Certification Page
Regular and Emergency Rules

Revised May 2014

☐ Emergency Rules *(After completing all of Sections 1 and 2, proceed to Section 5 below)* ☑ Regular Rules

1. General Information

a. Agency/Board Name Administration and Information, Dept. of		
b. Agency/Board Address 2001 Capitol Ave, RM 104	c. City Cheyenne	d. Zip Code 82002
e. Name of Contact Person JoAnn Reid	f. Contact Telephone Number 307-777-3507	
g. Contact Email Address joann.reid@wyo.gov	h. Adoption Date December 2, 2015	
i. Program Physical Therapy, Board of		

2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.

If "New," provide the Enrolled Act numbers and years enacted:

c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed
(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)

Chapter Number:	Chapter Name:			
6	Continuing Competence	☐ New	☑ Amended	☐ Repealed
7	Standards of Practice	☐ New	☑ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed

d. ☑ The Statement of Reasons is attached to this certification.

e. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

3. State Government Notice of Intended Rulemaking

a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the Secretary of State:	August 20, 2015
b. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Legislative Service Office:	August 20, 2015
c. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Attorney General:	August 20, 2015

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☑ Yes ☐ No ☐ N/A

b. A public hearing was held on the proposed rules. ☐ Yes ☑ No

If "Yes:"	Date:	Time:	City:	Location:

5. Final Filing of Rules

a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature:	December 11, 2015
b. Date on which final rules were sent to the Legislative Service Office:	December 11, 2015
c. Date on which a PDF of the final rules was electronically sent to the Secretary of State:	December 11, 2015

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual *(Blue ink as per Rules on Rules, Section 7)*	
Printed Name of Signatory	JoAnn Reid
Signatory Title	Executive Director
Date of Signature	December 11, 2015

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

Attorney General: 1. Statement of Reasons; 2. Original Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; and 5. Memo to Governor documenting emergency (for emergency rules only).

LSO: 1. Statement of Reasons; 2. Copy of Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; 5. Electronic copy of rules (PDFs) emailed to Criss.Carlson@wyoleg.gov: clean and strike/underscore; and 6. Memo to Governor documenting emergency (for emergency rules only).

SOS: 1. PDF of clean copy of rules; and 2. Hard copy of Certification Page as delivered by the AG.

STATEMENT OF REASONS

CHAPTER 6: This chapter provides continuing competence requirements to ensure physical therapists and physical therapist assistants obtain knowledge of new and updated procedures in the physical therapy profession for the purpose of keeping licensee knowledge and ability current. Revisions restructure acceptable continuing competence, allowing a broader spectrum of activities no longer limited to "education" only; provide the Board authority to perform continuing competence audits; and allow for waiver of continuing competence requirements.

COMMENTS: Commenters were not in favor of the increase in continuing competence units (CCUs) from twenty (20) to thirty (30) every two years; had concerns over the fifteen (15) hours required from Category A; and also requested the ability to carry-over hours to the next renewal cycle.

RESPONSE: Many of the comments appear to misinterpret the rule, believing that fifteen (15) CCUs are due every year. The Board made changes to this requirement in response to comments received during the last public comment period (January 12 – March 6, 2015), and allowed accumulation of the required thirty (30) CCUs over a two (2) year cycle.

Chapter 3 of the rules approved by Governor Mead on May 11, 2015, and not a part of this rule adoption, already require the accrual of thirty (30) CCUs every two years. Chapter 6 clarifies the type of CCUs acceptable.

The Board stressed the importance of networking in the physical therapy profession in order to establish relationships that could potentially provide physical therapists and physical therapist assistants an avenue to seek additional knowledge and better ideas while collaborating with peers. Also, the requirement of at least fifteen (15) of the required thirty (30) CCUs from Category A every two years being live in real time is meant to provide physical therapists and physical therapist assistants the ability to attend meaningful courses with peers.

CHAPTER 7: This chapter provides standards of practice for physical therapists, physical therapist assistants and supportive personnel. Revisions provide better definition and clarification to delegation and supervision and provide guidance for the practice of dry needling in order to meet the Board's mission of ensuring that licensees will practice in a competent and safe manner.

COMMENTS: Concerns regarding the removal of specific guidelines for supervision of a physical therapist assistant in the school setting.

RESPONSE: Chapter 7 provides rules regarding the supervision of physical therapist assistants, however, no longer breaks it down to specific settings. The rules are specific in that the physical therapist is responsible for the delegated tasks of the physical therapist assistant.

COMMENTS: The American Dry Needling Institute course was only twenty-five (25) hours prior to 2015. The requirement that the course be a minimum of twenty-seven (27) hours causes a hardship for those who have already attended the twenty-five (25) hour course; opposition to physical therapist assistants not being allowed to perform dry needling; and twenty-seven (27) hours not being enough training hours to practice dry needling.

RESPONSE: In determining the requirements for dry needling, the Board utilized the *Analysis for Competencies for Dry Needling by Physical Therapists* prepared for the Federation of State Boards of Physical Therapy (FSBPT) July 10, 2015. This publication indicates that eighty-six percent (86%) of the knowledge needed to perform dry needling is acquired during the physical therapists entry level education which is not achieved at the physical therapist assistant level, therefore, the Board agrees that physical therapist assistants should not perform dry needling.

The Wyoming Board of Physical Therapy (Board) is authorized to adopt rules and regulations to implement the act under W.S. 33-25-104.

The Board has been working to revise the Rules and Regulations since 2012, when the need for more clarification and guidance regarding supervision became apparent. On May 11, 2015, Governor Mead approved Chapters 1, 2, 3, 4, 5, 8, and 10. Chapters 6 and 7 were held back by the Board in consideration of comments received during the public comment period. The Board is confident that the revisions to Chapters 6 and 7 address all concerns while still maintaining public protection.

On April 9, 2013, the Board received the letter from Governor Mead requesting a rule reduction by one third. Presentation of the revised Chapters 6 and 7 indicates a slight increase from 2,218 words to 2,613 words, the Board feels these changes are necessary in light of its mission to protect Wyoming citizens and respectfully requests review of the rules as presented.

CHAPTER 6

CONTINUING COMPETENCE

Section 1. Hours and requirements.

(a) All physical therapists and physical therapist assistants shall obtain thirty (30) continuing competence units (CCUs) every two years to be eligible for renewal. There may be no carryover of CCUs to the next reporting period. The Board shall determine reporting groups, methods, and deadlines.

(b) A licensure/certification reporting cycle begins on October 2 and ends on October 1 of the second year.

(c) At least fifteen (15) of the required thirty (30) CCUs shall be from Category A.

Section 2. Categories.

(a) Category A Activities include:

(i) Registered attendance at courses or conferences offered live in real time by approved providers. Approved providers include:

(A) The American Physical Therapy Association (APTA), including any sections, credentialed residencies and fellowships and its accrediting subsidiary;

(B) State Chapters of the APTA;

(C) Federation of State Boards of Physical Therapy and any accrediting subsidiary;

(D) The International Association for Continuing Education Training;

(E) Any providers approved or accredited by the agencies or organizations listed in subparagraphs (A) through (D) of this paragraph;

(ii) The Wyoming Department of Health and the Wyoming Department of Education activities directly related to physical therapy.

(b) Category B Activities include:

(i) Self-study, which may be directed by a correspondence course, video, internet, or satellite program;

(ii) Attendance at in-service education programs pertaining to safety or

governmental regulation;

(iii) Teaching or lecturing principally for health care professionals;

(iv) Author or reviewer of a peer-reviewed publication;

(v) Clinical instruction;

(vi) Physical therapy association or licensing Board and committee work;

(vii) Structured interactive study (group study);

(c) Activities excluded from Continuing Competence Credit:

(i) Staff meetings, presentations, or publications directed at lay groups;

(ii) Routine teaching as part of a job requirement;

(iii) Regularly scheduled institutional activities such as rounds;

(iv) Breaks in instruction time; and

(v) Credit for repetitions of the same activity.

Section 3. Affirmation of compliance with continuing competency requirements. License and certificate holders shall provide a signed statement on the form provided by the Board listing the CCUs taken and indicating compliance with the required thirty (30) CCUs upon renewal. The Board, in its discretion, may require additional evidence from a license or certificate holder to verify compliance.

Section 4. Continuing competence audits.

(a) The Board shall periodically select a sample of physical therapists and physical therapist assistants and may request supporting evidence of their continuing competence. Supporting evidence may come directly from the license or certificate holder or from state or national organizations that maintain those records.

(b) The Board shall notify an audited license or certificate holder whether the license or certificate holder is in compliance with continuing competence requirements within thirty (30) working days following the Board's determination. License and certificate holders shall retain evidence of continuing competence activities for one (1) year after the reporting period.

Section 5. Waiver of continuing competence requirements. The Board may waive continuing competence requirements on an individual basis for reasons of extreme hardship such as illness, disability, active service in the military, or other extraordinary circumstance as

determined by the Board. A license or certificate holder who seeks a waiver of the continuing competence requirements shall provide to the Board in writing the specific reasons for requesting the waiver and additional information that the Board may request in support of the waiver application.

CHAPTER 6

CONTINUING COMPETENCE

Section 1. Hours~~, effective date,~~ and requirements. ~~Effective October 1, 2009 all physical therapists and physical therapist assistants must obtain twenty (20) contact hours of continuing education every two years to be eligible for renewal. One contact hour equals sixty minutes of instruction. There may be no carryover of credit hours to the next reporting period. The Board shall determine reporting groups, methods, and deadlines.~~

(a) All physical therapists and physical therapist assistants shall obtain thirty (30) continuing competence units (CCUs) every two years to be eligible for renewal. There may be no carryover of CCUs to the next reporting period. The Board shall determine reporting groups, methods, and deadlines.

(b) A licensure/certification reporting cycle begins on October 2 and ends on October 1 of the second year.

(c) At least fifteen (15) of the required thirty (30) CCUs shall be from Category A.

Section 2. ~~Courses and credit standards~~ Categories.

(a) ~~Course content. Twenty contact hours are required every two years. At least fifteen of the required hours must be clinically related, five of which may be cardiopulmonary resuscitation. Nonclinical courses must relate to a therapist's job responsibilities. All continuing education courses related to physical therapy sponsored by the American Physical Therapy Association, state physical therapy associations, medical institutions, or educational institutions are approved. Any continuing education courses sponsored, or co-sponsored by the Arthritis Foundation, the American Heart Association, or other similar national or state health organizations, which meet the credit standards, are approved. Any postsecondary coursework taken at an accredited educational institution will be approved, provided the coursework meets the credit standards. The successful completion of the jurisprudence examination shall satisfy two (2) of the required contact hours.~~ Category A Activities include:

(i) Registered attendance at courses or conferences offered live in real time by approved providers. Approved providers include:

(A) The American Physical Therapy Association (APTA), including any sections, credentialed residencies and fellowships and its accrediting subsidiary;

(B) State Chapters of the APTA;

(C) Federation of State Boards of Physical Therapy and any accrediting subsidiary;

(D) The International Association for Continuing Education

Training;

(E) Any providers approved or accredited by the agencies or organizations listed in subparagraphs (A) through (D) of this paragraph;

(ii) The Wyoming Department of Health and the Wyoming Department of Education activities directly related to physical therapy.

(b) ~~Credit standards. The following credit standards apply to continuing education courses for physical therapists or physical therapist assistants~~ Category B Activities include:

(i) ~~The educational activities must have significant intellectual or practical content dealing primarily with matters directly related to the practice of physical therapy or to the professional responsibility or ethical obligations of physical therapists or physical therapy assistants~~ Self-study, which may be directed by a correspondence course, video, internet, or satellite program;

(ii) ~~Each instructor at a continuing education course must be qualified by practical or academic experience to teach the subject~~ Attendance at in-service education programs pertaining to safety or governmental regulation;

(iii) ~~Participants shall attend educational activities in a classroom or other setting suitable for the activity. Video, motion picture, or sound presentations may be used.~~ Teaching or lecturing principally for health care professionals;

(iv) ~~Credit may not be given for entertainment or recreational activities or programs, employment orientation sessions, holding an office or serving as an organizational delegate, meeting for the purpose of making policy, or non-educational association meetings.~~ Author or reviewer of a peer-reviewed publication;

(v) ~~Credit may not be given for meals, keynote speeches, introductory or preliminary sessions, post session activities, and similar events associated with continuing education programs.~~ Clinical instruction;

(vi) ~~A person teaching an approved continuing education course must be awarded additional credit for preparation time not to exceed a ratio of five to one between preparation time and presentation time respectively. Presentation time counts as contact hours for continuing education purposes. This credit may be taken for only one course annually.~~ Physical therapy association or licensing Board and committee work;

(vii) Structured interactive study (group study);

(c) Activities excluded from Continuing Competence Credit:

(i) Staff meetings, presentations, or publications directed at lay groups;

(ii) Routine teaching as part of a job requirement;

(iii) Regularly scheduled institutional activities such as rounds;

(iv) Breaks in instruction time; and

(v) Credit for repetitions of the same activity.

Section 3. ~~Verification~~ Affirmation of compliance with continuing competency requirements.

~~(a)~~ License and certificate holders shall provide a signed ~~and notarized~~ statement on the form provided by the Board listing the ~~continuing education courses~~ CCUs taken and indicating compliance with the required thirty (30) CCUs ~~twenty hours of continuing education~~ upon renewal. The Board, in its discretion, may require additional evidence ~~necessary~~ from a license or certificate holder to verify compliance.

~~(b) The Board shall periodically select a sample of physical therapists and physical therapist assistants and may request supporting evidence for their continuing education. Supporting evidence may come directly from the license or certificate holder or from state or national organizations that maintain those types of records.~~

~~(c) A person who claims extenuating circumstances in not being able to meet the continuing education requirements shall petition the Board for consideration on or before September 1.~~

~~(d) License and certificate holders from other jurisdictions applying for license in Wyoming for the first time who do not have twenty hours of continuing education credits within the last two (2) years will be required to complete thirteen (13) hours of continuing education within a year of their initial license in Wyoming, and will thereafter be on the two-year continuing education cycle provided in these rules.~~

Section 4. ~~Standards of practice~~ Continuing competence audits.

(a) ~~Professional accountability – the physical therapist:~~ The Board shall periodically select a sample of physical therapists and physical therapist assistants and may request supporting evidence of their continuing competence. Supporting evidence may come directly from the license or certificate holder or from state or national organizations that maintain those records.

~~(i) Practices in a safe manner that minimizes risk to patients, self and others.~~

~~(ii) Completes documentation related to physical therapy practice in an appropriate, legible, and timely manner that is consistent with all applicable laws and regulatory~~

~~requirements.~~

~~(iii) Supervises assistive personnel and students in a manner that assures safe and efficient care.~~

~~(iv) Consistently and critically evaluates sources of information related to physical therapy practice, outcomes research and education and applies knowledge from these sources in a scientific manner and to appropriate populations.~~

~~(v) Selects and utilizes outcomes measures to assess the results of interventions administered to individuals and groups of patients.~~

~~(vi) Communicates effectively with clients, caregivers and professional colleagues.~~

(b) ~~Professional Behavior – the physical therapist:~~ The Board shall notify an audited license or certificate holder whether the license or certificate holder is in compliance with continuing competence requirements within thirty (30) working days following the Board's determination. License and certificate holders shall retain evidence of continuing competence activities for one (1) year after the reporting period.

~~(i) Conducts critical self-assessment in order to practice to the fullest extent of knowledge, skills and abilities and takes responsibility to make accommodations as necessary.~~

~~(ii) Demonstrates an understanding of and compliance with all laws and regulations governing the practice of physical therapy in his jurisdiction.~~

~~(iii) Forms a professional relationship with patients/clients, colleagues and other members of the health care team in an effort to maximize patient/client outcomes.~~

~~(iv) Avoids potential conflict of interest situations and circumstances that could be construed as harassment or abuse of patients, colleagues, associates or employees.~~

~~(v) Demonstrates sensitivity to individual and cultural differences when engaged in physical therapy practice.~~

~~(vi) Demonstrates knowledge and works to accommodate health disparities for individuals and community at large.~~

~~(c) Plan of Care – the physical therapist:~~

~~(i) Establishes and monitors a plan of care in consultation, cooperation and collaboration with the patient/client and other involved health care team members to insure that care is continuous and reliable.~~

~~(ii) Evaluates and updates the plan of care as indicated based on the patient/client status and applicable laws and regulations.~~

~~(iii) Incorporates appropriate, timely and efficient use of resources (environmental, equipment, care-giver support and financial) when establishing a plan of care.~~

~~(d) Implementation – the physical therapist:~~

~~(i) Delivers, evaluates and adjusts the physical therapy intervention.~~

~~(ii) Takes appropriate action in any emergency situation.~~

~~(iii) Utilizes assistive personnel in accordance with legal requirements.~~

~~(e) Education – the physical therapist:~~

~~(i) Educates patients/clients, family, and caregivers, using relevant and effective teaching methods to assure optimal patient care outcomes.~~

~~(f) Discharge – the physical therapist:~~

~~(i) Plans for discharge in consultation with the patient/client and care givers.~~

~~(ii) Discharges the patient/client after expected outcomes have been achieved or documents rational for discharge when outcomes have not been achieved.~~

~~(iii) Assists in the coordination of ongoing care if required.~~

~~(g) The Standards of Practice outlined above apply to physical therapist assistants within the limits of their scope of practice.~~

Section 5. ~~Evidence of competence; manual therapy~~ Waiver of continuing competence requirements. The Board may waive continuing competence requirements on an individual basis for reasons of extreme hardship such as illness, disability, active service in the military, or other extraordinary circumstance as determined by the Board. A license or certificate holder who seeks a waiver of the continuing competence requirements shall provide to the Board in writing the specific reasons for requesting the waiver and additional information that the Board may request in support of the waiver application.

~~(a) Qualification for grades I-IV joint manipulation include:~~

~~(i) Physical therapists who are graduates of a CAPTE accredited entry-level physical therapy program.~~

~~(ii) Foreign-educated physical therapists who provide evidence of entry-level~~

~~physical therapy training in manual therapy techniques as part of their curriculum.~~

~~(b) Qualification for grade V joint manipulation (high velocity, low amplitude thrust manipulation) requires hands on practical evaluation and includes one or more of the following:~~

~~(i) Physical therapists who graduated from CAPTE accredited doctoral degree physical therapy programs shall obtain and maintain evidence showing that high velocity, low amplitude thrust techniques were included in their program.~~

~~(ii) Foreign-educated physical therapists shall provide evidence of doctoral-level physical therapy training in manual therapy techniques which included high velocity, low amplitude thrust techniques as part of their curriculum.~~

~~(iii) Physical therapists who hold the Orthopedic Certified Specialist (OCS) or Sports Certified Specialist (SCS) certification from the American Physical Therapy Association with documentation that high velocity, low amplitude thrust techniques were included in the study program.~~

~~(iv) Physical therapists who successfully complete a formal, credentialed manual therapy fellowship or other certification program approved by the Board.~~

~~(v) Physical therapists who successfully complete a post entry-level education program in high velocity, low amplitude thrust techniques approved by the American Physical Therapy Association.~~

CHAPTER 7

STANDARDS OF PRACTICE

Section 1. Standards of practice. A physical therapist shall:

(a) Practice in a safe manner that minimizes risk to patients, self, and others.

(b) Complete documentation related to physical therapy practice in an appropriate, legible, and timely manner that is consistent with all applicable laws and regulatory requirements.

(c) Supervise assistive personnel and students in a manner that assures safe and efficient care.

(d) Consistently and critically evaluate sources of information related to physical therapy practice, outcomes, research, and education and applied knowledge from these sources in a scientific manner and to appropriate populations.

(e) Select and use outcome measures to assess the results of interventions administered to individuals and group patients.

(f) Communicate effectively with clients, caregivers, and professional colleagues.

(g) Conduct critical self-assessment in order to practice to the fullest extent of knowledge, skills and abilities and take responsibility to make accommodations as necessary.

(h) Demonstrate an understanding of and compliance with all laws and regulations governing the practice of physical therapy in his jurisdiction.

(i) Form a professional relationship with patients/clients, colleagues and other members of the health care team in an effort to maximize patient/client outcomes.

(j) Avoid potential conflict of interest situations and circumstances that could be construed as harassment or abuse of patients, colleagues, associates or employees.

(k) Establish and monitor a plan of care in consultation, cooperation and collaboration with the patient/client and other involved health care team members to insure that care is continuous and reliable and takes into consideration environment, equipment, care giver support and finances.

(l) Evaluate and update the plan of care as indicated based on the patient/client status and applicable laws and regulations.

(m) Deliver, evaluate and adjust the physical therapy intervention.

(n) Utilize assistive personnel in accordance with legal requirements.

(o) Educate patients/clients, family, and caregivers, using relevant and effective teaching methods to assure optimal patient care outcomes.

(p) Plan for discharge in consultation with the patient/client and care givers.

(q) Discharge the patient/client after expected outcomes have been achieved or document rationale for discharge when outcomes have not been achieved.

(r) Assist in the coordination of ongoing care if required.

Section 2. Evidence of competence; manual therapy.

(a) Qualification for grade V joint manipulation (high velocity, low amplitude thrust manipulation) requires hands-on practical evaluation and includes one or more of the following:

(i) Physical therapists that graduated from CAPTE accredited doctoral degree physical therapy programs shall obtain and maintain evidence showing that high velocity, low amplitude thrust techniques were included in their program.

(ii) Foreign-educated physical therapists shall provide evidence of doctoral-level physical therapy training in manual therapy techniques that included high velocity, low amplitude thrust techniques as part of their curriculum.

(iii) Physical therapists that hold the Orthopedic Clinical Specialist or Sports Clinical Specialist certification from the American Board of Physical Therapy Specialties with documentation that high velocity, low amplitude thrust techniques were included in the study program.

(iv) Physical therapists that successfully complete a formal, credentialed, manual therapy fellowship or other certification program.

(v) Physical therapists that successfully complete a post entry-level education program in high velocity, low amplitude thrust techniques that fall within Chapter 6, Section 2(i)(A) – (E).

Section 3. Evidence of competence; dry needling.

(a) Dry needling may not be performed by a PTA or a physical therapy aide.

(b) Licensed physical therapists shall demonstrate that they have received training in dry needling in a course approved by state boards of physical therapy, the American Physical Therapy Association or individual chapters of the American Physical Therapy Association, the Federation of State Boards of Physical Therapy, or the International Association for Continuing

Education Training.

(i) The course shall include but not be limited to training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.

(ii) The course shall include a minimum of twenty-seven (27) hours of live face-to-face instruction. Online courses are not appropriate training in dry needling.

(c) The physical therapist shall supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule. Failure to provide written documentation may result in disciplinary action taken by the Board.

Section 4. Delegation. The physical therapist assistant may assist in the practice of physical therapy only to the extent allowed by the supervising physical therapist. When a physical therapist delegates patient care to physical therapist assistants or other supportive personnel, the physical therapist holds responsibility for supervision of the physical therapy program. Physical therapists shall not delegate to a less qualified person any activity that requires the unique skills, knowledge, and judgment of the physical therapist. The primary responsibility for physical therapy care rendered by supportive personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that the supervising physical therapist perform the following activities:

(a) Designate or establish channels of written and oral communication.

(b) Interpret available information concerning the individual under care.

(c) Provide initial evaluation.

(d) Develop plan of care, including functional long-term goals.

(e) Select and delegate appropriate tasks for plan of care.

(f) Assess competence of supportive personnel to perform assigned tasks.

(g) Direct and supervise supportive personnel in delegated tasks.

(h) Identify and document precautions, goals, anticipated progress, and plans for reevaluation.

(i) Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish follow up plan of care.

Section 5. Physical therapist assistants.

(a) Definitions that apply to this section:

(i) "Physical therapist assistant" is a person who is certified and who assists a physical therapist in the administration of physical therapy. The physical therapist assistant's function is to assist the physical therapist in patient-related activities and to perform delegated procedures that are commensurate with the physical therapist assistant's education, training, experience, and skill.

(ii) "Physical therapist assistant supervision" means that at all times a supervising physical therapist is readily accessible for consultation with the physical therapist assistant, either in person or by means of telecommunications.

(iii) "Supervising physical therapist" means either the last physical therapist to see the patient or the physical therapist designated as in charge of the patient on the day the patient is being treated.

(b) Scope of Practice.

(i) For purposes of the provision of physical therapy services, a physical therapist assistant shall practice solely under the supervision and direction of a physical therapist.

(ii) A physical therapist assistant may provide physical therapy treatment only when supervised by a physical therapist.

(iii) The physical therapist assistant shall ensure the aide's competence in tasks delegated.

(iv) The physical therapist assistant shall report any changes in the patient status to the supervising physical therapist before providing physical therapy services.

(v) When components of a patient's treatment are delegated to a physical therapist assistant, a physical therapist must provide on-site observation of the treatment and documentation of its appropriateness at least every six (6) treatment sessions or three (3) weeks.

(c) Prohibited Acts. A physical therapist assistant shall not:

(i) Perform an initial evaluation;

(ii) Perform reassessment. A physical therapist assistant may participate with the physical therapist on gathering data to be included in the reassessment of a patient for whom the physical therapist assistant has been providing treatment;

(iii) Independently make modifications to the plan of care or objective goals. A physical therapist assistant may collaborate with the physical therapist in making modifications or changes to the plan of care or goals based on the physical therapist assistant's treatment of that patient and the patient's condition, progress or response to the treatment;

(iv) Independently make the decision to discharge a patient from therapy. A physical therapist assistant may make recommendations regarding discharge to the supervising physical therapist based on the physical therapist assistant's treatment of the patient;

(v) Perform high velocity manipulation of the spine or peripheral joints;

(vi) Perform dry needling.

(d) No person shall practice as a physical therapist assistant unless that person is certified as provided in W.S. 33-25-102.

Section 6. Physical therapy aides.

(a) Definitions that apply to this section:

(i) "Physical therapy aide" or "aide" means a person who is not licensed as a physical therapist or certified as a physical therapist assistant, who aids a physical therapist or physical therapist assistant by performing treatment-related tasks or by performing non-treatment, patient-related tasks. Although they may be providing services to a patient pursuant to direction or instruction from a physical therapist or physical therapist assistant, the following persons are not considered physical therapy aides:

(A) Educational or instructional aides or assistants working in a school setting; or

(B) Nurses aides, restorative aides or personal care assistants, persons performing facility maintenance, equipment assembly and maintenance, housekeeping, clerical, or other similar tasks.

(ii) "Treatment-related task" means a physical therapy service rendered directly to a patient.

(iii) "Non-treatment, patient-related task" means a task related to preparation of treatment areas, transport of patients, preparation of patients for treatment, and clerical tasks.

(iv) "Supervise" means to provide the amount of personal direction, assistance, advice and instruction necessary to reasonably assure that the supervisee provides the patient competent physical therapy services given the supervisor's actual knowledge of the supervisee's ability, training and experiences. Additionally, supervision of:

(A) A treatment-related task requires that the supervising physical therapist or physical therapist assistant be in the same building within sight or earshot of the aide who is performing the treatment-related task. The supervising physical therapist or physical therapist assistant shall be immediately available at all times to provide in-person direction, assistance, advice, or instruction to the aide or the patient. A physical therapist may

delegate supervision of an aide to a physical therapist assistant.

(B) A non-treatment patient-related task requires that the supervising physical therapist or physical therapist assistant be within the building where the aide is performing the task.

(b) Supervision; Delegation of Supervision; Professional Responsibility of Supervisors and Supervisees:

(i) The physical therapist shall supervise the physical therapy aide in each treatment task and each non-treatment patient-related task assigned to the aide. The supervising physical therapist may delegate to a physical therapist assistant supervision of the aide.

(ii) A physical therapist or physical therapist assistant is responsible for the competent performance of tasks assigned to an aide whom the physical therapist or physical therapist assistant is supervising.

(iii) When a treatment-related task is performed by an aide, the supervising physical therapist or physical therapist assistant shall, at some point during each treatment, provide direct service to the patient to assess and monitor the patient's progress, and so document in the patient's record.

(c) Prohibited treatment-related tasks. A physical therapist or physical therapist assistant shall not permit an aide to perform any of the following treatment-related tasks:

(i) Administer mechanized or manual traction;

(ii) Perform manual stretching with the goal of increasing range of motion, neuro-facilitation, or cardiac therapeutic exercise;

(iii) Wound debridement;

(iv) Administer tilt table or standing frame.

(v) Joint mobilization or manipulation;

(vi) Determine or modify a plan of care;

(vii) Instruct a patient or a patient's caregiver in the application of any treatment.

(viii) Except as required to respond to an inquiry by the Board or other person authorized to receive the information, answer or discuss any questions regarding a patient's status or treatment with anyone other than the physical therapist or physical therapist assistant.

(d) Limited Treatment Related Tasks.

(i) The physical therapist or physical therapist assistant shall not delegate the following tasks to an aide unless specific treatment protocol and parameters have been defined by the physical therapist;

(A) Administer iontophoresis;

(B) Administer phonophoresis;

(C) Administer electrotherapy; and

(D) Administer ultrasound.

(ii) No physical therapy aide shall independently make entries in a patient record, except for objective information about the treatment provided by the aide. A physical therapist or physical therapist assistant may dictate information to an aide for entry into a patient medical record. The physical therapist or physical therapist assistant shall authenticate these entries;

Section 7. Supervision ratios. A physical therapist may supervise a maximum of five (5) physical therapy personnel to include no more than three (3) aides. A physical therapist assistant may supervise no more than two (2) physical therapy aides.

Section 8. Physical therapy personnel identification. All physical therapy personnel shall wear an identification badge identifying them as a physical therapist, physical therapist assistant or physical therapy aide. Supportive personnel shall not use any term that implies they are licensed physical therapists.

CHAPTER 7

STANDARDS OF PRACTICE ~~IN SUPERVISION OF SUPPORTIVE PERSONNEL~~

Section 1. ~~Delegation of responsibility~~ Standards of practice. ~~When a physical therapist delegates patient care responsibilities to physical therapist assistants or other supportive personnel, the physical therapist holds responsibility for supervision of the physical therapy program. Physical therapists shall not delegate to a less qualified person any activity that requires the unique skills, knowledge, and judgment of the physical therapist. The primary responsibility for physical therapy care rendered by supportive personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that the supervising physical therapist perform the following activities~~ A physical therapist shall:

(a) ~~Designate or establish channels of written and oral communication~~ Practice in a safe manner that minimizes risk to patients, self, and others.

(b) ~~Interpret available information concerning the individual under care~~ Complete documentation related to physical therapy practice in an appropriate, legible, and timely manner that is consistent with all applicable laws and regulatory requirements.

(c) ~~Provide initial evaluation~~ Supervise assistive personnel and students in a manner that assures safe and efficient care.

(d) ~~Develop plan of care, including long-term goals~~ Consistently and critically evaluate sources of information related to physical therapy practice, outcomes, research, and education and applied knowledge from these sources in a scientific manner and to appropriate populations.

(e) ~~Select and delegate appropriate tasks for plan of care~~ Select and use outcome measures to assess the results of interventions administered to individual's and group patients.

(f) ~~Assess competence of supportive personnel to perform assigned tasks~~ Communicate effectively with clients, caregivers, and professional colleagues.

(g) ~~Direct and supervise supportive personnel in delegated tasks~~ Conduct critical self-assessment in order to practice to the fullest extent of knowledge, skills and abilities and take responsibility to make accommodations as necessary.

(h) ~~Identify and document precautions, goals, anticipated progress, and plans for reevaluation~~ Demonstrate and understanding of an compliance with all laws and regulations governing the practice of physical therapy in his jurisdiction.

(i) ~~Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish follow up plan of care~~ Form a professional relationship with patients/clients, colleagues and other members of the health care team in an effort to maximize patient/client outcomes.

(j) Avoid potential conflict of interest situations and circumstances that could be construed as harassment or abuse of patients, colleagues, associates or employees.

(k) Establish and monitor a plan of care in consultation, cooperation and collaboration with the patient/client and other involved health care team members to insure that care is continuous and reliable and takes into consideration environment, equipment, care giver support and finances.

(l) Evaluate and update the plan of care as indicated based on the patient/client status and applicable laws and regulations.

(m) Deliver, evaluate and adjust the physical therapy intervention.

(n) Utilize assistive personnel in accordance with legal requirements.

(o) Educate patients/clients, family, and caregivers, using relevant and effective teaching methods to assure optimal patient care outcomes.

(p) Plan for discharge in consultation with the patient/client and care givers.

(q) Discharge the patient/client after expected outcomes have been achieved or document rationale for discharge when outcomes have not been achieved.

(r) Assist in the coordination of ongoing care if required.

Section 2. ~~Physical therapist assistants~~ Evidence of competence; manual therapy. ~~The physical therapist assistant shall perform specific physical therapy duties under the supervision of a physical therapist who is properly credentialed in the jurisdiction in which the physical therapist assistant practices.~~

(a) ~~Performance of service in general.~~ Qualification for grad V joint manipulation (high velocity, low amplitude thrust manipulation) requires hands-on practical evaluation and includes one or more of the following:

(i) ~~The physical therapist assistant may initiate or alter a treatment program only with prior evaluation by, and approval of, the supervising physical therapist~~ Physical therapists that graduated from CAPTE accredited doctoral degree physical therapy programs shall obtain and maintain evidence showing that high velocity, low amplitude thrust techniques were included in their program.

(ii) ~~The physical therapist assistant, with prior approval by the supervising physical therapist, may adjust the specific treatment procedure in accordance with changes in the patient's status~~ Foreign-educated physical therapists shall provide evidence of doctoral-level physical therapy training in manual therapy techniques that included high velocity, low amplitude thrust techniques as part of their curriculum .

(iii) ~~The physical therapist assistant may interpret data only within the scope of the physical therapist assistant's education~~ Physical therapists that hold the Orthopedic Clinical Specialist or Sports Clinical Specialist certification from the American Board of Physical Therapy Specialties with documentation that high velocity, low amplitude thrust techniques were included in the study program.

(iv) ~~The physical therapist assistant may respond to inquiries regarding a patient's status to appropriate parties within the protocol established by the supervising physical therapist~~ Physical therapists that successfully complete a formal, credentialed, manual therapy fellowship or other certification program.

(v) ~~The physical therapist assistant shall refer inquiries regarding patient prognosis to a supervising physical therapist~~ Physical therapists that successfully complete a post entry-level education program in high velocity, low amplitude thrust techniques that fall within Chapter 6, Section 2(i)(A) – (E).

~~(vi) Documentation other than the initial note and the discharge summary can be written by a physical therapist assistant.~~

~~(vii) Supervision of physical therapist assistants is divided into three (3) levels~~

~~(A) Entry level physical therapist assistant (working on initial skill development or entering new practice). Close supervision by the physical therapist which means daily direct contact at the site of work.~~

~~(B) Intermediate physical therapist assistant (working on increased skill development and mastery of basic role functions and demonstrates ability to respond to situations based on previous experience). Routine supervision by a physical therapist is recommended which means direct contact at the site of work, with interim supervision occurring by telecommunication.~~

~~(C) Advanced level physical therapist assistant (refining specialized skills with a better understanding of complex issues). General supervision is recommended with interim supervision available as needed.~~

~~(b) Service in home health, long-term care, and school settings.~~

~~(i) A qualified physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating the patient.~~

~~(ii) An initial visit must be made by a qualified physical therapist for evaluation of the patient and establishment of a plan of care~~

~~(iii) A joint visit by the physical therapist and physical therapist assistant or~~

~~a conference between the physical therapist and physical therapist assistant must be made prior to or on the first physical therapist assistant visit to the patient. The physical therapist must complete the initial evaluation~~

~~(iv) At least once every thirty (30) calendar days the physical therapist must visit the patient. Following each onsite visit by a physical therapist, the medical/education record must reflect a documented conference with the physical therapist assistant outlining treatment goals and program modification. The physical therapist must make the final visit to terminate the plan of care~~

~~(v) A supervisory onsite visit must include:~~

~~(A) An onsite functional assessment.~~

~~(B) Review of activities with appropriate revisions or termination of plan of care.~~

~~(C) Assessment of utilization of outside resources.~~

~~(c) Service in hospitals, outpatient or other clinical settings.~~

~~(i) When components of a patient's treatment are delegated to a physical therapist assistant, a physical therapist must provide on-site observation of the treatment and documentation of its appropriateness at least every six (6) treatment sessions or two (2) weeks, whichever comes first. At other times the physical therapist is not required to be on site, but must be easily available by telecommunications.~~

Section 3. ~~Physical therapy aides~~ Evidence of competence; dry needling. ~~The physical therapy aide may assist the physical therapist in the following activities:~~

(a) ~~Carry out established procedures for the care of equipment and supplies~~ Dry needling may not be performed by a PTA or a physical therapy aide.

(b) ~~Prepare, maintain, and clean up treatment areas and maintain a supportive area~~ Licensed physical therapists shall demonstrate that they have received training in dry needling in a course approved by state boards of physical therapy, the American Physical Therapy Association or individual chapters of the American Physical Therapy Association, the Federation of State Boards of Physical Therapy, or the International Association for Continuing Education Training.

(i) The course shall include but not be limited to training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.

(ii) The course shall include a minimum of twenty-seven (27) hours of live face-to-face instruction. Online courses are not appropriate training in dry needling.

(c) ~~Transport patients, records, equipment, and supplies in accordance with established policies and procedures~~ The physical therapist shall supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule. Failure to provide written documentation may result in a disciplinary action taken by the Board.

~~(d) Assemble and disassemble equipment and accessories.~~

~~(e) Under the direct supervision of a physical therapist or physical therapist assistant an aide can assist in preparation for and perform routine tasks as assigned.~~

Section 4. ~~Supervision ratios~~ Delegation. ~~A physical therapist, at any one time, may supervise a maximum of three (3) physical therapy personnel if no more than two (2) are physical therapist assistants. A physical therapist assistant may supervise no more than one (1) physical therapy aide.~~ The physical therapist assistant may assist in the practice of physical therapy only to the extent allowed by the supervising physical therapist. When a physical therapist delegates patient care to physical therapist assistants or other supportive personnel, the physical therapist holds responsibility for supervision of the physical therapy program. Physical therapists shall not delegate to a less qualified person any activity that requires the unique skills, knowledge, and judgment of the physical therapist. The primary responsibility for physical therapy care rendered by supportive personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that the supervising physical therapist perform the following activities:

(a) Designate or establish channels of written and oral communication.

(b) Interpret available information concerning the individual under care.

(c) Provide initial evaluation.

(d) Develop plan of care, including functional long-term goals.

(e) Select and delegate appropriate tasks for plan of care.

(f) Assess competence of supportive personnel to perform assigned tasks.

(g) Direct and supervise supportive personnel in delegated tasks.

(h) Identify and document precautions, goals, anticipated progress, and plans for reevaluation.

(i) Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish follow up plan of care.

Section 5. ~~Physical therapy personnel identification~~ Physical therapist assistants. ~~All physical therapy personnel shall wear an identification badge identifying them as a physical~~

~~therapist, physical therapist assistant or physical therapy aide. Supportive personnel shall not use any term that implies they are licensed physical therapists.~~

(a) Definitions that apply to this section:

(i) "Physical therapist assistant" is a person who is certified and who assists a physical therapist in the administration of physical therapy. The physical therapist assistant's function is to assist the physical therapist in patient-related activities and to perform delegated procedures that are commensurate with the physical therapist assistant's education, training, experience, and skill.

(ii) "Physical therapist assistant supervision" means that at all times a supervising physical therapist is readily accessible for consultation with the physical therapist assistant, either in person or by means of telecommunications.

(iii) "Supervising physical therapist" means either the last physical therapist to see the patient or the physical therapist designated as in charge of the patient on the day the patient is being treated.

(b) Scope of Practice.

(i) For purposes of the provision of physical therapy services, a physical therapist assistant shall practice solely under the supervision and direction of a physical therapist.

(ii) A physical therapist assistant may provide physical therapy treatment only when supervised by a physical therapist.

(iii) The physical therapist assistant shall ensure the aide's competence in tasks delegated.

(iv) The physical therapist assistant shall report any changes in the patient status to the supervising physical therapist before providing physical therapy services.

(v) When components of a patient's treatment are delegated to a physical therapist assistant, a physical therapist must provide on-site observation of the treatment and documentation of its appropriateness at least every six (6) treatment sessions or three (3) weeks.

(c) Prohibited Acts. A physical therapist assistant shall not:

(i) Perform an initial evaluation;

(ii) Perform reassessment. A physical therapist assistant may participate with the physical therapist on gathering data to be included in the reassessment of a patient for whom the physical therapist assistant has been providing treatment;

(iii) Independently make modifications to the plan of care or objective

goals. A physical therapist assistant may collaborate with the physical therapist in making modifications or changes to the plan of care or goals based on the physical therapist assistant's treatment of that patient and the patient's condition, progress or response to the treatment;

(iv) Independently make the decision to discharge a patient from therapy. A physical therapist assistant may make recommendations regarding discharge to the supervising physical therapist based on the physical therapist assistant's treatment of the patient;

(v) Perform high velocity manipulation of the spine or peripheral joints;

(vi) Perform dry needling.

(d) No person shall practice as a physical therapist assistant unless that person is certified as provided in W.S. 33-25-102.

Section 6. Physical therapy aides.

(a) Definitions that apply to this section:

(i) "Physical therapy aide" or "aide" means a person who is not licensed as a physical therapist or certified as a physical therapist assistant, who aids a physical therapist or physical therapist assistant by performing treatment-related tasks or by performing non-treatment, patient-related tasks. Although they may be providing services to a patient pursuant to direction or instruction from a physical therapist or physical therapist assistant, the following persons are not considered physical therapy aides:

(A) Educational or instructional aides or assistants working in a school setting; or

(B) Nurses aides, restorative aides or personal care assistants, persons performing facility maintenance, equipment assembly and maintenance, housekeeping, clerical, or other similar tasks.

(ii) "Treatment-related task" means a physical therapy service rendered directly to a patient.

(iii) "Non-treatment, patient-related task" means a task related to preparation of treatment areas, transport of patients, preparation of patients for treatment, and clerical tasks.

(iv) "Supervise" means to provide the amount of personal direction, assistance, advice and instruction necessary to reasonably assure that the supervisee provides the patient competent physical therapy services given the supervisor's actual knowledge of the supervisee's ability, training and experiences. Additionally, supervision of:

(A) A treatment-related task requires that the supervising

physical therapist or physical therapist assistant be in the same building within sight or earshot of the aide who is performing the treatment-related task. The supervising physical therapist or physical therapist assistant shall be immediately available at all times to provide in-person direction, assistance, advice, or instruction to the aide or the patient. A physical therapist may delegate supervision of an aide to a physical therapist assistant.

(B) A non-treatment patient-related task requires that the supervising physical therapist or physical therapist assistant be within the building where the aide is performing the task.

(b) Supervision; Delegation of Supervision; Professional Responsibility of Supervisors and Supervisees:

(i) The physical therapist shall supervise the physical therapy aide in each treatment task and each non-treatment patient-related task assigned to the aide. The supervising physical therapist may delegate to a physical therapist assistant supervision of the aide.

(ii) A physical therapist or physical therapist assistant is responsible for the competent performance of tasks assigned to an aide whom the physical therapist or physical therapist assistant is supervising.

(iii) When a treatment-related task is performed by an aide, the supervising physical therapist or physical therapist assistant shall, at some point during each treatment, provide direct service to the patient to assess and monitor the patient's progress, and so document in the patient's record.

(c) Prohibited treatment-related tasks. A physical therapist or physical therapist assistant shall not permit an aide to perform any of the following treatment-related tasks:

(i) Administer mechanized or manual traction;

(ii) Perform manual stretching with the goal of increasing range of motion, neuro-facilitation, or cardiac therapeutic exercise;

(iii) Wound debridement;

(iv) Administer tilt table or standing frame.

(v) Joint mobilization or manipulation;

(vi) Determine or modify a plan of care;

(vii) Instruct a patient or a patient's caregiver in the application of any treatment.

(viii) Except as required to respond to an inquiry by the Board or other

person authorized to receive the information, answer or discuss any questions regarding a patient's status or treatment with anyone other than the physical therapist or physical therapist assistant.

(d) Limited Treatment Related Tasks.

(i) The physical therapist or physical therapist assistant shall not delegate the following tasks to an aide unless specific treatment protocol and parameters have been defined by the physical therapist;

(A) Administer iontophoresis;

(B) Administer phonophoresis;

(C) Administer electrotherapy; and

(D) Administer ultrasound.

(ii) No physical therapy aide shall independently make entries in a patient record, except for objective information about the treatment provided by the aide. A physical therapist or physical therapist assistant may dictate information to an aide for entry into a patient medical record. The physical therapist or physical therapist assistant shall authenticate these entries;

Section 7. Supervision ratios. A physical therapist may supervise a maximum of five (5) physical therapy personnel to include no more than three (3) aides. A physical therapist assistant may supervise no more than two (2) physical therapy aides.

Section 8. Physical therapy personnel identification. All physical therapy personnel shall wear an identification badge identifying them as a physical therapist, physical therapist assistant or physical therapy aide. Supportive personnel shall not use any term that implies they are licensed physical therapists.