

Ethics & Jurisprudence – California Physical Therapy

Goals & Objectives

Course Description

"Ethics and Jurisprudence – California Physical Therapy" is an online text-based continuing education program for California licensed physical therapists and physical therapist assistants. The course focuses on defining moral, ethical, and legal behavior of physical therapy professionals. The information presented includes the APTA's Code of Ethics, California Physical Therapy Practice Act, the California Physical Therapy Regulations, model for ethical decision making, and hypothetical case analysis.

Course Rationale

This course is designed to educate, promote and facilitate ethical and legal behavior by California licensed physical therapists and physical therapist assistants. It is intended to fulfill the requirements of 1399.93(A) of the California Physical Therapy Regulations.

Course Goals & Objectives

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

1. Define the meaning of Ethics and explain the various theories that promote ethical behavior.
2. Identify the components of the ethical decision making model
3. Identify and apply the APTA's Code of Ethics
4. Apply the ethical decision-making model to clinical situations to determine appropriate professional behavior.
5. Recognize the rights and responsibilities of physical therapy licensure as defined by the California Physical Therapy Practice Act and the California Physical Therapy Regulations
6. Identify and interpret CA regulations relating to physical therapy practice
7. Identify and interpret CA regulations relating to the role of the PTA
8. Identify and interpret CA regulations relating to the use of physical therapy aides
9. Identify and interpret CA regulations relating to the use of topical medications
10. Identify and interpret CA regulations relating to continuing competency requirements.

Course Provider – Innovative Education Services

Course Instructor - Michael Niss, DPT

Target Audience - California licensed physical therapists and physical therapist assistants

Level of Difficulty – This course is applicable for introductory/intermediate/advanced learners.

Course Prerequisites - None

Method of Instruction/Availability – Asynchronous online media-based course available continuously

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

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

Course Fee - \$4.95

Conflict of Interest – No conflict of interest exists for the presenter or provider of this course. The presenter attests that they will avoid any intentional self-promotion or promotion of any product or services in which they have a vested interest.

Refund Policy - Unrestricted 100% refund upon request. The request for a refund by the learner shall be honored in full without penalty or other consideration of any kind. The request for a refund may be made by the learner at any time without limitations before, during, or after course participation.

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Ethics & Jurisprudence – California Physical Therapy

Course Outline

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Course Outline	
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Ethics Theories	0:10
Model for Ethical Decision Making	0:15
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Ethics Case Analysis	0:45
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Ethics Overview

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

Ethics are important on several levels.

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

Ethics vs. Morals

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

Ethical Questions

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

Ethics Theories

Throughout history, mankind has attempted to determine the philosophical basis from which to define right and wrong. Here are some of the more commonly accepted theories that have been proposed.

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Utilitarianism

This philosophical theory develops from the work of Jeremy Bentham and John Stuart Mill. Simply put, utilitarianism is the theory that right and wrong is determined by the consequences. The basic tool of measurement is pleasure (Bentham) or happiness (Mill). A morally correct rule was the one that provided the greatest good to the greatest number of people.

Social Contract Theory

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

Deontological or Duty Theory

Under this theory you determine if an act or rule is morally right or wrong if it meets a moral standard. The morally important thing is not consequences but the way choosers think while they make choices. One famous philosopher who developed such a theory was Immanuel Kant (1724-1804).

Ethical Intuitionism

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

Ethical Egoism

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

Natural Law Theory

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

Virtue Ethics

This ethics theory proposes that ethical behavior is a result of developed or inherent character traits or virtues. A person will do what is morally right because they are a virtuous person. Aristotle was a famous exponent of this view. Aristotle

felt that virtue ethics was the way to attain true happiness. These are some of the commonly accepted virtues.

Autonomy: the duty to maximize the individual's right to make his or her own decisions.

Beneficence: the duty to do good.

Confidentiality: the duty to respect privacy of information.

Finality: the duty to take action that may override the demands of law, religion, and social customs.

Justice: the duty to treat all fairly, distributing the risks and benefits equally.

Nonmaleficence: the duty to cause no harm.

Understanding/Tolerance: the duty to understand and to accept other viewpoints if reason dictates.

Respect for persons: the duty to honor others, their rights, and their responsibilities.

Universality: the duty to take actions that hold for everyone, regardless of time, place, or people involved.

Veracity: the duty to tell the truth.

Model for Ethical Decision Making

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

Are my actions legal?

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

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

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

Are my actions ethical?

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

Are my actions fair?

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

Would my actions be the same if they were transparent to others?

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

APTA Code of Ethics

Preamble

The vision of the American Physical Therapy Association is “transforming society by optimizing movement to improve the human experience.” Our profession's charge, as we strive to be an inclusive moral community that is diverse and equitable, is to meet the health needs of all people. APTA is a voluntary professional society that strives both to serve APTA members and to support the profession as a whole. Ethical conduct by physical therapists and physical therapist assistants is vital to the standing of the profession.

The Code of Ethics for the Physical Therapy Profession established by APTA is the ethical foundation to which APTA members commit and was developed to provide guidance and define the ethical expectations for the profession. The Code of Ethics establishes the ethical framework guiding the conduct of all members of the physical therapy profession (physical therapists and physical therapist assistants) throughout their careers, in all practice settings, and in all roles relating to patient and client management, consultation, education, research, and administration. The Code of Ethics also provides the public with ethical standards to which we aspire and for which we are accountable.

Fundamental to the Code of Ethics is the obligation of the physical therapy professional to educate, enable, and empower the public to facilitate greater independence, health, wellness, and enhanced quality of life. Physical therapists and physical therapist assistants strive for the highest standards of ethical conduct based on the core values of the profession and the ethical principles (respect for autonomy, beneficence, non-maleficence, justice, veracity, and fidelity) that are part of ethical action at all levels: individual, organizational, and societal. The Ethical Commitments set forth in the Code of Ethics are important to patients, clients, the public, colleagues, and other health care providers. The Ethical Commitments detail the elements of the ethical fiduciary duty of physical therapists and physical therapist assistants to act in the best interests of their patients and clients.

Regulators and others may rely on the Code of Ethics in assessing the conduct of physical therapists and physical therapist assistants. The Standards of Conduct set forth in the Code of Ethics are used by the APTA Ethics and Judicial Committee to assess whether APTA members have engaged in unethical conduct. At all times the physical therapist maintains responsibility for all physical therapist services. The physical therapist assistant shall work in collaboration with and under the supervision of the physical therapist for select interventions when appropriate. Student physical therapists and student physical therapist assistants have the responsibility to adhere to the Code of Ethics during their entire academic program under the guidance of faculty and supervising clinical instructors.

APTA Code of Ethics Overview

The nine Ethical Commitments are: Respect, Integrity, Accountability, Maintaining Professional Relationships, Compassion and Trust, Responsible Business and Organizational Practices, Direction and Supervision, Professional Expertise, and Societal Responsibility.

The Code serves two purposes:

1. It delineates enforceable Standards of Conduct in accordance with those Ethical Commitments that APTA enforces with regard to APTA members. The

Standards of Conduct address the actions of physical therapists and physical therapist assistants in their roles relating to patient and client management, consultation, education, research, and administration.

2. It provides aspirational illustrative examples of Ethical Commitments that guide physical therapists and physical therapist assistants toward ethical courses of action in professional and volunteer roles related to their field.

This Code of Ethics is not exhaustive; that is, the Ethical Commitments and Standards of Conduct cannot address every possible situation. In some circumstances, APTA may set higher expectations than legal requirements applicable to physical therapist and physical therapist assistant members that are enforced by state licensing authorities. In other circumstances, the enforceable Standards of Conduct may not address behavior that, although unethical, does not relate to the core professional roles of physical therapist and physical therapist assistant members. All physical therapist and physical therapist assistant members shall act in an ethically responsible manner, using the Ethical Commitments set forth in the Code of Ethics to guide their decisions and actions.

The Code of Ethics does not instruct the individual professional on what decision to make or how to act; rather, it provides guidance for ethical decision making. Ethical decision-making is a process by which the Ethical Commitments and Standards of Conduct need to be taken into consideration as the professional makes an ethical judgment. In addition to seeking guidance from the Code of Ethics, PTs, PTAs, and students should also seek advice from trusted mentors or colleagues when ethical issues arise, using the Code as a guide for deliberation and action.

Ethical Principles

The nine Ethical Commitments for the physical therapy profession build on the ethical principles of autonomy, beneficence, nonmaleficence, justice, veracity, and fidelity, which are the pillars of ethical decision-making. PTs and PTAs should carefully consider, balance, and weigh these commitments within the context of the situation in making ethical judgments that are in the best interest of the patient or client and society. Members of the physical therapy profession shall abide by the ethical principles of:

Autonomy

Respect the rights of individuals to make decisions and determinations about their life and body to the greatest extent possible. Respecting autonomy includes the imperative to always respect another's privacy, maintain confidentiality, and

obtain informed and ongoing consent in every interaction involving physical touching of another individual.

Beneficence

Take action to ensure the welfare and safety of the individuals with whom they make professional decisions, to advance the good of the individual and society.

Nonmaleficence

Make decisions and take actions with the intention to prevent or minimize injury, harm, or wrongdoing.

Justice

Make objective decisions that result in the most equitable outcome possible, as justice is an expression of the mutual recognition of respect for each other's human dignity and an acknowledgement that we live together in an interdependent community.

Veracity

Be honest and truthful in all professional decisions and actions, with all internal and external parties.

Fidelity

Treat all individuals (people, groups, and populations) with respect, fairness, discretion, and integrity.

Ethical Commitments and Standards of Conduct

As applied to the physical therapy profession, APTA builds on these principles to identify nine Ethical Commitments to which all APTA members should aspire and which serve as a basis for APTA's enforceable Standards of Conduct.

1. Respect

Physical therapists and physical therapist assistants shall respect the inherent dignity and rights of all individuals.

Standards of Conduct:

1.1 Physical therapists and physical therapist assistants shall not discriminate against any person.

1.2 Physical therapists and physical therapist assistants shall protect patients' and clients' confidential information and not disclose that confidential information except as authorized by the patient or client or as permitted or required by law.

Aspirational Illustrative Examples:

1.A Physical therapists and physical therapist assistants shall strive to acknowledge and respect an individual's known identity and culture.

1.B Physical therapists and physical therapist assistants shall strive to recognize their explicit and implicit personal biases.

2. Integrity

Physical therapists and physical therapist assistants shall act with professional integrity and responsibility, and fulfill their respective legal and ethical obligations.

Standards of Conduct:

2.1 The physical therapist shall retain full responsibility for all physical therapist services provided under the provisions of the physical therapist's license, including all aspects of the evaluation and management of the patient or client.

2.2 Physical therapists and physical therapist assistants shall obtain ongoing informed consent after providing information that is understandable, honest, and necessary to allow the patient or client or their surrogate to make informed decisions about participation in physical therapist services or research.

2.3 Physical therapists and physical therapist assistants having knowledge that, in their reasonable judgment, raises a substantial question as to whether a colleague is unfit to perform their professional responsibilities with competence and safety shall report this information to the appropriate authorities.

2.4 Physical therapists and physical therapist assistants shall address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services.

2.5 Physical therapists and physical therapist assistants shall comply with applicable mandatory reporter laws for suspected cases of abuse, neglect, or exploitation involving children or vulnerable adults.

2.6 Physical therapists and physical therapist assistants involved in research shall comply with accepted standards governing the protection of research participants.

Aspirational Illustrative Examples:

2.A Physical therapists and physical therapist assistants shall strive to discourage misconduct by any physical therapy personnel or other health care professionals and make appropriate reports of known illegal or unethical acts, including verbal, physical, emotional, or sexual harassment.

2.B Physical therapists and physical therapist assistants shall strive to demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

2.C Physical therapists and physical therapist assistants shall strive to ensure that they take appropriate action to address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services, such as by speaking directly to the individual, consulting with mentors, or reporting the misconduct to a supervisor or relevant legal authority.

3. Accountability

Physical therapists and physical therapist assistants shall be accountable for making sound professional judgments and decisions within the scope of practice established by laws and regulations.

Standards of Conduct:

3.1 Physical therapists and physical therapist assistants shall not exceed their professional, jurisdictional, and personal scopes of practice and shall communicate with, collaborate with, or refer to a peer or other health care professionals when necessary.

3.2 Physical therapists and physical therapist assistants shall practice without impairment from substance misuse and without impairment from cognitive deficiency or mental illness that, even with appropriate reasonable accommodation, adversely affects their practice.

3.3 Physical therapists and physical therapist assistants shall comply with applicable local, state, and federal laws and regulations, including any duty to report when concerned about the safety of other individuals.

Aspirational Illustrative Examples:

3.A Physical therapists shall strive to demonstrate independent and objective professional judgment and make decisions in the patient's or client's best interests in all settings.

3.B Physical therapists shall strive to make professional judgments and decisions that are informed by professional standards, evidence, provider knowledge and experience, and patient and client values.

3.C Physical therapist assistants shall strive to make decisions in the patient's or client's best interests, in consultation with the physical therapist.

3.D Physical therapists and physical therapist assistants shall strive to be accountable for the accuracy and truthfulness of information they disseminate, including in the use of emerging technologies, such as social media and artificial intelligence.

4. Maintaining Professional Relationships

Physical therapists and physical therapist assistants shall respect the boundaries of professional, therapeutic, organizational, and personal relationships to promote a safe environment.

Standards of Conduct:

4.1 Physical therapists and physical therapist assistants shall not abusively exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients and clients, students, supervisees, research participants, and employees).

4.2 Physical therapists and physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.

4.3 Physical therapists and physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

4.4 Physical therapists shall provide reasonable notice and information about alternative sources for obtaining care if the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Aspirational Illustrative Examples:

4.A Physical therapists and physical therapist assistants shall avoid initiating or entering into sexual relationships with individuals over whom they have significant influence on patients' and clients' care decisions and should refer patients and clients to other providers if an existing close personal or sexual relationship with such a person might influence or impinge on the integrity of the relationship between the provider and patient or client.

4.B Physical therapists and physical therapist assistants shall strive to collaborate with patients and clients to empower them in making decisions about their health care.

4.C Physical therapists and physical therapist assistants shall strive to create an inclusive and civil work environment that strives to promote each colleague's sense of belonging.

4.D Physical therapists and physical therapist assistants shall strive to, as appropriate, encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5. Compassion and Trust

Physical therapists and physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

Standards of Conduct:

5.1 Physical therapists and physical therapist assistants shall provide the information necessary to allow patients and clients, or their surrogates, to make informed decisions about physical therapist services or participation in clinical research, including ensuring that information regarding the authorship of clinical documentation, patient education materials, publications, and presentations is truthful, accurate, and relevant.

5.2 Physical therapists and physical therapist assistants shall address barriers to communication and comprehension with recipients of services, caregivers, students, and research participants.

Aspirational Illustrative Examples:

5.A Physical therapists and physical therapist assistants shall strive to demonstrate care and compassion in the provision of physical therapist services.

5.B Physical therapists and physical therapist assistants shall strive to be responsible and accountable for the use of respectful, accurate, and truthful written, verbal, and nonverbal communication in all forms, including social media.

5.C Physical therapists and physical therapist assistants shall strive to recognize the public trust placed in them as health care professionals and maintain

professional responsibility when information is disseminated using current and emerging technologies, including but not limited to social media and artificial intelligence.

6. Responsible Business and Organizational Practices

Physical therapists and physical therapist assistants shall promote accountable and truthful organizational behaviors and business practices.

Standards of Conduct:

6.1 Physical therapists and physical therapist assistants shall provide information about their services that is truthful and accurate and shall not make misleading representations in any forms of communication, including billing.

6.2 Physical therapists and physical therapist assistants shall ensure that documentation for physical therapist services accurately reflects the provider, nature, and extent of the services provided.

6.3 Physical therapists and physical therapist assistants shall disclose any conflicts of interest and not permit any conflicts of interest to interfere with professional judgments and decisions.

6.4 Physical therapists and physical therapist assistants shall not, at any time, accept gifts or other considerations that influence or give an appearance of influencing their professional judgment and decision-making.

6.5 Physical therapists and physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients or to the public.

6.6 Physical therapists shall ensure that patients and clients are informed of their financial obligations prior to incurring charges so that shared decision-making can be incorporated into the treatment plan.

6.7 Physical therapists and physical therapist assistants shall not knowingly enter into or continue any employment or other arrangements that prevent them from fulfilling professional and ethical obligations to patients and clients.

Aspirational Illustrative Examples:

6.A Physical therapists and physical therapist assistants shall strive to provide relevant and truthful information to current and prospective patients and clients about the services to be provided.

6.B Physical therapists and physical therapist assistants shall strive to promote environments that support independent and accountable professional judgment as well as ethical and accountable decision-making.

6.C Physical therapists and physical therapist assistants shall strive to seek compensation that supports the provision of legal, safe, and effective physical therapist services.

7. Direction and Supervision

Physical therapists and physical therapist assistants shall provide appropriate and timely direction to and communication with anyone over whom they have legal supervisory responsibility.

Standards of Conduct:

- 7.1 Physical therapists shall ensure that all duties directed to other physical therapy personnel are congruent with the credentials, qualifications, competencies, and legal scope of practice or scope of work of the individual.
- 7.2 Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when the patient's or client's status requires modification to the established plan of care.
- 7.3 Physical therapists shall exercise primary responsibility for the supervision of physical therapist assistants and support personnel.
- 7.4 Physical therapist assistants shall support and respect the supervisory role of the physical therapist to ensure quality of care and promote patient and client safety.
- 7.5 Physical therapist assistants shall take responsibility to communicate in a timely manner to the supervising physical therapist any areas in which they do not have the necessary level of knowledge and skill to practice safely and effectively.

Aspirational Illustrative Example:

- 7.A Physical therapists and physical therapist assistants shall strive to take responsibility to mentor learners in order to help the learners develop knowledge, skills, behaviors, and attitudes that will enable them to provide safe and effective care while embodying professionalism.

8. Professional Expertise

Physical therapists and physical therapist assistants shall enhance their expertise and competency through career-long acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

Standards of Conduct:

- 8.1 Physical therapists shall recognize and practice within the limits of their skills and competence and refer a patient or client to another health care professional when it is in the best interests of the patient or client.
- 8.2 Physical therapists and physical therapist assistants shall practice consistent with accepted current standards of care.

Aspirational Illustrative Examples:

- 8.A Physical therapists and physical therapist assistants shall strive to develop and maintain competence and exercise appropriate care in using current and emerging technologies, including but not limited to social media and artificial intelligence.
- 8.B Physical therapists and physical therapist assistants shall strive to engage in professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

8.C Physical therapists and physical therapist assistants shall strive to evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice, as appropriate to their professional roles.

8.D Physical therapists and physical therapist assistants shall strive to cultivate and support practice environments that support professional development, career-long learning, and excellence.

8.E Physical therapists and physical therapist assistants shall strive to reflect on and take action needed to maintain their own physical, emotional, and mental health, and seek outside assistance when needed.

9. Societal Responsibility

Physical therapists and physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, and globally.

Aspirational Illustrative Examples:

9.A Physical therapists and physical therapist assistants shall strive to provide resources to assist those who they believe are in harm's way.

9.B Physical therapists and physical therapist assistants shall strive to recognize and address the multiple determinants of health that impact an individual's ability to optimize their own health and shall strive to provide appropriate suggestions to patients and clients of available community resources.

9.C Physical therapists and physical therapist assistants shall strive to advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

9.D Physical therapists and physical therapist assistants shall strive to recognize and respect the unique roles of other health professions and engage in interprofessional collaboration to meet the individual needs of people as well as improve access to appropriate services.

9.E Physical therapists and physical therapist assistants shall strive to provide pro bono physical therapist services or support organizations that meet the needs of people who are economically disadvantaged, uninsured, or underinsured.

9.F Physical therapists and physical therapist assistants shall strive to be responsible stewards of health care services and advocate for just utilization of those services, including taking action to reduce barriers to access.

9.G Physical therapists and physical therapist assistants shall strive to educate the public about the scope of practice and benefits of physical therapy as part of interprofessional collaborative practice to protect and advance the health and well-being of individuals, communities, and populations.

9.H Physical therapists and physical therapist assistants shall strive to be good stewards of limited resources and take action to avoid unnecessary waste of those resources.

Ethics Case Analysis

Case Study #1 - Confidentiality

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

Is this a breach in confidentiality?

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

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

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

Case Study #2 – Qualifications of Practice

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

Is the clinic providing ethical care to its patients?

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

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

Case Study #3 – Informed Consent

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

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

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

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

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

The most important goal of informed consent is that the patient has an opportunity to be an informed participant in their health care decisions. It is generally accepted that adequate informed consent must include communication of the following:

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

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

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

Case Study #4- Medical Necessity

Steve is a physical therapist and owns his own therapy clinic. He recently signed a contract with an HMO to provide physical therapy services. The contract stipulates that Steve will be compensated on a case rate basis. (A fixed amount of money per patient, based on diagnosis) Steve has performed a thorough cost analysis on this contract and has determined that the financial "breakeven" point (revenue equals expenses) on each of these patients is 5 visits. He informs his

staff that all patients covered by this insurance must be discharged by their fourth visit.

Is limiting care in this manner ethical?

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

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

Case Study #5 – Conflicts of Interest

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

Does this represent a conflict of interest?

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

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

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

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

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

Case Study #6 – Relationships with Referral Sources

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

Is this an ethical arrangement?

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

It is unethical for a physical therapist to offer anything of value to physicians or any other referral source in direct response for the referral of patients or services. This includes cash, rebates, gifts, discounts, reduced rent, services, equipment, employees, or marketing. Many mistakenly believe that it is a normal acceptable business practice to offer these things to referral sources. It is not. In most

states, the practice is not only unethical, but it is also illegal. Exchanges of valued items or services between therapists and referral sources must never have any relationship to the referral of patients. Goodwill gifts of nominal value are acceptable provided that no correlation can be made between the magnitude or frequency of the gift giving and referral patterns. All business agreements and transactions should always be well documented and most importantly, reflect fair market value.

California Physical Therapy Practice Act

Laws are created by statutes that originate from legislative bills originally introduced by either the Senate or the Assembly. In 1953 the Physical Therapy Practice Act (Act) was created. The Physical Therapy Practice Act begins with §2600 in the Business and Professions Code (B&P Code) and governs the practice of physical therapy. The Act, statutes, laws and B&P Code could be considered synonymous.

Below is an abridged version of the current California Physical Therapy Practice Act. To view the B&P Code in its entirety, please go to:
https://www.ptbc.ca.gov/forms/law_reference_guide.pdf

2603. The members of the board shall consist of four physical therapists, only one of whom shall be involved in physical therapy education, and three public members.

2604. The members of the board shall be appointed for a term of four years, expiring on the first day of June of each year.
The Governor shall appoint one of the public members and the four physical therapist members of the board. No person may serve as a member of the board for more than two consecutive terms.

2611. The board shall meet at least three times each calendar year, meeting at least once each calendar year in northern California and once each calendar year in southern California.

2620.1

(a) In addition to receiving those services authorized by Section 2620, a person may initiate physical therapy treatment directly from a licensed physical therapist if the treatment is within the scope of practice of physical therapists, as defined in Section 2620, and all of the following conditions are met:

(1) If, at any time, the physical therapist has reason to believe that the patient has signs or symptoms of a condition that requires treatment beyond the scope of practice of a physical therapist or the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable, or functional improvement, the physical therapist shall refer the patient to a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California or to a person licensed to practice dentistry, podiatric medicine, or chiropractic.

(2) The physical therapist shall comply with Section 2633, and shall disclose to the patient any financial interest he or she has in treating the patient and, if working in a physical therapy corporation, shall comply with Article 6 (commencing with Section 650) of Chapter 1.

(3) With the patient's written authorization, the physical therapist shall notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient.

(4) The physical therapist shall not continue treating the patient beyond 45 calendar days or 12 visits, whichever occurs first, without receiving, from a person holding a physician and surgeon's certificate from the Medical Board of California or the Osteopathic Medical Board of California or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care. Approval of the physical therapist's plan of care shall include an in-person patient examination and evaluation of the patient's condition and, if indicated, testing by the physician and surgeon or podiatrist.

(b) The conditions in paragraph (4) of subdivision (a) do not apply to a physical therapist under either of the following circumstances:

(1) When he or she is only providing wellness physical therapy services to a patient as described in subdivision (a) of Section 2620.

(2) Pursuant to Section 56363 of the Education Code or Section 7572 of the Government Code, when he or she is providing physical therapy services as part of an individualized family service plan or an individualized education plan pursuant to the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and the individual receiving those services does not have a medical diagnosis.

(c) (1) This section does not expand or modify the scope of practice for physical therapists set forth in Section 2620, including the prohibition on a physical therapist diagnosing a disease.

(2) This section does not restrict or alter the scope of practice of any other health care professional.

(d) Nothing in this section shall be construed to require a health care service plan, insurer, workers' compensation insurance plan, employer, or state program to provide coverage for direct access to treatment by a physical therapist.

(e) When a person initiates physical therapy treatment services directly, pursuant to this section, the physical therapist shall not perform physical therapy treatment services without first providing the following notice to the patient, orally and in writing, in at least 14-point type and signed by the patient:

"Direct Physical Therapy Treatment Services

You are receiving direct physical therapy treatment services from an individual who is a physical therapist licensed by the Physical Therapy Board of California.

Under California law, you may continue to receive direct physical therapy treatment services for a period of up to 45 calendar days or 12 visits, whichever occurs first, after which time a physical therapist may continue providing you with physical therapy treatment services only after receiving, from a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board

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of California, or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care and that an in-person patient examination and evaluation was conducted by the physician and surgeon or podiatrist.

Patient's Signature/Date”

2620.7.

- (a) Patient records shall be documented as required in regulations promulgated by the board.
- (b) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient, except that the records of unemancipated minors shall be maintained at least one year after the minor has reached 18 years of age, and not in any case less than seven years.

2622.

- (a) A physical therapist shall be responsible for managing all aspects of the care of each patient as set forth in regulations promulgated by the board.
- (b) A physical therapist shall not supervise more than two physical therapist assistants at one time to assist the physical therapist in his or her practice of physical therapy.
- (c) A physical therapist may utilize the services of one aide engaged in patient-related tasks to aid the physical therapist in his or her practice of physical therapy.

2630.3.

- (a) A licensed physical therapist assistant holding a valid, unexpired, and unrevoked physical therapist assistant license may assist in the provision of physical therapy services only under the supervision of a physical therapist licensed by the board. A licensed physical therapist shall at all times be responsible for the extent, kind, quality, and documentation of all physical therapy services provided by the physical therapist assistant.
- (b) It is unlawful for any person or persons to hold himself or herself out as a physical therapist assistant, unless at the time of so doing the person holds a valid, unexpired, and unrevoked physical therapist assistant license issued under this chapter, except as authorized in subdivisions (f) and (g) of Section 2630.5.
- (c) Physical therapist assistants shall not be independently supervised by a physical therapist license applicant or a physical therapist student.
- (d) A physical therapist assistant shall not perform any evaluation of a patient or prepare a discharge summary. The supervising physical therapist shall determine which elements of the treatment plan, if any, shall be assigned to the physical therapist assistant. Assignment of patient care shall be commensurate with the competence of the physical therapist assistant.

2630.4.

- (a) A “physical therapy aide” is an unlicensed person, at least 18 years of age, who aids a licensed physical therapist consistent with subdivision (b).
- (b) The aide shall at all times be under the supervision of the physical therapist. An aide shall not independently perform physical therapy or any physical therapy procedure. The board shall adopt regulations that set forth the standards and requirements for the supervision of an aide by a physical therapist.

(c) Physical therapy aides shall not be independently supervised by a physical therapist license applicant, or a physical therapist student.

(d) This section does not prohibit the administration by a physical therapy aide of massage, external baths, or normal exercise not a part of a physical therapy treatment.

2633.5.

(a) Only a person licensed as a physical therapist assistant by the board may use the title “physical therapist assistant” or “physical therapy assistant” or the letters “PTA” or any other words, letters, or figures that indicate that the person is a physical therapist assistant licensed pursuant to this chapter.

(b) The license of a physical therapist assistant shall not authorize the use of the prefix “LPT,” “RPT,” “PT,” or “Dr.,” or the title “physical therapist,” “therapist,” “doctor,” or any affix indicating or implying that the physical therapist assistant is a physical therapist or doctor.

2633.7.

During a period of clinical practice or in any similar period of observation of related educational experience involving recipients of physical therapy, a person so engaged shall be identified only as a “physical therapist student” or a “physical therapist assistant student,”.

2644.

(a) Every license issued under this chapter shall expire at 12 a.m. on the last day of the birth month of the licensee during the second year of a two-year term, if not renewed.

(b) The licensee shall disclose on his or her license renewal application any misdemeanor or other criminal offense for which he or she has been found guilty or to which he or she has pleaded guilty or no contest.

2646. A license that has expired may be renewed at any time within five years after its expiration by applying for renewal as set forth in Section 2644.

2647. A person who fails to renew his or her license within five years after its expiration may not renew it, and it shall not be reissued, reinstated, or restored thereafter. However, the person may apply for a new license if he or she satisfies the requirements.

2660. Unprofessional conduct constitutes grounds for citation, discipline, denial of a license, or issuance of a probationary license. The board may, after the conduct of appropriate proceedings, issue a citation, impose discipline, deny a license, suspend for not more than 12 months, or revoke, or impose probationary conditions upon any license issued under this chapter for unprofessional conduct that includes, in addition to other provisions of this chapter, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter, any regulations duly adopted under this chapter, or the Medical Practice Act (Chapter 5 (commencing with Section 2000)).

(b) Advertising in violation of Section 17500.

(c) Obtaining or attempting to obtain a license by fraud or misrepresentation.

(d) Practicing or offering to practice beyond the scope of practice of physical therapy.

- (e) Conviction of a crime that substantially relates to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. The record of conviction or a certified copy thereof shall be conclusive evidence of that conviction.
- (f) Unlawful possession or use of, or conviction of a criminal offense involving, a controlled substance:
 - (1) Using any controlled substance or any dangerous drug.
 - (2) Conviction of a criminal offense involving the consumption or self-administration of, or the possession of, or falsification of a record pertaining to, any controlled substance or any dangerous drug, in which event the record of the conviction is conclusive evidence thereof.
- (g) Failure to maintain adequate and accurate records relating to the provision of services to his or her patients.
- (h) Gross negligence or repeated acts of negligence in practice or in the delivery of physical therapy care.
- (i) Aiding or abetting any person to engage in the unlawful practice of physical therapy.
- (j) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant.
- (k) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee.
- (l) The commission of verbal abuse or sexual harassment.
- (m) Engaging in sexual misconduct or violating Section 726.
- (n) Permitting a physical therapist assistant or physical therapy aide under one's supervision or control to perform, or permitting the physical therapist assistant or physical therapy aide to hold himself or herself out as competent to perform, professional services beyond the level of education, training, and experience of the physical therapist assistant or aide.
- (o) The revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice physical therapy issued by that state, or the revocation, suspension, or restriction of the authority to practice physical therapy by any agency of the federal government.
- (p) Viewing a completely or partially disrobed patient in the course of treatment if the viewing is not necessary to patient evaluation or treatment under current standards.
- (q) Engaging in any act in violation of Section 650, 651, or 654.2.
- (r) Charging a fee for services not performed.
- (s) Misrepresenting documentation of patient care or deliberate falsifying of patient records.
- (t) Except as otherwise allowed by law, the employment of runners, cappers, steerers, or other persons to procure patients.
- (u) The willful, unauthorized violation of professional confidence.
- (v) Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a patient in confidence during the course of treatment and all information about the patient that is obtained from tests or other means.
- (w) Habitual intemperance.
- (x) Failure to comply with the provisions of Section 2620.1.

2660.1. Sexual Activity A patient, client, or customer of a licensee under this chapter is conclusively presumed to be incapable of giving free, full, and informed consent to any sexual activity.

2660.2.

(a) The board may refuse a license to any applicant guilty of unprofessional conduct or sexual activity referred to in Section 2660.1

California Code of Regulations, Title 16 Division 13.2

Regulations are standards adopted as rules by the Physical Therapy Board of California to implement, interpret, or make specific the law enforced or administered by the Physical Therapy Practice Act. Regulations have the same effect as law. Failure to comply with either the laws or regulations could result in a citation and/or fine or discipline.

Below is an abridged version of the current California Code of Regulations. If you would like to read the regulations in their entirety, please go to: https://www.ptbc.ca.gov/publications/law_reference_guide.pdf

Article 4. Physical Therapist Assistants

1398.44. Adequate Supervision Defined.

(a) "Adequate supervision" of a physical therapist assistant shall mean supervision that complies with this section. A physical therapist shall at all times be responsible for all physical therapy services provided by the physical therapist assistant and shall ensure that the physical therapist assistant does not function autonomously. The physical therapist has a continuing responsibility to follow the progress of each patient and is responsible for determining which elements of a treatment plan may be assigned to a physical therapist assistant.

(b) A physical therapist who performs the initial evaluation of a patient shall be the physical therapist of record for that patient. The physical therapist of record shall remain as such until a reassignment of that patient to another physical therapist of record has occurred. The physical therapist of record shall ensure that a written system of transfer to the succeeding physical therapist exists.

(c) The physical therapist of record shall provide supervision and direction to the physical therapist assistant in the treatment of patients to whom the physical therapist assistant is providing care. The physical therapist assistant shall be able to identify, and communicate with, the physical therapist of record at all times during the treatment of a patient.

(d) A physical therapist assistant shall not:

(1) Perform measurement, data collection or care prior to the evaluation of the patient by the physical therapist

(2) Document patient evaluation and reevaluation

(3) Write a discharge summary

(4) Establish or change a plan of care

(5) Write progress reports to another health care professional, as distinguished from daily chart notes

(6) Be the sole physical therapy representative in any meeting with other health care professionals where the patient's plan of care is assessed or may be modified.

- (7) Supervise a physical therapy aide performing patient-related tasks
- (8) Provide treatment if the physical therapist assistant holds a management position in the physical therapy business where the care is being provided. For purposes of this section, “management position” shall mean a position that has control or influence over scheduling, hiring, or firing. The prohibitions in subsection (d) above shall not prohibit a physical therapist assistant from collecting and documenting data, administering standard tests, or taking measurements related to patient status. (e) The physical therapist assistant shall notify the physical therapist of record, document in the patient record any change in the patient's condition not within the planned progress or treatment goals, and any change in the patient's general condition.

Article 6. Physical Therapy Aides

1399. Requirements for Use of Aides.

- (a) A physical therapy aide is an unlicensed person who may be utilized by a physical therapist in his or her practice by performing non-patient related tasks, or by performing patient related tasks.
- (b) Prior to the aide providing patient related care, a physical therapist shall evaluate and document, the aide's competency level for performing the patient related task that the aide will provide in that setting. The record of competencies shall be made available to the board or any physical therapist utilizing that aide upon request.
- (c) As used in these regulations:
 - (1) A “patient related task” means a physical therapy service rendered directly to the patient by an aide, excluding non-patient related tasks as defined below.
 - (2) A “non-patient related task” means a task related to observation of the patient, transport of patients, physical support only during gait or transfer, housekeeping duties, clerical duties and similar functions.
 - (3) “Under the orders, direction and immediate supervision” means:
 - (A) Prior to the initiation of care, the physical therapist shall evaluate every patient prior to the performance of any patient related tasks by the aide.
 - (B) The physical therapist shall formulate and record in the patient's record a treatment program based upon the evaluation and any other information available to the physical therapist and shall determine those patient related tasks which may be assigned to an aide.
 - (C) The physical therapist shall assign only those patient related tasks that can be safely and effectively performed by the aide. The physical therapist shall be responsible at all times for the conduct of the aide while the aide is performing “patient related tasks” and “non-patient related tasks” as defined in this section.
 - (D) The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as the aide and in immediate proximity to the location where the aide is performing patient related tasks. The physical therapist shall be readily available at all times to provide immediate advice, instruction or intervention in the care of the patient. When patient related tasks are provided to a patient by an aide the physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress.
 - (E) The physical therapist shall perform periodic re-evaluation of the patient as necessary and make adjustments in the patient's treatment program. The re-evaluation shall be documented in the patient's record.

Article 12. Topical Medications

1399.75. Compliance with Regulations.

A physical therapist may apply or administer topical medications to a patient as set forth in this article.

1399.76. Topical Medications Defined.

As used in this article "topical medications" means medications applied locally to the skin or underlying tissue where there is a break in or absence of the skin where such medications require a prescription or order under federal or state law.

1399.77. Administration of Medications.

Topical medications may be administered by a physical therapist by:

- (a) Direct application;
- (b) Iontophoresis; or
- (c) Phonophoresis.

1399.78. Authorization and Protocols Required.

Topical medications shall be applied or administered by a physical therapist in accordance with this section.

- (a) Any topical medication applied or administered shall be ordered on a specific or standing basis by a practitioner legally authorized to order or prescribe such medication.
- (b) Written protocols shall be prepared for the administration or application of each of the groups of medications listed in Section 1399.79 for which a prescription is required under Federal or State law, which shall include a description of the medication, its actions, its indications and contraindications, and the proper procedure and technique for the application or administration of medication.

1399.79. Authorized Topical Medications.

A physical therapist may apply or administer those topical medications listed in this section in accordance with the provisions of this article:

- (a) Bacteriocidal agents;
- (b) Debriding agents;
- (c) Topical anesthetic agents;
- (d) Anti-inflammatory agents;
- (e) Antispasmodic agents; and
- (f) Adrenocortico-steroids.

Article 13. Continuing Competency Requirements

1399.91. Continuing Competency Required.

(a) As required by this article, a licensee must accumulate 30 hours of continuing competency hours in each license cycle. A licensee must submit evidence of completing those hours to the board in order to renew his or her license. In order to implement this requirement:

(b) For first-time license renewals, if the renewal is submitted prior to the expiration of the original license, the continuing competency hour requirements shall be one-half of the normal cycle.

(c) For those licensees accumulating “continuing education units” or “CEUs” under the continuing education requirements of APTA and CPTA, one CEU is equal to ten hours.

1399.92. Content Standards for Continuing Competency.

Continuing competency hours must be obtained in subjects related to either the professional practice of physical therapy or patient/client management.

- (a) The professional practice of physical therapy includes but is not limited to professional accountability, professional behavior and professional development.
- (b) Patient/client management includes but is not limited to examination, evaluation and diagnosis and prognosis; plan of care; implementation; education; and discharge.

1399.93. Continuing Competency Subject Matter Requirements

For each renewal cycle, a licensee's continuing competency hours must include the following:

- (a) Two hours in ethics, laws and regulations, or some combination thereof, and
- (b) Four hours in life support for health care professionals. Such training should be comparable to, or more advanced than, the American Heart Association's Basic Life Support Health Care Provider course.

1399.94. Authorized Pathways for Obtaining Hours.

Continuing competency hours must be obtained through an authorized pathway, which may be either traditional or alternate.

- (a) Traditional pathways are those offered by an approved provider. There is no limit to the number of hours which may be accumulated through traditional pathways. The traditional pathways are:
 - (1) Continuing education courses, including home and self-study courses, approved through an agency recognized by the board under the provisions of regulation section 1399.95; and
 - (2) College coursework from an accredited institution.
- (b) Alternate pathways are those offered by an entity other than an approved provider.

1399.97. Record Keeping.

- (a) Each licensee shall keep and maintain records showing that each course or activity for which credit is claimed has been completed. Those records shall reflect the title of the course or activity, the date taken or completed, and the record of participation.
- (b) Each licensee shall retain such documentation for a period of five years after the course or activity concludes.
- (c) Each licensee shall provide copies of such documentation to the board or its designee upon request.

1399.99. Exemption from Continuing Competency Requirements.

At the time of applying for renewal of a license, a licensee may request an exemption from the continuing competency requirements. The request for exemption must provide the following information:

- (a) Evidence that during the renewal period prior to the expiration of the license, the licensee was residing in another country for one year or longer, reasonably preventing completion of the continuing competency requirements; or
- (b) Evidence that the licensee was absent from California because of military service for a period of one year or longer during the renewal period, preventing completion of the continuing competency requirements; or

(c) Evidence that the licensee should be exempt from the continuing competency requirements for reasons of health or other good cause which include:

- (1) Total physical and/or mental disability for one (1) year or more during the renewal period and the inability to work during this period has been verified by a licensed physician or surgeon or licensed clinical psychologist; or
- (2) Total physical and/or mental disability for one (1) year or longer of an immediate family member for whom the licensee had total responsibility, as verified by a licensed physician or surgeon or licensed clinical psychologist.

(d) An exemption under this section shall not be granted for two consecutive renewal periods. In the event a licensee cannot complete continuing competency requirements following an exemption, the licensee may only renew the license in an inactive status.

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Ethics & Jurisprudence – California Physical Therapy
Post-Test

1. Which ethics theory proposes that right and wrong are determined by the consequences? (p. 3-5)
 - A. Ethical Intuitionism
 - B. Social Contract
 - C. Ethical Egoism
 - D. Utilitarianism
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 ethics vary state by state.
 - D. The APTA Code of Ethics establishes ethical behavior for all physical therapists; including therapists who are not members of the APTA.
3. Which of the following is NOT one of the Commitments of the APTA's Code of Ethics? (p. 7-8)
 - A. Compassion and Trust
 - B. Financial Ascendancy
 - C. Professional Expertise
 - D. Societal Responsibility
4. As per the principles of the APTA's Code of Ethics, it is unethical for a physical therapist to have a sexual relationship with _____. (p. 11-12)
 - A. their patient
 - B. a PTA working under their supervision
 - C. their physical therapy student intern
 - D. All of the above
5. According to the APTA's Code of Ethics, PTAs shall provide physical therapy services under the direction and supervision of a _____. (p. 13-14)
 - A. physical therapist
 - B. physical therapist or physician
 - C. physical therapist, physician, or other qualified health professional
 - D. None of the above

6. What is the most important goal of informed consent? (p. 17-18)
- A. Protect the health care provider against possible liability.
 - B. The patient has an opportunity to be an informed participant in their health care decisions.
 - C. Establish an authoritative chain of command
 - D. None of the above
7. It is unethical for a physical therapist to _____. (p. 20-21)
- A. have a referring physician as a facility's Medical Director
 - B. sublease office space to a potential referral source
 - C. waive the co-pay for the spouse of a referring physician
 - D. meet with a physician to educate them about new physical therapy techniques and interventions.
8. As per the California Physical Therapy Practice Act, a physical therapist shall not supervise more than ____ physical therapist assistants at one time. (p. 23)
- A. one
 - B. two
 - C. three
 - D. four
9. When performing patient related tasks, physical therapy aides are required to have _____. (p. 27)
- A. continuous and immediate supervision by a physical therapist
 - B. continuous and immediate supervision by a physical therapist or physical therapist assistant.
 - C. general supervision by a physical therapist
 - D. general supervision by a physical therapist or physical therapist assistant.
10. Which of the following is FALSE concerning California physical therapy continuing competency requirements? (p. 28-29)
- A. Licensees may complete all of their continuing education through approved home study courses.
 - B. For each renewal cycle, licensees must complete two hours in ethics, laws and regulations, or some combination thereof.
 - C. For each renewal cycle, licensees must complete four hours in life support for health care professionals.
 - D. Each licensee must retain continuing competency completion documentation for six years after the course or activity concludes.

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