



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, Room 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 July 5, 2016	
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 Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.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c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed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:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Repealed
7	Standards of Practice			
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
		<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed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: **April 20, 2016**

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: **April 20, 2016**

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: **April 20, 2016**

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

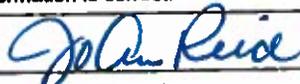
a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: **July 11, 2016**

b. Date on which final rules were sent to the Legislative Service Office: **July 14, 2016**

c. Date on which a PDF of the final rules was electronically sent to the Secretary of State: **July 14, 2016**

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual <i>(Blue ink as per Rules on Rules, Section 7)</i>	
Printed Name of Signatory	JoAnn Reid
Signatory Title	Executive Director
Date of Signature	July 11, 2016

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 LSO.Rules@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 7: This chapter provides standards of practice for physical therapists, physical therapist assistants and supportive personnel. Revisions provide better clarification to delegation and supervision by providing additional rules for home health, long-term care, and school settings. These changes are in response to comments and concerns received from the public and the profession.

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

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 in the outpatient setting, a physical therapist must provide the treatment and documentation of its appropriateness at least every six (6) treatment sessions or three (3) weeks.

(vi) When components of a patient’s treatment are delegated to a physical therapist assistant in home health, long-term care, or school settings:

(A) The physical therapist must be accessible in person or by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating the patient;

(B) 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;

(C) At least once every thirty (30) calendar days the physical therapist must visit the patient and the medical/education record must reflect a documented

conference with the physical therapist assistant outlining treatment goals and program modification;

(D) The on-site visit must include:

(I) An on-site functional assessment;

(II) Review of activities with appropriate revisions or termination of plan of care;

(III) Assessment of utilization of outside resources.

(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.

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- (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.
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(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 in the outpatient setting, 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.

(vi) When components of a patient’s treatment are delegated to a physical therapist assistant in home health, long-term care, or school settings:

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(B) 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;

(C) At least once every thirty (30) calendar days the physical

therapist must visit the patient and the medical/education record must reflect a documented conference with the physical therapist assistant outlining treatment goals and program modification;

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(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;

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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.

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(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;

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