist Assistant Relationship

Upon initiation of a physical therapy plan of intervention, physical therapists may, at their discretion, allow physical therapy treatments to be performed by physical therapist assistants to include the period in the 21 days or eight (8) visits, whichever comes first, prior to discharge or receipt of a referral from the patient's provider. Ultimately the responsibility for the quality of care provided by supportive personnel resides with the Physical Therapist. While technology allows for supervision in new and expanded methods, the PTAs, Trainees, and Students should know who and how to contact the supervising PT.

(A) It is recommended that the PT supervise no more than three (3) other supportive clinicians at any given time. For the purposes of this policy, supportive clinicians are defined as PTAs, Trainees, and PT/PTA students.

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(B) Care coordination discussions are expected in all settings. Such communication should be documented in the patients' medical record. The frequency of the communication should be based on the patient condition, progression and setting.

Title 43, Chapter 1 General Provisions

§ 43-1-9. Point credit for veterans taking examinations given by professional licensing boards

Any applicant taking an examination given by any professional licensing board except the State Board of Accountancy shall receive points in the following manner:

(1) Any applicant who served on active duty in the armed forces of the United States or on active duty in a reserve component of the armed forces of the United States, including the National Guard, for a period of one year or more, of which at least 90 days were served during wartime or during any conflict when military personnel were committed by the President of the United States, shall be entitled to a credit of five points. Such points shall be added by the person grading the examination to the grade made by the applicant in answering the questions propounded in any such examination;

(2) Any applicant who is a disabled veteran and who served on active duty in the armed forces of the United States or on active duty in a reserve component of the armed forces of the United States, including the National Guard, during wartime or during any conflict when military personnel were committed by the President of the United States and who was discharged for injury or illness incurred in line of duty shall be entitled to a credit of five points if the disability is officially rated at less than 10 percent at the time of taking the examination. Such points shall be added by the person grading the examination to the grade made by the applicant in answering the questions propounded in any such examination;

(3) Any applicant who is a disabled veteran who served on active duty in the armed forces of the United States or on active duty in a reserve component of the armed forces of the United States, including the National Guard, during wartime or during any conflict when military personnel were committed by the President of the United States and who was discharged for injury or illness incurred in line of duty shall be entitled to a credit of ten points if the disability is rated at 10 percent or above at the time of taking the examination. Such points shall be added by the person grading the examination to the grade made by the applicant in answering questions propounded in any such examination.

§ 43-1-19.1. Waiver of deductibles or copayments in health insurance plans; deceptive or misleading advertising

(a) For the purposes of applicable provisions of Code Section 43-1-19, it shall be considered a deceptive or misleading practice for any person duly licensed and authorized to provide any type of health care services to advertise, as an inducement to attract patients, the waiver of a deductible or copayment required to be made to such person under the patient's health insurance policy or plan.

(b) This Code section shall not apply to nonprofit community health centers which primarily serve indigent patients.

(c) Notwithstanding the provisions of any other law of this Code to the contrary, it shall not be considered a misleading, fraudulent, or deceptive act for a provider to waive occasionally such a deductible or copayment required to be made under the patient's health insurance contract, policy, or plan if the waiver is authorized by the insurer or if the waiver is based on an evaluation of the individual patient and is not a regular business practice of the person providing the health care services.

§ 43-1-19.2. License applications to include questions on prior revocation or denial of license

Each application for a license to practice a profession or business to be issued by a professional licensing board or any agency of the state shall include a question as to whether the applicant for such license:

(1) Has had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state; or

(2) Was denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state.

The question shall be answered under oath and the answer shall include the name of the board or agency which revoked, suspended, denied, refused renewal of, or otherwise sanctioned the license.

§ 43-1-20. Actions to enjoin unlicensed practice.

A professional licensing board, the division director, or the appropriate prosecuting attorney may bring an action to enjoin the unlicensed practice by any person of a profession or business required to be licensed by a professional licensing board. The action to restrain and enjoin such unlicensed practice shall be brought in the superior court of the county where the unlicensed person resides. It shall not be necessary to allege or prove that there is no adequate remedy at law to obtain an injunction under this Code section.

§ 43-1-20.1. Cease and desist orders against persons practicing without a license; fine for violating order

(a) Notwithstanding any other provisions of the law to the contrary, after notice and hearing, a professional licensing board may issue a cease and desist order

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prohibiting any person from violating the provisions of this title by engaging in the practice of a business or profession without a license.

(b) The violation of any cease and desist order of a professional licensing board issued under subsection (a) of this Code section shall subject the person violating the order to further proceedings before the board, and the board shall be authorized to impose a fine not to exceed \$500.00 for each transaction constituting a violation thereof. Each day that a person practices in violation of this title shall constitute a separate violation.

(c) Initial judicial review of the decision of the board entered pursuant to this Code section shall be available solely in the superior court of the county of domicile of the board.

(d) Nothing in this Code section shall be construed to prohibit a professional licensing board from seeking remedies otherwise available by statute without first seeking a cease and desist order in accordance with the provisions of this Code section.

§ 43-1-21. Release of information regarding investigations

The division director is authorized to provide to any lawful licensing authority of this or any other state, upon inquiry by such authority, information regarding a past or pending investigation of or disciplinary sanction against any applicant for licensure by that board or licensee of that board notwithstanding the provisions of subsection (h) of Code Section 43-1-19 or any other law to the contrary regarding the confidentiality of that information. Nothing in this Code section or chapter shall be construed to prohibit or limit the authority of that director to disclose to any person or entity information concerning the existence of any investigation for unlicensed practice being conducted against any person who is neither licensed nor an applicant for licensure by a professional licensing board.

§ 43-1-22. Inactive status licenses

The division director may provide for inactive status licenses for the various professional licensing boards.

§ 43-1-23. Exemption of licensees of professional licensing boards from filing with clerk of superior court.

No licensee of a professional licensing board shall be required to file or record his license with the clerk of the superior court, and no clerk shall be required to report the filing or recordation of any such license.

§ 43-1-24. Licensed professionals subject to regulation by professional licensing board.

Any person licensed by a professional licensing board and who practices a "profession," as defined in Chapter 7 of Title 14, the "Georgia Professional Corporation Act," or who renders "professional services," as defined in Chapter 10 of Title 14, "The Georgia Professional Association Act," whether such person is practicing or rendering services as a proprietorship, partnership, professional

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corporation, professional association, other corporation, limited liability company, or any other business entity, shall remain subject to regulation by that professional licensing board, and such practice or rendering of services in that business entity shall not change the law or existing standards applicable to the relationship between that person rendering a professional service and the person receiving such service, including but not limited to the rules of privileged communication and the contract, tort, and other legal liabilities and professional relationships between such persons.

§ 43-1-25. Authority of professional licensing boards to promulgate rules and regulations

Except as provided in subsection (o) of Code Section 43-1-19, Code Sections 43-1-16 through 43-1-24 shall apply to all professional licensing boards and licenses thereunder, except the Georgia Real Estate Commission and its licensees, notwithstanding any other law to the contrary, and each such professional licensing board may promulgate rules and regulations to implement the authority provided by the applicability of said provisions to said boards.

§ 43-1-26. Exemption of credentialed persons from licensure, registration, or certification in the state in connection with the Olympic and Paralympic Games; conditions and limitations; consent for certain medical services; automatic repeal Repealed by Ga. L. 1994, p. 480, § 1, effective December 31, 1996.

§ 43-1-27. Licensee required to notify licensing authority of felony conviction Any licensed individual who is convicted under the laws of this state, the United States, or any other state, territory, or country of a felony as defined in paragraph (3) of subsection (a) of Code Section 43-1-19 shall be required to notify the appropriate licensing authority of the conviction within 10 days of the conviction. The failure of a licensed individual to notify the appropriate licensing authority of a conviction shall be considered grounds for revocation of his or her license, permit, registration, certification, or other authorization to conduct a licensed profession.

GA State Board of Physical Therapy Frequently Asked Questions

(To read the complete unabridged GA State Board of Physical Therapy FAQs, please go to:
<http://sos.ga.gov/index.php/licensing/plb/39/faq>)

The following are answers to some of the most frequently asked questions submitted to the Georgia State Board of Physical Therapy.

What is the Georgia State Board of Physical Therapy's website address?

<http://sos.ga.gov/index.php/licensing/plb/39>

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How can I contact the Georgia State Board of Physical Therapy?

You may email the Board's executive director by going to: <http://sos.ga.gov/cgi-bin/EmailHealthcare2ED.asp>

How can I change my address?

The Professional Licensing Boards Division is pleased to offer licensees the opportunity to update license address information and renew their professional licensure via our secure website.

How can I change my name?

Please submit a copy of your marriage certificate, divorce decree or court order, as well as your license number. A copy of your driver's license or social security card is not acceptable. You may fax it to 866-888-1308.

Once I am licensed, am I required participate in Continuing Competence?

Yes. The board requires 30 clock hours between January 1, 2006 and December 31, 2007 and 30 clock hours during each biennium thereafter. A minimum of four (4) hours per biennium must be in ethics and jurisprudence. Continuing Competency hours submitted must be beyond the licensee's current level of competence to practice Physical Therapy. The rolling over of unused hours will not be allowed from one biennium to the next biennium. For detailed information concerning Continuing Competence, please review the Board rules and policies that address continuing competence (Rule 490-4 and Board Policy).

Does my license expire?

Yes, all licenses expire December 31 of odd years. You may renew your license online during the renewal period.

What must be covered in the Board-approved Ethics and Jurisprudence course?

An acceptable 4-hour continuing competency course must include a review of the Georgia General Provisions and the Rules and Laws governing Physical Therapy in the State of Georgia. Specifically, these are Georgia Rules 490-1 through 490-11, Georgia Laws 43-33, and Georgia General Provisions 43-1-19 through 43-1-27. Also recommended is a review of the Georgia Code of Ethics as specified in GA Rules 490-9 and a review of any recent Laws or Rules changes. Current versions of the General Provisions, Rules and Laws may be accessed on the Georgia State Board of Physical Therapy website.

What is the scope of practice for a Physical Therapist or Physical Therapist Assistant in Georgia?

The Georgia State Board of Physical Therapy does not provide legal advice regarding specific scope of practice questions. Please review the Georgia statutes and Board Rules carefully as most individuals are able to answer their questions with relative ease. It is important to remember that physical therapists

and physical therapist assistants must practice within their scope and in accordance with the law and rules.

How do I obtain a letter of good standing from the Board?

The Georgia State Board of Physical Therapy does not issue letters of good standing. If another licensing authority or employer requires an official statement about the status of a license in this state, the licensee must complete the license verification request form and submit it along with the applicable fee to the board office. The license verification request will be processed and forwarded to the entity indicated on the form.

If I feel a board rule should not apply to my situation, how do I ask the Board to vary or waive the rule or a portion of the rule?

O.C.G.A. 50-13-9.1 Allows for an applicant and/or entity to petition the Georgia State Board of Physical Therapy to vary (modify) or waive (not apply) all or part of a rule requirement in their particular situation. In order for a rule or portion thereof to be varied or waived, the petitioner must be able to demonstrate strict application of rule can lead to unreasonable, uneconomical, and unintended results in the petitioner's particular instance. The statute also allows for the Board to grant a variance or waiver when the petitioner is able to demonstrate that the purpose of the underlying statute upon which the rule is based can be or has been achieved by other specific means which are agreeable to the person seeking the variance or waiver and that strict application of the rule would create a substantial hardship to such person.

If an applicant and/or entity desires to make such a petition, you must download and complete a Petition for Rule Variance or Waiver form and submit it along with any supporting documentation to the Board for consideration. You may download the instruction and form by visiting the Application/Form downloads section on the home page of the Board website.

Please be aware that a failure to properly complete the form and submit the documentation supporting your statements within the petition may result in the denial of the request based on insufficient evidence to substantiate that the application of the rule in your circumstance will cause a hardship.

The petition will be posted for a minimum of fifteen days on the GeorgiaNet Public Registry and petitioners may conduct a search for their petition. Please note that any member of the public, including interested parties, shall have the opportunity to submit written comments in support of or against proposed variances or waivers prior to the Board decision. The Board has up to 60 days from receipt of the petition to render a decision to either grant or deny the petition. The petitioner will be notified in writing of the Board's decision and the written statement will include relevant facts and reasons for the Board's action.

How do I record CE to satisfy the terms of a board order or previous cycle into aPTitude?

Board Ordered continuing competence activities are to be recorded in aPTitude using the Option entitled ***Deficient and Board Ordered Competence Hours for Previous Renewal Cycle***. This category is designated for those licensees who obtained continuing competency hours after the last date of the previous renewal cycle and must apply those hours to the previous renewal cycle in order to satisfy the continuing competence requirements of their last renewal application. This category is also to be used to reflect continuing competency hours that were obtained in order to comply with the terms of a Board Order/Agreement.

Board Ordered continuing competence activities are to be recorded in aPTitude using the Option entitled ***Deficient and Board Ordered Competence Hours for Previous Renewal Cycle***. This category is designated for those licensees who obtained continuing competency hours after the last date of the previous renewal cycle and must apply those hours to the previous renewal cycle in order to satisfy the continuing competence requirements of their last renewal application. This category is also to be used to reflect continuing competency hours that were obtained in order to comply with the terms of a Board Order/Agreement.

Activities recorded within that option will not count towards the renewal requirements for the current biennium; therefore, the number of hours in this category will not be reflected in the total CCUs Applied field. Licensees must manually tabulate total units to ensure that he/she has recorded an appropriate amount of credit to satisfy the previous biennium and/or the requirements specified within his/her Board Order/Agreement. All activities entered into this option must still comply with the Board Rules.

The licensee must record Board Ordered continuing competence activities within the current biennium cycle.

The licensee is to enter the course title that is reflected on the corresponding course certificate.

The licensee must upload completion documentation/certificates which reflect the actual date of completion and credit(s) earned for the coursework.

It is important to note that a failure to follow the instructions as noted above may result in the inability to properly account for the completion of the continuing competency hours required to satisfy the terms of the order or previous renewal cycle and may subject the licensee to additional sanctions for noncompliance.

The Federation of State Boards of Physical Therapy's aPTitude Platform

The Georgia Board of Physical Therapy ("Board") requires all licensees to report compliance with the continuing competence requirements by using the free online system aPTitude. aPTitude is a free continuing competence resource for physical therapist and physical therapist assistant licensees, students and pre-licensure candidates; vendors of continuing competence and continuing education (CC/CE) activities, and jurisdiction licensing boards. Only your name, license number, and email address are required to register. Follow the simple step-by-step instructions in the "Guide to Creating an Applicant Account in aPTitude."

Licensees and students/pre-licensure candidates can use aPTitude to:

- Maintain licensure information and record of CC/CE
- Securely store CC/CE completion documents
- Stay current with all CC/CE requirements and license renewal dates
- Be reminded of license renewal and CE/CC deadlines
- Track CC/CE completion progress for one or many states
- Find CC/CE courses and activities

It is suggested that individuals download a copy of the Guide for Continuing Competence Activities & Documentation Requirements for aPTitude. It should be noted that the guide is not comprehensive. It is a quick reference tool developed to assist applicants and licensees with identifying some of the documentation that the Board may require as evidence of completion of identified continuing competency activities. The guide also provides references to the number of hours that may be awarded for the activity and identifies where individuals may find a reference to that activity within the continuing competency rule.

Ethics Case Studies

Case Study #1 – Professional Accountability

Danielle White PT works in an acute care hospital. She is treating a patient for a colleague who is on vacation. The patient, Mrs. Carson, had a hip arthroplasty 3 days ago. Danielle reviews the treatment plan written by the vacationing therapist. It documents that yesterday Mrs. Carson ambulated 50 feet FWB with a walker. The treatment plan calls for continued gait training FWB with walker to 100 feet. Danielle ambulates with Mrs. Carson as per the plan and begins documenting the treatment. It is then that she notices that earlier in the day, the physician changed the weight bearing status to NWB because he suspected there may be a problem with the prosthesis.

What is Danielle's professional accountability relating to this situation?

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Accountability means an obligation or willingness to accept responsibility for one's actions. Rehabilitation professionals are accountable to many entities including: patients, colleagues, employers, payors, the public, and government/regulatory agencies. In health care, there are times when actions can cause harm if not carried out in a careful and competent way. There are also times when failure to do something can also cause harm. Health care professionals are ultimately accountable for any errors they make, or any acts they fail to take, that cause harm. The above case study is a good example of this. Danielle is accountable for actions she did and as well as actions she failed to do.

As a therapist, it is Danielle's professional responsibility to thoroughly monitor and review the most current information available for each patient under her care. When accessing the chart prior to treatment, she failed to perform a comprehensive review of new orders. Instead, she based her treatment solely on a plan of care written 24 hours earlier.

Because she failed to review the chart properly, she had the patient ambulate with FWB on the surgical leg and unintentionally placed the patient in a potentially dangerous situation.

Danielle is now obligated to accept responsibility for her actions. This obligation is independent of whether Mrs. Carson suffered any actual harm as a result of the action. In this case, "accepting responsibility" may require Danielle to take several actions including, but not limited to, informing her employer, the physician, and the patient, of her error.

Case Study #2 – Ethical Behavior

An employee of a busy outpatient clinic is a physical therapy aide who has worked in rehabilitation for more than 20 years. Frequently, this aide 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.

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (3)(f): Physical therapists are not to delegate to a less qualified person any activity which requires the unique skills, knowledge, and judgment of a physical therapist.

Case Study #3 – Professional Boundaries

Frank Jackson, DPT is currently treating Allison Brown following her ACL reconstruction. After 1 month of therapy, Allison begins flirting with Frank. He is single and attracted to Allison, so he reciprocates the flirting. Two weeks later she asks him out for a drink. He accepts and they go out on a date. Their relationship progresses quickly and eventually turns sexual.

Has Frank crossed a professional boundary by having a consensual sexual relationship with Allison while she was an active patient of his?

Professional boundaries are integral to a good therapist–patient relationship. They promote good care for patients and protect both parties. A boundary crossing is defined as a deviation from classical therapeutic activity that is harmless, non-exploitative, and possibly supportive of the therapy itself. In contrast, a boundary violation is harmful or potentially harmful, to the patient and the therapy. It constitutes exploitation of the patient.

Good therapeutic practice is based on trust between therapy professionals and their patients. It is always unethical, unprofessional and a boundary violation for a physical therapy professional to breach this trust by entering into a sexual relationship with a patient, regardless of whether the patient has consented to the relationship.

Sexual misconduct covers a range of inappropriate behaviors including:

- Sexualized behavior such as any words or actions that might reasonably be interpreted as being designed or intended to arouse or gratify sexual desire

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- Sexual exploitation or abuse, which includes sexual harassment (unwelcome behavior of a sexual nature including, but not limited to, gestures and expressions), or entering into a consensual sexual relationship
- Sexual assault, which ranges from inappropriate touching to rape

The APTA Code of Ethics, Principle 4E: Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

Case Study #4 - Confidentiality

John Jones PT, Sue Brown (therapy receptionist), and Mary Smith (Marketing Director), 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, the facility's Marketing Director, 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.

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (1)(a): The physical therapist shall hold as confidential information obtained while acting in a professional capacity.

Case Study #5 – 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?

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 of 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. 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 #6- 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 #7 – 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.

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (4)(b)2: Physical therapists shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity in connection with furnishing of physical therapy services.

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (3)(e): The physical therapist's ability to make independent judgment must not be limited or compromised by professional affiliations, including employment relationships.

Case Study #8 – Relationships with Referral Sources

Larry Johnson 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/sqft. (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.

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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.

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (6)(b): Physical therapists shall not participate in any arrangement in which patients are exploited due to the referring sources enhancing their personal incomes as a result of referring, prescribing, or recommending physical therapy or a specific physical therapy practice.

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Post-Test

1. Which ethics theory is accurately defined? (p. 4-5)
 - A. Utilitarianism is the theory that ethical behavior is a result of inherent character traits.
 - B. Social Contract Theory proposes that right and wrong is determined by consequence
 - 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 moral code is created by the people who form societies.

2. Which of the following statements is TRUE? (p. 5-6)
 - A. All actions that are legal are also morally right.
 - B. All actions that are morally right are also legal.
 - C. Physical therapy ethical behavior is established by the normative standards practiced by others in the same profession.
 - D. All of the above are true.

3. The primary goal of the informed consent process is to _____. (p. 6-9)
 - A. Provide protection for health care providers against litigation
 - B. Ensure that patients have an opportunity to be informed participants in decisions about their health.
 - C. Improve efficiency and accuracy throughout the health care system.
 - D. Facilitate the practice of evidence-based medicine.

4. Gifts from companies to physical therapists are acceptable only when _____. (p. 12-13)
 - A. the primary purpose is the enhancement of patient care and medical knowledge
 - B. each professional in the field receives the same gift without regard to previous product usage
 - C. the company is introducing a new product or service to the market.
 - D. permission is received from the professional's employer

5. According to the GA PT Practice Act (43-33-18), the Physical Therapy Board may discipline a physical therapist for which of the following? (p. 19-22)
 - A. Performing PT services without examination and evaluation.
 - B. Failing to provide self-referred patients with a disclosure that PT services may not be covered by the patient's insurer.
 - C. Dividing fees for bringing or referring a patient
 - D. All of the above

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6. Which of the following is FALSE regarding GA physical therapy continuing competence requirements (Chapter 490-4)? (p. 27-30)
- A. The deadline to complete the biannual requirement is December 31 of each odd year.
 - B. Continuing competency should have content beyond the licensee's present level of knowledge or competence.
 - C. Continuing competency activities must be pre-approved by the Georgia State Board of Physical Therapy
 - D. Licensees must complete 4 hours of ethics & jurisprudence education each licensure biennium.
7. Which of the following is TRUE regarding supervision requirements? (p. 31-33)
- A. In an institutional setting, PTAs must have continuous on-site supervision by a PT.
 - B. In a home health setting, the supervising PT must review all patients being treated by the assistant at least one time per week.
 - C. In all settings, physical therapy aides must have general supervision by a PT or physician.
 - D. All of the above
8. Which of the following is stipulated in the Georgia PT Code of Ethics (490-9)? (p. 33-37)
- A. The PT shall provide optimal physical therapy care for all patients regardless of patient race, gender, age, religion, disability or sexual preference.
 - B. The PT's ability to make independent judgment must not be limited or compromised by professional affiliations, including employment relationships.
 - C. PTs are not to delegate to a less qualified person any activity which requires the unique skills, knowledge, and judgment of a PT.
 - D. All of the above
9. Which of the following may perform preventative services? (p. 37)
- A. Licensed physical therapist
 - B. Licensed physical therapist assistant
 - C. Both A & B
 - D. None of the above
10. Physical therapists may _____. (p. 43, 46, 58-59)
- A. Apply and store medications that are used within the scope of physical therapy practice.
 - B. Routinely waive insurance plan deductibles and co-payments in order to induce or attract patients.
 - C. Offer something of value to a referral source in direct response for the referral of patients.
 - D. All of the above

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