

## 1

# Ethics & Jurisprudence

## Tennessee Physical Therapy

Recorded Video Home Study Course  
Presented by  
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### Course Overview

"Ethics & Jurisprudence- Tennessee Physical Therapy" is an online continuing education program for TN licensed physical therapists and physical therapist assistants. The course focuses on defining moral and ethical behavior of physical therapy professionals, ethical principles, and professional conduct and defining legal behavior of physical therapy professionals. The information presented includes the APTA Code of Ethics for the Physical Therapy Profession, models for ethical decision making, the Tennessee Physical Therapy Practice Act (TN Code Annotated, Title 63, Chapter 13, Parts 1 & 3), General Rules Governing the Practice of Physical Therapy in TN (Official Compilation, Rules and Regulations, Chapter 1150-01), TN Board of Physical Therapy Policy Statements, licensure process, scope of practice, licensure renewal, disclosures to patients, offenses that may lead to disciplinary actions, supervision requirements, and case analysis.

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### Course Rationale

► This course is designed to educate, promote and facilitate legal behavior by Tennessee licensed physical therapist and physical therapist assistants. It is intended to fulfill the requirements of Chapter 1150-01-12(4) of the Tennessee General Rules Governing the Practice of Physical Therapy.

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### Goals and Objectives

**Ethics**

1. Define the meaning of ethics and explain the various theories that promote ethical behavior.
2. Define and apply the APTA's Code of Ethics for the Physical Therapy Profession.
3. Apply the ethical decision-making model to clinical situations to determine appropriate professional behavior.

**Jurisprudence**

1. Recognize all of the rights and responsibilities of physical therapy licensure as defined by the Tennessee Physical Therapy Practice Act and the Tennessee General Rules Governing the Practice of Physical Therapy.
2. Identify Tennessee Board of Physical Therapy Policy statements.
3. Identify and apply pertinent TN laws and rules relating to licensure process, renewal and continuing competence.
4. Identify and apply pertinent TN laws and rules relating to scope of practice.
5. Identify and apply pertinent TN laws and rules relating to disclosures to patients.
6. Identify and apply pertinent TN laws and rules relating to offenses that may lead to disciplinary action.
7. Identify and apply pertinent TN laws and rules relating to supervision requirements.

## 5

### Disclaimer

► Application of concepts presented in this webinar is at the discretion of the individual participant in accordance with federal, state, and professional regulations.

► No conflict of interest exists for the presenter or provider of this course.

Course Outline and Schedule
  
4 hour Recorded Video Course
  

Topic	Time
Ethics Theories	0:09-2:20
Model for Ethical Decision Making	0:21-0:30
APTA Code of Ethics for the Physical Therapy Profession	0:31-1:25
Ethical Case Analysis	Model Needlessly
Qualifications to Practice	1:26-1:45
Informed Consent	1:46-2:00
Ethical Case Analysis - Informed Consent	Relationships and Gifts
Relationships with Referral Sources	1:46-2:00
Ethical Case Analysis	Conflict of Interest
TN Jurisprudence Definitions	2:01-2:15
TN PT Practice Act Title 63, Chapter 13, Parts 1 & 3 (Scope of Practice, Referrals, and Exceptions to Referral Requirements)	2:16-2:30
General Rules of PT Practice Chapter 1150-01	3:01-3:25
Board of PT Policy Statements	Relationships with Referral Sources
Licensure Process	3:26-3:30
Licensure Renewal and Continuing Competence	3:31-3:50
Scope of Practice, Referrals, and Exceptions to Referral Requirements	Disclosures to Patients
Disclosures to Patients	Case Against Confidentiality
Supervision of PTAs, Assistive Personnel, Students & Volunteers	Supervision of PTAs, Assistive Personnel, Students & Volunteers
Case Analysis Supervision	3:31-3:50
Disciplinary Action	3:51-4:00

Consider This

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### How to Obtain CEUs for this Course

► After viewing the course video return to [www.cheapceus.com](http://www.cheapceus.com)

► Complete the post test with a score of at least 80%

► May be retaken multiple times

► Submit online payment for course

► Print certificate

► Post test questions are reviewed throughout the presentation.

Consider This

## 8

“

Ethics is knowing the difference between what you have the right to do and what is right to do.

”

—Potter Stewart  
Chief Justice of the U.S. Supreme Court

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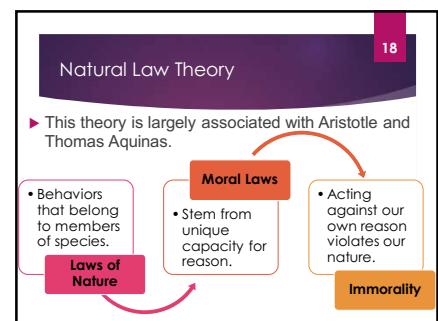
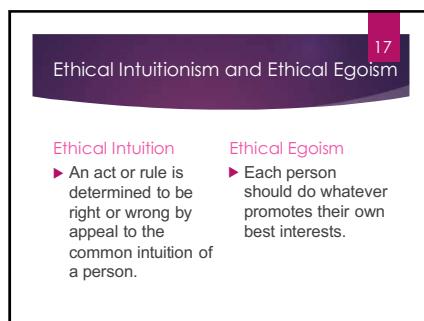
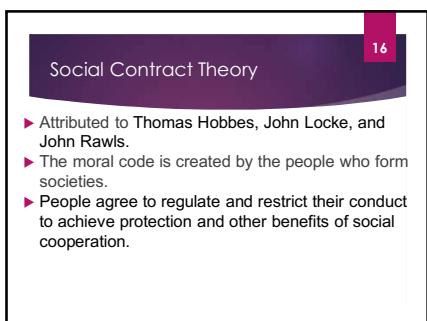
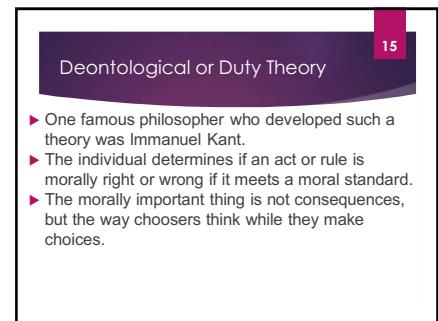
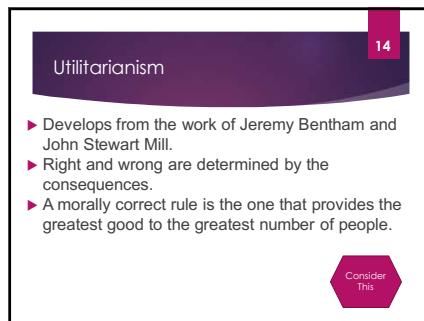
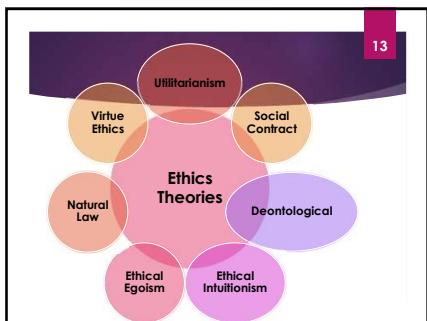
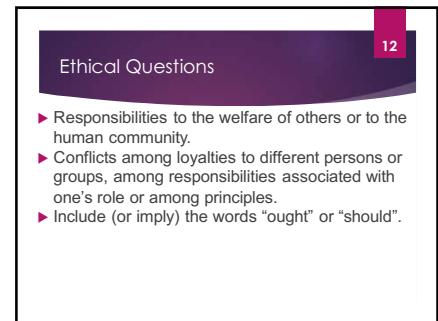
### Ethics Overview

► The word "ethics" is derived from the Greek word *ethos* (character).

Philosophy

- What is good for the individual and society.

- Basis of human goals and foundation of right and wrong actions.



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### Virtue Ethics

- ▶ Aristotle was a famous exponent of this view.
- ▶ Ethical behavior is a result of developed or inherent character traits or virtues.

Autonomy	right to make own decisions.
Beneficence	do good
Confidentiality	respect privacy of information
Finally	action may override law, religion, customs.
Justice	treat all fairly
Nonmaleficence	cause no harm
Tolerance	accept other viewpoints
Respect	honor others, their rights, responsibilities.
Universality	actions that hold for everyone
Veracity	tell the truth

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### Concept Application

Review question presented and determine your response

Correct answer discussed

Key concepts revisited

**Reminder:** Upon completion of the video course, go to [www.cheapceus.com](http://www.cheapceus.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

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1. Which ethics theory proposes that right and wrong are determined by the consequences?

A. Utilitarianism  
B. Social Contract Theory  
C. Ethical Egoism  
D. Natural Law Theory

**23**

### 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.

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### Are My Actions Legal?

▶ Weighing the legality of one's actions is a prudent way to begin the decision-making process.

▶ Laws clearly define which actions are considered acceptable and which actions are unacceptable.

▶ 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.

Consider This

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### Are My Actions Ethical?

▶ Ethics in this context relates to actions that are consistent with the normative standards established or practiced by others in the same profession.

▶ The **APTA Code of Ethics for the Physical Therapy Profession** is the accepted standard.

<https://www.apta.org/-/media/assets/pdfs/policies/pta-code-ethics-physical-therapy-profession.pdf>

Consider This

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### Are My Actions Fair?

▶ Fairness though often considered subjective, in this context it means deserved, equitable and unbiased.

▶ The goal of every decision should be an outcome of relative equity that reflects insightful thought and soundness of intent.

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### Would My Actions Be the Same If They Were Transparent to Others?

▶ How would your decisions change, if prior to taking any actions, you assumed "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.

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### Realm-Individual Process-Situation Model of Ethical Decision-Making

▶ A framework used by physical therapists to identify, analyze, and resolve ethical issues.

▶ Supports systematic ethical decision-making.

Recognize and Define	Realm, Individual Process, Situation
Reflect	Facts, stakeholders, consequences, professional resources, right vs. wrong tests
Decide	Rules, ends, or care-based
Action	Implement, evaluate, re-assess

Swisher, L. L. D., Antoniou, L. E., & Davis, C. M. (2003). The realm-individual process-situation (RIPS) model of ethical decision-making. *Scholastic, 35*, 384-403.

### Ethical Realms

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- ▶ Individual Realm  
One-on-one interactions
- ▶ Organizational Realm  
Workplace level
- ▶ Societal Realm  
Populations or systems

### Individual Moral Process

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- ▶ Moral Sensitivity  
Recognizing an ethical issue exists
- ▶ Moral Judgment  
Determining the right course of action
- ▶ Moral Motivation  
Prioritizing ethical values over competing interests
- ▶ Moral Courage  
Acting ethically despite risk or discomfort

### Ethical Situations

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- ▶ Issue or Problem  
Values present or challenged
- ▶ Dilemma  
Two or more morally justifiable options conflict
- ▶ Distress  
Knowing the right action but being constrained
- ▶ Temptation  
Pressure to act unethically for personal or organizational gain
- ▶ Silence  
Failure to speak up or act when ethical concerns are present

### Legal vs. Ethical Violations

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### Disciplinary Actions

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- ▶ Failure to obtain continuing education requirements
- ▶ Practiced with an expired license
- ▶ Failure to perform services documented in patient charts

TN Department of Health, Health Professionals Boards Disciplinary Actions.  
<https://www.tn.gov/health/health-professionals/health-professionals-boards-disciplinary-actions.html>

### Disciplinary Actions Continued

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- ▶ Engaging in the performance of substandard care by a due to ignorance, incompetence or a deliberate or negligent act
- ▶ Practicing physical with a mental or physical condition that impairs the ability to practice with skill and safety.
- ▶ Failure to adhere to ethical standards of physical therapy profession

TN Department of Health, Health Professionals Boards Disciplinary Actions.  
<https://www.tn.gov/health/health-professionals/health-professionals-boards-disciplinary-actions.html>

### American Physical Therapy Association Code of Ethics for the Physical Therapy Profession

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- ▶ Defines ethical expectations and provides guidance when facing challenges.
- ▶ Communicates professional accountability standards to the public.
- ▶ Establishes accountability for professional conduct.

<https://www.apta.org/sites/assets/pdfs/policies/apta-code-ethics-physical-therapy-profession.pdf>

Consider This

### Seeking Advice and Consultation

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- ▶ Code of Ethics provides the ethical foundation for PTs, PTAs, and students, but it is not exhaustive.

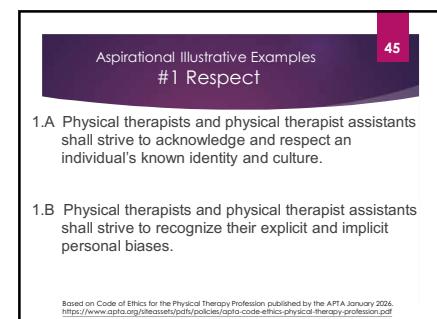
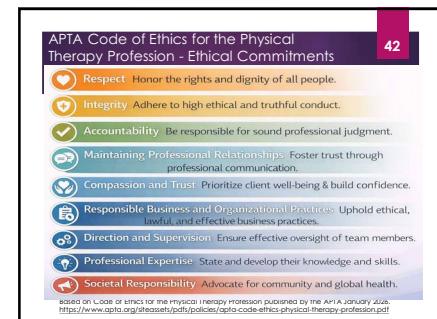
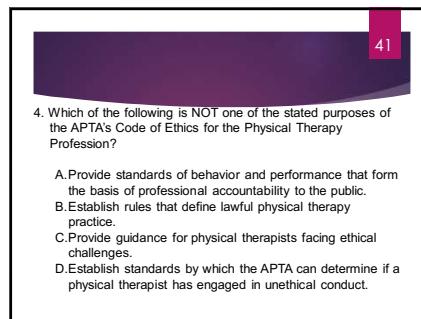
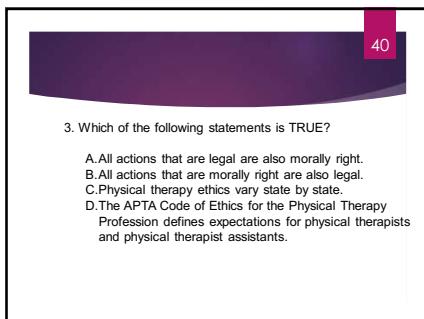
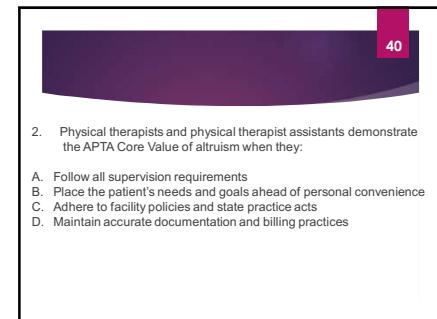
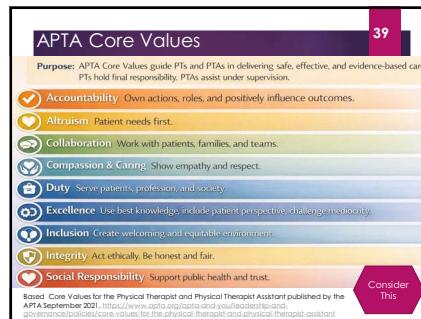


### Guiding Decisions and Actions

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**Recognizing Personal Biases** 46

### Explicit vs. Implicit Bias

<b>Explicit Bias</b>	Attitudes or beliefs that we are aware of and can consciously report.
<b>Implicit Bias</b>	Unconscious attitudes or stereotypes that influence understanding, actions, and decisions.

**Ethical Commitment and Standard of Conduct #2 Integrity** 47

*PTs and PTAs shall act with professional integrity and responsibility, and fulfill their respective legal and ethical obligations.*

- 2.1 PT maintains responsibility for all patient care
- 2.2 Obtain informed consent through clear communication
- 2.3 Report colleagues unfit to practice competently and safely to appropriate authorities

Based on Code of Ethics for the Physical Therapy Profession published by the APTA January 2026. <https://www.apta.org/sites/sets/pdf/policies/apta-code-ethics-physical-therapy-profession.pdf>

**Ethical Commitment and Standard of Conduct #2 Integrity Continued** 48

- 2.4 Address known illegal or unethical acts
- 2.5 Comply with mandatory reporter laws involving children or vulnerable adults
- 2.6 Protect participants in research activities

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**Aspirational Illustrative Examples #2 Integrity** 49

- 2.A Discourage misconduct and make reports of known illegal or unethical acts, including verbal, physical, emotional, or sexual harassment
- 2.B Demonstrate integrity in relationships with all stakeholders
- 2.C Take appropriate action to address known illegal or unethical acts

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**Ethical Commitment and Standard of Conduct #3 Accountability** 50

*PTs and PTAs shall be accountable for making sound professional judgments and decisions within the scope of practice established by laws and regulations.*

- 3.1 Practice within professional, jurisdictional, and personal scope and communicate, collaborate or refer to peer or other healthcare professional when necessary
- 3.2 Practice without impairment from substance misuse, cognitive deficiency or mental illness
- 3.3 Comply with laws including duty to report concerns about the safety of others

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**Aspirational Illustrative Examples #3 Accountability** 51

- 3.A PTs demonstrate independent and objective judgment and make decisions in patient's or client's best interests
- 3.B PTs make professional judgments and decisions informed by professional standards, evidence, provider knowledge and experience, patient and client values.
- 3.C PTAs make decisions in the patient's or client's best interests, in consultation with the PT
- 3.D Be accountable for accuracy and truthfulness of information they disseminate

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**Ethical Commitment and Standard of Conduct #4 Maintaining Professional Relationships** 52

*PTs and PTAs shall respect the boundaries of professional, therapeutic, organizational, and personal relationships to promote a safe environment.*

- 4.1 Do not abusively exploit individuals under supervisory, evaluative or other authority
- 4.2 Do not engage in sexual relationships with patients, clients, supervisees, or students
- 4.3 Do not engage in verbal, physical, emotional, or sexual harassment
- 4.4 When therapist terminates care, provide reasonable notice and alternatives for continued services

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**Aspirational Illustrative Examples #4 Maintaining Professional Relationships** 53

- 4.A 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 Collaborate with patients to empower them in making health care decisions

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**Compromising the Therapeutic Relationship** 54

The diagram consists of a central hexagon with six smaller hexagons surrounding it. The central hexagon is light blue and contains the text 'Compromising the Therapeutic Relationship'. The surrounding hexagons are colored and labeled as follows:

- Top: Clinical decision-making
- Top-right: Power dynamics & vulnerability
- Right: Harassing or Sexual Misconduct
- Bottom-right: Reputation & trust
- Bottom: Legal & civil implications
- Bottom-left: Workplace dynamics
- Left: Employer policies

Aspirational Illustrative Examples **55**  
**#4 Maintaining Professional Relationships**  
 Continued

4.C Promote inclusive, civil work environments promoting colleague's sense of belonging  
 4.D Encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel

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**Clinician Impairment** **56**

- ▶ Impairment from cognitive deficiency, substance misuse, or mental health issues can cloud judgment and compromise safe, ethical care.
- ▶ Encourage colleagues to seek help, counseling, or appropriate support.
- ▶ Ethical duty to report if colleague cannot practice safely or competently.

**Self-Awareness** **57**

- ▶ Clinicians must recognize when their clinical reasoning or decision-making is impaired and take steps to prevent harm.
- ▶ Recognize when provision of care is beyond the clinician's expertise and skill set.

Ethical Commitment and Standard of Conduct **58**  
**#5 Compassion and Trust**

*PTs and PTAs shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.*

5.1 Provide truthful, accurate and relevant information for informed patient, client or surrogate decisions about services and research participation  
 5.2 Address barriers to communication and comprehension

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Aspirational Illustrative Examples **59**  
**#5 Compassion and Trust**

5.A Demonstrate care and compassion in provision of physical therapist services  
 5.B Use respectful, accurate, and truthful in all forms of communication  
 5.C Maintain public trust when using current and emerging technologies

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**Social Media** **60**

- ▶ Consider sources
- ▶ Evidence based-content and disclosures
- ▶ Identify credentials
- ▶ Separate professional and personal accounts
- ▶ Deleting content does not eliminate risk
- ▶ Permission to post confidential information
- ▶ Review professional and organizational standards

**Artificial Intelligence** **61**

Benefits	Ethical Risks
(Augmented, Not Autonomous)	
 <b>Clinical Support</b> Assists with data analysis, outcome tracking, and documentation	 <b>Bias &amp; Fairness</b> Potential for inequity in recommendations
 <b>Improved Efficiency</b> Automates admin tasks, reduces clinician burden	 <b>Opacity &amp; Consent</b> "Black box" decisions, challenges transparency with patients
 <b>Enhanced Access</b> Enables telehealth, remote monitoring, hybrid models	 <b>Privacy &amp; Security</b> Requires careful management of patient data
 <b>Data-Enhanced Care</b> Aggregates data for better outcomes and research	 <b>Erosion of Judgment</b> Over-reliance on AI undermines clinician accountability
 <b>Ethics Bottom Line:</b> AI should support—not replace—clinician judgment	 <b>Misuse By Payers</b> Potential denial of care or reduced payment

*Ethics Bottom Line: AI should support—not replace—clinician judgment*

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Ethical Commitment and Standard of Conduct **62**  
**#6 Responsible Business and Organizational Practices**

*PTs and PTAs shall promote accountable and truthful organizational behaviors and business practices.*

6.1 Provide truthful, accurate, non-misleading information  
 6.2 Ensure documentation reflects services provided  
 6.3 Disclose conflicts of interest and prevent interference with judgment and decisions  
 6.4 Do not accept gifts or other considerations influencing or appearing to influence judgment and decisions

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Ethical Commitment and Standard of Conduct **63**  
**#6 Responsible Business and Organizational Practices**  
 Continued

6.5 Disclose financial interests in recommended services or products  
 6.6 Inform patients of financial obligations in advance  
 6.7 Avoid arrangements preventing fulfillment of professional and ethical obligations

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Aspirational Illustrative Examples **#6 Responsible Business and Organizational Practices** **64**

6.A Provide relevant and truthful information about services provided  
6.B Promote environments supporting ethical, accountable professional judgment and decision-making  
6.C Seek compensation supporting legal, safe, and effective services

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Ethical Commitment and Standard of Conduct **#7 Direction and Supervision** **65**

*PTs and PTAs shall provide appropriate and timely direction to and communication with anyone over whom they have legal supervisory responsibility.*

7.1 PT assigns duties to other personnel consistent with their credentials and legal scope of practice or work  
7.2 PTA practices under PT direction and supervision and communicates patient status changes for plan modification

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Ethical Commitment and Standard of Conduct **#7 Direction and Supervision** **66**  
Continued

7.3 PT maintains primary responsibility for supervision  
7.4 PTA supports and respects PT supervision  
7.5 PTA communicates to PT their limitations affecting safe and effective practice

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Aspirational Illustrative Examples **#7 Direction and Supervision** **67**

7.A Mentor learners to develop knowledge, skills, behaviors, and attitudes enabling them to provide safe and effective care embodying professionalism

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Ethical Commitment and Standard of Conduct **#8 Professional Expertise** **68**

*PTs and PTAs shall enhance their expertise and competency through career-long acquisition and refinement of knowledge, skills, abilities, and professional behaviors.*

8.1 PTs work within their skills and competence referring to another professional when in the best interests of the patient or client  
8.2 PTs and PTAs practice consistent with accepted current standards of care

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Aspirational Illustrative Examples **#8 Professional Expertise** **69**

8.A Maintain competence using current and emerging technologies  
8.B Engage in professional development through self-assessment and reflection  
8.C Evaluate professional development content, evidence and applicability before integrating into practice

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Aspirational Illustrative Examples **#8 Professional Expertise** **70**  
Continued

8.D Cultivate practice environments that support professional development, promoting career-long learning, and excellence  
8.E Reflect on and maintain personal physical, emotional, and mental health

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Aspirational and Illustrative Examples **#9 Societal Responsibility** **72**

*PTs and PTAs shall participate in efforts to meet the health needs of people locally, nationally, and globally.*

9.A Provide resources to assist individuals believed to be in harm's way  
9.B Address determinants of health and suggest community resources  
9.C Advocate to reduce disparities and improve health care access  
9.D Respect other professional's roles and engage in interprofessional collaboration for care

Based on Code of Ethics for the Physical Therapy Profession published by the APTA January 2026. <https://www.apta.org/sites/sets/pdf/policies/apta-code-ethics-physical-therapy-profession.pdf>

Aspirational Illustrative Examples  
#9 Societal Responsibility  
Continued

9.E Provide pro bono services or support economically disadvantaged, uninsured, or underinsured individuals  
9.F Advocate just utilization of services and reduce access barriers  
9.G Educate public on physical therapy scope and benefits  
9.H Be good stewards of limited resources and avoid unnecessary waste

Based on Code of Ethics for the Physical Therapy Profession published by the APTA January 2024.  
<https://www.apta.org/-/media/assets/policy/captc/code-ethics-physical-therapy-profession.pdf>

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Addressing Ethical Concerns

- ▶ Gather factual information
- ▶ Consider professional standards, code of ethics, organization policies, rules and statutes
- ▶ Discuss directly with the individual
  - ▶ Inappropriate clinician and patient behaviors
- ▶ Explore corrective steps within organization
- ▶ Report misconduct
- ▶ Also consider inappropriate patient behaviors

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Concept Application

**Reminder:** Upon completion of the video course, go to [www.cheapeus.com](http://www.cheapeus.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

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5. It is unethical for a physical therapist to engage in a sexual relationship with their \_\_\_\_\_.

- A. Patients and clients
- B. Supervisees
- C. Students
- D. All of the above

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6. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a \_\_\_\_\_.

- A. physical therapist
- B. physical therapist or physician
- C. physical therapist, physician, or other qualified health professional
- D. None of the above

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Case Study – 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?

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Case Study – Medical Necessity Debriefing

- ▶ Therapists are obligated to propose and provide care that is based on sound medical rationale, patient medical necessity, and treatment efficacy and efficiency.
- ▶ Clinicians are expected to use sound judgment based on what is best for the patient when determining their plan of care.
- ▶ Does this represent a conflict of interest?

79

Case Study – Qualifications to Practice

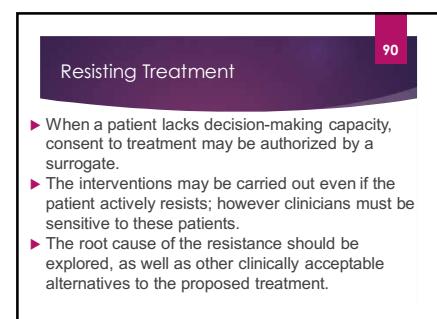
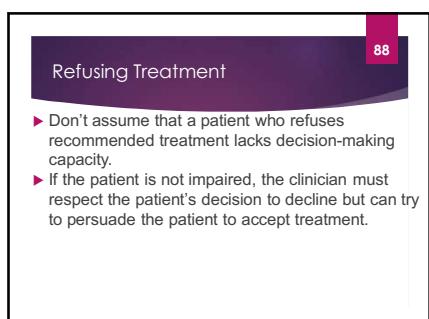
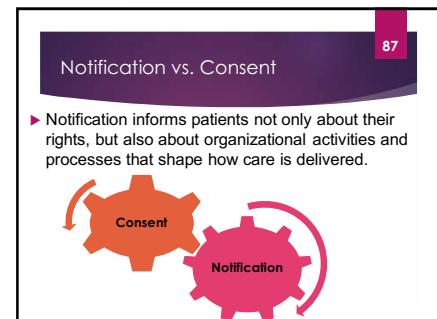
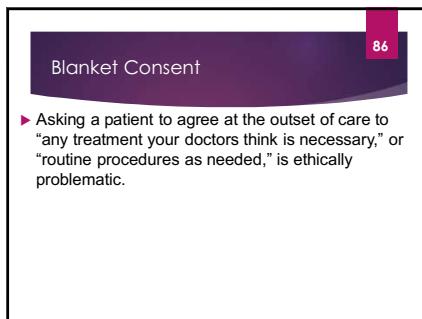
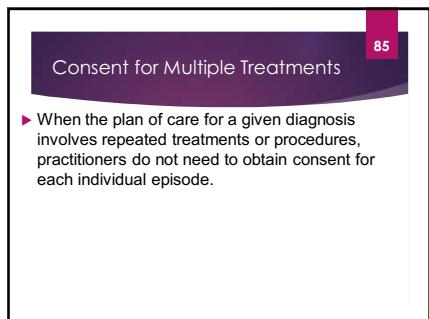
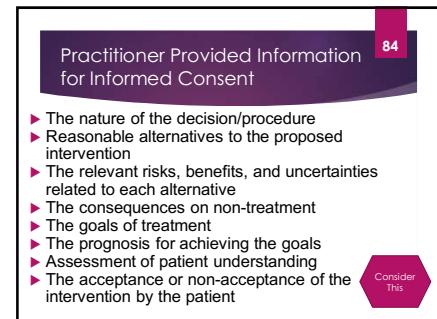
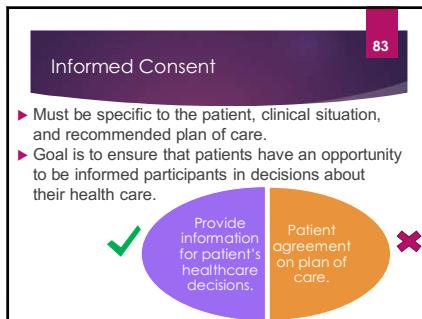
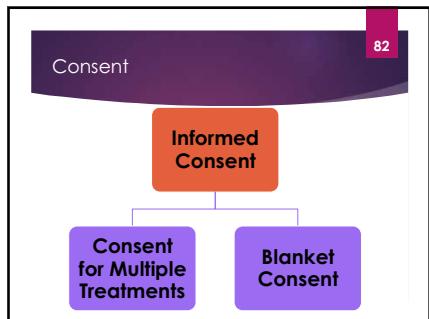
- ▶ You work in very busy outpatient rehab clinic. One of your coworkers is a physical therapy aide who has worked in rehabilitation for more than 20 years. Frequently, she is called upon to perform treatments that should be done by a PT or PTA. The patients always give her compliments, and frequently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

80

Case Study – Qualifications to Practice Debriefing

- ▶ It is each PT and PTA's responsibility to adhere to the standards of care and licensure requirements specific to the state in which they practice.
- ▶ The clinician must also ensure that all care provided not directly by them, but under their supervision, also meets these standards.
- ▶ Is the clinic providing ethical care to its patients?

81



**Case Study – Informed Consent** 91

▶ 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?

**Case Study – Informed Consent Debriefing** 92

▶ 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 is obligated to provide a recommendation for care, share their reasoning process, and alternative options with the patient.

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

**Relationships** 93

▶ Professionals are expected to make a fiduciary commitment to place their clients' interests ahead of their own.

▶ By establishing , a health care professional creates a safe space for the therapeutic relationship to occur.

**Patient Expectations** 94

▶ Trust that their interests and welfare will be placed above those of the health care professional.

▶ Confident they will be treated with respect, and be informed so that they can make their own health care decisions

▶ Expect higher morality and a greater commitment to the good of others than in most other human activities.

**Boundaries** 95

▶ Boundary violations occur when a personal interest displaces the professional's primary commitment to the patient's welfare in ways that harm—or appeal to harm—the patient or the patient-clinician relationship, or might reasonably be expected to do so.

**Legal Aspects of Relationships** 96

▶ Most state professional licensing boards have addressed specific boundary issues. For example, "engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual ... [or] behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient."

▶ Inappropriate sexual or physical contact can result in patients suing clinicians for battery and malpractice, and in several states sexual exploitation of a patient is considered a felony.

**Problematic Relationships** 97

▶ Some activities or relationships are ethically problematic when they can reasonably be expected to affect the care received by the individual or by other patients or the practitioner's relationships with his or her colleagues, or when they give the appearance of doing so.

▶ Business relationships

▶ Accepting and giving gifts

▶ Favoritism

**Conflicts of Interest** 98

▶ Accepting gifts from commercial vendors can undermine patient trust as the practitioners' judgment may be altered without their knowledge or contrary to their intent.

**Apparent**  
 Reasonable person would think professional's judgment is likely compromised.

**Potential**  
 Situation may develop into an actual conflict of interest.

**Consider This**

**Why Are Gifts Accepted?** 99

▶ Accepting a gift is a natural and socially expected.

▶ "Culture of entitlement"

▶ Serve as inducements for educational participation

▶ Boost employee morale

▶ Economic savings to institution

▶ Professional bodies allow continuation of "tradition"

**Ethical Guidelines for Accepting Gifts**

100

- ▶ Individual gifts, hospitality, trips, services, and subsidies of all types from industry by an individual is strongly discouraged.
- ▶ Acceptance might diminish, or appear to others to diminish, the objectivity of professional judgment.

**Ethical Guidelines for Accepting Gifts**

101

- ▶ Gifts from companies to health care professionals are acceptable only when the primary purpose is the enhancement of patient care and medical knowledge.

**Ethical Guidelines for Giving Gifts**

102

- ▶ Inexpensive gifts to needy patients may be acceptable if
  - ▶ They are not cash or cash equivalents and have a retail value of no more than \$15 individually and \$75 in the annual aggregate per patient.
  - ▶ The practitioner can prove that the gift is not offered as advertisement, solicitation, or to induce referrals.

**Waiver of Coinsurance or Copayment for Medicare or Medicaid Beneficiaries**

103

- ▶ According to Office of Inspector General for the Department of Health and Human Services (OIG) 1994 Special Fraud Alert:
  - ▶ "[w]hen providers...forgive financial obligations for reasons other than genuine financial hardship of the particular patient, they may be unlawfully inducing that patient to purchase items or services from them."

<https://oig.hhs.gov/audit/documents/andbulletins/121994.html>  
<http://integrity.apta.org/ReducingRisk/UnderstandingRisk/RiskAreas/Relationships/>

**Financial Relationships Between Healthcare Providers**

104

- ▶ Office space rental should be fair market value and not based on volume or value of referrals from involved parties.
- ▶ PT's may hire physicians as Medical Directors at fair market value and be actively involved in clinical care.
- ▶ Any remuneration without education intent to induce referrals for services is prohibited.

<http://integrity.apta.org/ReducingRisk/UnderstandingRisk/RiskAreas/Relationships/>  
<https://oig.hhs.gov/audit/documents/andbulletins/121994.html>

**Confidentiality**

105

- ▶ Respect patient's informational privacy by limiting access to patient information to those authorized health care providers who need it to perform their duties.
- ▶ Confidentiality is mandated by HIPAA laws, specifically the Privacy Rule protecting individually identifiable health information.

**Case Study – Conflict of Interest**

106

- ▶ 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?

**Case Study – Conflict of Interest Debriefing**

107

- ▶ It is the clinician's professional duty to recommend equipment and interventions, in their judgment, that will benefit the patient the most.
- ▶ As an employee, it is the clinician's responsibility to manage expenses by thoroughly and objectively seeking effective products that also demonstrate economic efficiency.
- ▶ Therapists must also avoid any apparent or potential conflicts as well.
- ▶ Does this represent a conflict of interest?

**Case Study – Relationships with Referral Sources**

108

- ▶ 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?

Ethics & Jurisprudence -Tennessee Physical Therapy

Updated January 2026

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12

**Case Study – Relationships with Referral Sources Debriefing** 109

► A physician can serve as the Medical Director of rehabilitation facilities when compensated at fair market value.

► It is unethical for a clinician to offer anything of value to physicians, patients, or any other referral source in direct response or as incentive for the referral of patients or services.

► 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.

► Is this an ethical arrangement?

**Concept Application** 110

**Reminder:** Upon completion of the video course, go to [www.cheapceus.com](http://www.cheapceus.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

111

7. Which of the following is NOT a requirement of informed consent?

- Disclosure of alternatives to the proposed care.
- Disclosure of consequences of non-treatment.
- Patient acceptance of the clinician recommended treatment.
- Determination of decision maker competence.

112

8. Which type of conflict of interest is considered unethical and should be avoided?

- Apparent
- Potential
- Both A & B
- Neither A nor B

113

9. Which of the following actions by a physical therapist is unethical?

- Providing pro bono services to uninsured patients.
- Reading through their patient's entire chart and discovering test results that confirm that the patient is positive for Hepatitis B.
- Receiving a consultation fee from a vendor each time they recommend and demonstrate a particular product to a patient.
- All of the above are unethical

114

10. Which of the following scenarios is unethical?

- Having a physician serve as your facility's Medical Director.
- Meeting with a case manager during lunch to inform her about the new therapy services you have available.
- Waiving the insurance co-payment for the spouse of your top referring physician.
- Subleasing office space to a potential referral source.

**“**  
**The first step in the evolution of ethics is a sense of solidarity with other human beings.”**  
**”**  
~ALBERT SCHWEITZER

**Jurisprudence** 114

**It's the law.**

**TN Jurisprudence Documents** 115

► Physical therapists and assistants practicing in Tennessee must abide by the state's statutes and rules.

► **Practice Act - TCA Title 63, Chapter 13, Parts 1 & 3**

► **General Rules – Chapter 1150-01**

► **Policy Statements**

► **Lawful Practice**

► **Consider This**

<https://www.tn.gov/health/health-program-area/health-professional-boards/pt-board/statutes-and-rules.html>

## 116 Statutes and Rules

**Practice Act**

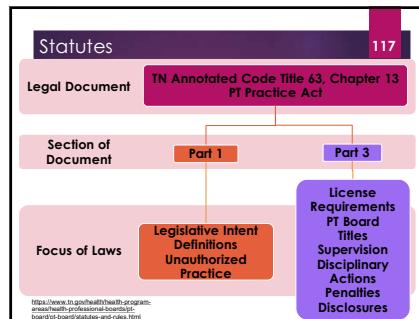
- Developed into law by TN Legislature.
- Statutes are part of the Tennessee Code Annotated **T. C. A. Title 63, Chapter 13**.

**Rules of Practice**

- Created and adopted by the TN Board of Physical Therapy.
- Found in General Rules Governing the Practice of Physical Therapy **Chapter 1150-01**.

➤ Both have the force of law and are used in the regulation of the profession.

**Consider This**



## 118 Navigating the Statutes

**Title. Chapter. PartSection. Outline Level**  
**Example: 63.13.101.xyz**

## 119 Navigating the Statutes continued

► The code is formatted using traditional outline format. Example: **63.13.103 (16)(A)**

**Title. Chapter. PartSection (Subparagraph)**

As used in this chapter, unless the context otherwise requires:

(1) "ACOTE" means the Accreditation Council for Occupational Therapy, Inc., a professional program in the field of occupational therapy;

(6a) "Practice of physical therapy" means:

- (A) Examining, evaluating, and treating individuals with physical, developmental, and/or mental impairments, disabilities, or other health-related conditions in order to restore function in one or more areas of physical movement and to prevent or reduce further impairment;
- (B) Administering examinations and treatments for the purpose of diagnosing, impairing, but are not limited to, therapeutic use, functional use, ergonomic, preventive, and support equipment, dry needling, mechanical and electronic modalities, and

**Definitions**

## 120 Statutes Part 1 –Definitions

<b>63.13.103.12</b>	• On-site supervision
<b>63.13.103.13 and 14</b>	• PT and PTA
<b>63.13.103.16</b>	• Physical therapy assistive personnel
<b>63.13.103.17</b>	• Practice of physical therapy
<b>63.13.103.20</b>	• Supervision
<b>63.13.104</b>	• Scope of practice

## 121 Statutes Part 3 – PT and PTA Licensure

<b>63.13.301</b>	• License requirement
<b>63.13.302</b>	• Referrals and ethical standards
<b>63.13.303</b>	• Exception to referral requirement
<b>63.13.305 - 309</b>	• Licensure process
<b>63.13.310</b>	• Titles
<b>63.13.311</b>	• Supervision of PTA, aide, students
<b>63.13.312</b>	• License denial, suspension, revocation
<b>63.13.313 - 316</b>	• Disciplinary actions and penalties
<b>63.13.317</b>	• Disclosures, confidentiality, complaints

## 122 General Rules

Legal Document **TN General Rules PT Chapter 1150-01 PT Rules of Practice**

Section of Document **1150-01-.01 through .23**

Focus of Rules **Definitions Scope of Practice Supervision Licensure Process/Fees Continuing Competence Advertising Ethics Disciplinary Actions Records Consumer Rights Dry Needling Telemedicine**

## 123 Navigating General Rules of Practice

► The rules are formatted in the chapter using traditional outline format.

**Example: 1150-01-.02(1)(a)**  
**Board OT/PT- PT Practice Act-.Section(Subparagraph)**

**1150-01-02 SCOPE OF PRACTICE AND SUPERVISION.**

(1) Scope of Practice

(a) The scope of practice of physical therapy shall be licensed doctor of medicine, chiropractic, denti following exceptions, as provided in T.C.A. § 63-1.

1. The initial evaluation which may be conduct
2. A licensed physical therapist may treat a was the subject of a prior referral if all of th
- (i) The physical therapist, within four (4

## 124 TN Board of Physical Therapy

► 5 members who are residents of TN are appointed by the governor for terms of 3 years.

► 3 PTs and 1 PTA with at least 5 years experience

► 1 Community member

**Policies and Position Statements** 125

► Adopted by the Board to further clarify the rules.

**Board of Physical Therapy**

**Policies & Position Statements**

- [PTPT License Verification Report Position Statement](#)
- [Current Direct Access Policy](#)
- [Policy for Approved and Pre-Approved Dev Needling Courses](#)
- [Criminal Convictions](#)

<https://www.tn.gov/health/program-areas/health-practitioner-licensing-board/pt-board/policies.html>



**Qualifications for Licensure** 127

**Eligible**

- Good moral character
- Graduate of CAPTE accredited program
- Pass board approved licensure examination

**Exempt**

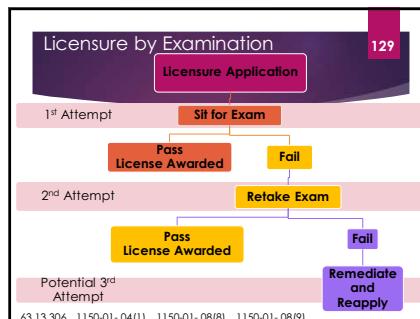
- Supervised students
- US Armed Services, public health service or VA
- Licensed in US or foreign country participating in educational seminar
- Licensed in US providing services to athletic or performing arts participants competing in TN

63.13.307  
63.13.305  
1150-01-04(1)

**Physical Therapy Licensure Process** 128

► Avenues to physical therapist and physical therapist assistant licensure include:

- Examination
- Reciprocity
- Internationally Educated
- Physical Therapy Compact



**Criminal Convictions – Applications for Licensure Policy Statement** 130

► PT or PTA applicant with one or more criminal convictions may be required to appear before the Board.

 Required Appearance <ul style="list-style-type: none"> <li>• Felony</li> <li>• Multiple misdemeanors</li> <li>• Class A or B misdemeanor within 5 years</li> </ul>	 Appearance NOT Required <ul style="list-style-type: none"> <li>• Only 1 Serious Class C misdemeanor or equivalent</li> <li>• Only 1 misdemeanor more than 5 years ago</li> </ul>
--	--

**Licensure by Reciprocity** 131

► PTs and PTAs possessing a current unrestricted license from another US jurisdiction.

Licensure Year	Accreditation	Exam Score
Prior to July 1, 1976		Met criteria of board issuing previous license
July 1, 1976 – December 28, 1981	CAPTE or AMA	Minimum converted score of 75 based on 1.5 sigma below national mean examination
December 29, 1981 – July, 1995	CAPTE	Passed with a criterion referenced passing point
Since July 1995	CAPTE	

63.13.307  
1150-01-04(2)

**Licensure for Internationally Educated** 132

► "Comprehensive Credential Evaluation Certificate for the Physical Therapist" (Type 1 Certificate) from the Foreign Credentialing Commission on Physical Therapy (FCCPT).

- Includes TOEFL English Proficiency test.
- Certification from any agency verifying substantially equivalence of education to a CAPTE approved curriculum.
- Proof of United States or Canada citizenship or evidence of being legally entitled to live and work in the United States.
- Participation in and successful completion of Board-approved supervised clinical practice period with evaluation submitted.

63.13.307 1150-01-04(3)

**Educational Equivalency for Foreign Trained Therapists Policy Statement** 133

- English proficiency
- Minimum 150 semester hours
  - 60 General education
  - 90 Science and clinical science
- 2 Clinical affiliations
- Related professional courses

**Physical Therapy Licensure Compact** 134

► The PT Compact is an alternative to the standard licensing process to obtain the privilege to practice in a remote state. However, not all PTs and PTAs may be eligible to participate.

► Once applicable state jurisprudence requirements are met, the process to verify eligibility and purchase compact privileges will take only minutes; reducing time, cost, and paperwork associated with the current remote state licensing process.

63.13.308(b)  
63.13.402 Section 1  
Image: <http://ptcompact.org>

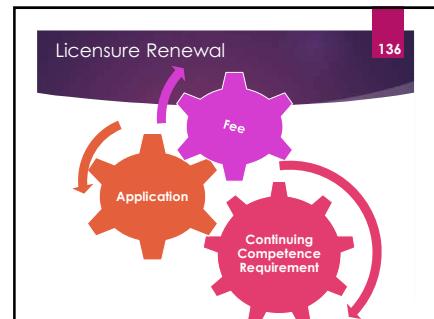
**PT Compact Continued** 135

► To obtain compact privileges, you must meet eligibility criteria:

- Current license in home state – primary state of residence.
- Flexibility granted to active duty military and their spouses.
- No encumbrance on any state license.
- No adverse action against any license or compact privilege within the previous 2 years.
- State where licensee is seeking compact privilege must be a member and actively issuing compact privileges.
- Meet jurisprudence requirements for the remote state(s) in which compact privilege is sought.
- Pay applicable fees for compact privilege.

► The practice of physical therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. Therefore, PTs and PTAs must abide by that jurisdiction's laws and rules.

63.13.402 Sections 4, 5, and 6



**Change of Licensure Status** 137

► Clinicians who do not intend to practice can apply to convert an active license to an inactive (retired) status.

► Reactivation of a license requires written request, fees, and satisfaction of continuing competence requirements.

1150-01-11



**Truth in Advertising Policy Statement** 139

► Includes, but is not limited to, business solicitations, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, Internet, or television broadcasting or any other means designed to secure public attention.

1150-01-01(2)  
1150-01-13

Consider This

**Authorized Titles to Denote Licensure** 140

► Use of title to hold oneself out to the public as having a particular status in advertising or any means of professional identification.

► Failure to do so appropriately will constitute an omission of a material fact which makes the advertisement misleading and deceptive and subjects the licensee to disciplinary action.

Correct  
 PT DPT  
 PTA  
 Incorrect  
 LPT MSPT  
 RPTA

63.13.310  
1150-01-03(5)

**Concept Application** 141

**Reminder:** Upon completion of the video course, go to [www.cheapceu.com](http://www.cheapceu.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

11. Which of the following is NOT a law or rule that regulates the practice of physical therapy in Tennessee?

A. Tennessee Physical Therapy Association – Tennessee Chapter Rules of Practice  
 B. Tennessee Code Annotated, Title 63, Chapter 13, Part 1  
 C. Tennessee Code Annotated, Title 63, Chapter 13, Part 3  
 D. General Rules Governing the Practice of Physical Therapy Chapter 1150-01

143

12. Which of the following is TRUE regarding authorized use of titles to denote physical therapy licensure in Tennessee?

- Physical therapists may use PT, DPT or MSPT following their name.
- Failure to utilize the approved acronym may subject the licensee to disciplinary action.
- Physical therapist assistants are not obligated to use specific credentials.
- Laws and rules regarding title use only apply to printed advertising materials.

<https://www.tn.gov/health/health-program-areas/health-professional-boards/pt-board/pt-board/continuing-education.html>

144

Continuing Competence

► The ongoing application of professional knowledge, skills and abilities which relate to occupational performance objectives in the range of possible encounters that is defined by that individual's scope of practice and practice setting.

<https://www.tn.gov/health/health-program-areas/health-professional-boards/pt-board/pt-board/continuing-education.html>

145

Continuing Competence

► Planned learning experiences which occur **beyond the entry level** educational requirements for physical therapists and physical therapist assistants.

**Interventions**   **Examination**   **Research**   **Documentation**

**Education**   **Management**   **Leadership**

Consider This

1150.01-.12(1)

146

Continuing Competence Requirements

► Twenty-four (24) Month Requirement – Continuing competence credit is awarded for the clock hours spent in an activity as provided in paragraphs (5) and (6). Except as provided in paragraph (4), all required hours may be met through Class I activities. PTs and PTAs must complete thirty (30) hours of continuing education.

1150.01-.12(3)

Consider This

147

Continuing Competence Requirements Continued

No limitation on number of hours acquired online

Can use all Class I to satisfy requirement

1150.01-.12

At least 20 hours Class I

No more than 10 hours Class II

4 hours Ethics and Jurisprudence Class I

Consider This

148

Continuing Competence Initial Licensure

► For applicants approved for initial licensure by examination, successfully completing the requirements of Rules 1150.01-.04, .05, and .08, as applicable, shall be considered proof of sufficient competence to constitute compliance with this rule for the initial period of licensure except for the ethics and jurisprudence education requirements of paragraph (4). Applicants approved for initial licensure by examination must successfully complete four (4) hours of ethics and jurisprudence education during their initial period of licensure.

1150.01-.12(2)

151

Ethics and Jurisprudence Requirement

► Four (4) of the hours required in parts (3) (a) 1. and (3) (b) 1. must consist of ethics and jurisprudence education courses. These four (4) hours are required every renewal cycle.

► The Tennessee Physical Therapy Association (APTATN) is the sole approval entity for ethics and jurisprudence courses. All ethics and jurisprudence courses approved by the TPTA shall be deemed approved by the Board.

► Must be Class I

1150.01-.12(4)(a)

152

Continuing Competence Class I

► Courses, seminars, workshops, and symposia attended by the licensee which have been pre-approved for continuing education units by appropriate CEU granting agencies.

► University credit courses

► Advanced university degree

1150.01-.12(5)

153

Course Approval

► Class I courses, must be provided or by

- APTA or its academies/sections
- Federation of State Boards of Physical Therapy
- APTA Tennessee
- Accredited PT or PTA programs

► State chapters of APTA are NOT Approved providers

1150.01-.12(5)(b)(1)

**Course Approval Continued** 154

▶ Aside from ethics and jurisprudence courses approved under subparagraph (a) above, and those pre-approved courses offered pursuant to paragraph (3) of this rule, the Board does not pre-approve Class I and Class II continuing competence courses, programs, and activities required by paragraphs (3), (5) and (6) of this rule. It is the licensee's responsibility, using his/her professional judgment, to determine if the courses offered by other entities are applicable, appropriate, and meet the requirements of this rule.

1150.01-12(4)(b)

**Continuing Competence Class I Continued** 155

▶ Continuing education presenter  
▶ Author of peer reviewed research  
▶ Adjunct teaching in PT or PTA Program

1150.01-12(5)

**Continuing Competence Class I Continued** 156

▶ External and internal peer review  
▶ Clinical specialist certifications  
▶ Clinical residency program  
▶ FSBPT approved activities

1150.01-12(5)

**Continuing Competence Class II** 157

▶ Self instruction from reading professional literature  
▶ Study group participation  
▶ Attending scientific poster session, lecture, panel or symposium that does not meet Class I criteria.  
▶ Attending or presenting in-services  
▶ Serving as clinical instructor  
▶ APTA service  
▶ Attending regulatory board meeting  
▶ Maintaining active membership in the APTA

1150.01-12(6)

**Continuing Competence Unacceptable Activities** 158

▶ OSHA, TOSHA, CPR, and safety courses  
▶ Non-educational professional meetings  
▶ Entertainment or recreational meetings or activities  
▶ Visiting exhibits

1150.01-12(7)

**Continuing Compliance Documentation** 159

1150.01-12(8)

**Non-Compliance with Continuing Education Policy Statement** 160

<b>CEUs incomplete</b>	<b>≥ 8 CEUs completed</b>	<b>&lt; 8 CEUs completed</b>
90 day grace period No disciplinary action	Within 30 days: Civil penalty \$100 per CEU lacking Make up missing hours	Within 30 days: Civil penalty \$100 per CEU lacking Make up missing hours License suspension at least 45 days

TN Board of PT Policy Statement – Non-Compliance with Continuing Competence February 9, 2017

**Renewal for Licenses Called to Active Military Duty Policy Statement** 161

▶ No late penalties or fees charged.  
▶ Expired < 1 year, continuing education not required for renewal.  
▶ Expired > 1 year, on-half the required continuing education needed for renewal.

**Concept Application** 162

**Reminder:** Upon completion of the video course, go to [www.cheapceus.com](http://www.cheapceus.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

163

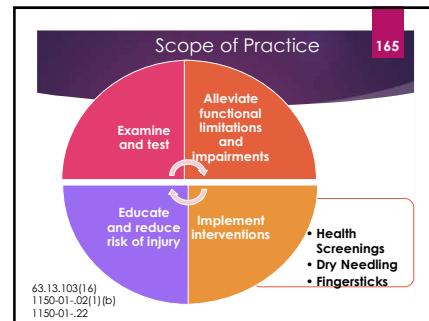
13. Physical therapists and physical therapist assistants must complete \_\_\_\_\_ hours of continuing education during the \_\_\_\_\_ months preceding their renewal month.

A. 10, 12  
B. 20, 24  
C. 15, 12  
D. 30, 24

164

14. Which of the following is TRUE regarding Tennessee physical therapy continuing competence?

A. Licensees shall complete 4 hours of Ethics and Jurisprudence education courses every renewal cycle.  
B. Leadership is not recognized as a subject area to meet this requirement.  
C. The number of hours that can be acquired online is limited.  
D. Licensees may take all of their continuing education through Class II activities



166

Thrust Movements

► The scope of practice of physical therapy shall not include the performance of treatment where the physical therapist or physical therapist assistant uses direct thrust to move a joint of the patient's spine beyond its normal range of motion without exceeding the limits of anatomical integrity.

63.13.104(b)(2)

167

Multidisciplinary Health Screenings Policy Statement

► Health screenings in disciplines other than in one's scope of practice are unsafe to the public and may subject the licensee to disciplinary action by this board or possible malpractice litigation.

Consider This

168

Dry Needling

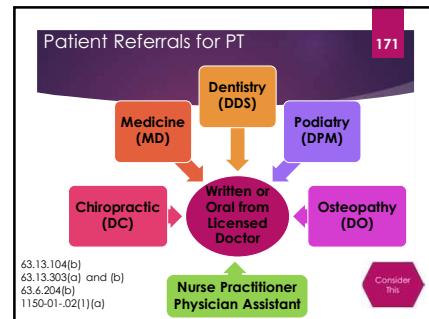
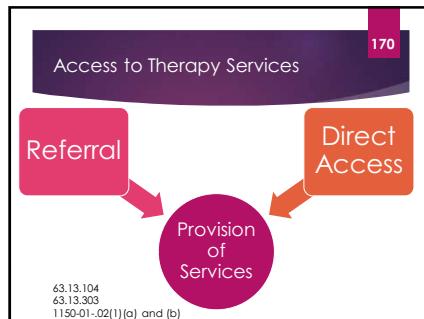
► In person instruction, 50 hours typically covered in PT school and 24 hours of Board approved dry needling specific training.  
► Can only be performed by PT with pre-licensure education or 1 year clinical practice from date of licensure and additional education.  
► Cannot be delegated to PTA, student, or support personnel.  
► Ensure specific patient informed consent on dry needling.  
► Training obtained in another state or country must be provided upon Board request.  
1150-01-.22

169

Fingerstick Techniques Policy Statement

► Performance is within scope of practice of PT and PTA so long as such activities are performed and called for during the course of the practice of physical therapy as provided under Tennessee Code Annotated § 63-13-301 et seq.

Consider This



**Direct Access Treatment Without Referral** 172

► Patient's physician must be notified.  
 ► If no progress in 30 days following initial visit, treatment ceased and refer patient to qualified referring practitioner.  
 ► No treatment beyond 90 days without consulting patient's healthcare practitioner.  
 ► If care is beyond scope of practice, progress is not occurring, or treatment contraindicated, refer to appropriate healthcare practitioner.

1150-01-02(1)(a)(4)

**Direct Access Previously Diagnosed Patient** 173

► If the patient was previously diagnosed by a licensed physician with chronic, neuromuscular, or developmental conditions, and the evaluation, treatment, or services are being provided for problems or symptoms associated with one (1) or more of those previously diagnosed conditions, notify patient's physician then 30/90 day criteria do not apply.  
 ► If care is beyond scope of practice, progress is not occurring, or treatment contraindicated, refer to appropriate healthcare practitioner.

1150-01-02(1)(a)(4)

**Direct Access Referral Exemptions** 176

► Several situations exempt physical therapists from the need for a referral.  
 ► Initial patient evaluation  
 ► Physical assessment or instruction to asymptomatic person

63.13.303 (a)(1)(A) and (B)  
 1150-01-02(1)(a)(1) and (2)

**Consider This**

**Consider This**

**Consider This**

**Direct Access Referral Exemptions Continued** 177

► Emergency circumstances after the sudden onset of acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably result in:  
 ► Placing the patient's health in serious jeopardy  
 ► Serious impairment to bodily functions  
 ► Serious dysfunction of any bodily organ or part  
 ► Immediately after providing emergency assistance, the PT must refer the person to the appropriate healthcare practitioner.

63.13.303(a)(1)(C)  
 63.13.303(a)(2)(A) and (B)  
 1150-01-02(1)(a)(3) and(5)

**Telemedicine** 178

► Interaction between PT or PTA and patient at distant site for diagnosis, consultation, or treatment.  
 ► Provider-patient relationship is created by mutual consent and mutual communication  
 ► Scope and standard of practice is the same as in-person care.

Real time	<ul style="list-style-type: none"> <li>• Audio, video, electronic media, telecommunication technology</li> </ul>
Asynchronous	<ul style="list-style-type: none"> <li>• Store-and-forward telemedicine services</li> </ul>

1150-01-01(40) 1150-01-23 (1), (2), and (3)

**Telemedicine Patient Identity and Communication** 179

► Upon initial contact:  
 ► Verify patient identity prior to each session.  
 ► Obtain alternative means of contacting patient.  
 ► Arrange alternative means to contact PT or PTA.  
 ► Provide alternative communication methods for emergency purposes.  
 ► Use personal identifying information only in secure communications.  
 ► Obtain informed consent before services are rendered.

1150-01-23 (4)

**Consider This**

**Consider This**

**Consider This**

**Telemedicine Laws and Regulations Compliance** 180

► Have an active Tennessee license or current compact privileges in Tennessee in good standing.  
 ► Be authorized by law to practice in another jurisdiction where the patient is physically present or domiciled.  
 ► Abide by the Board's law and rules and regulations and all current standards of care.  
 ► Comply with all other applicable State and Federal Laws, rules and regulations.

1150-01-23 (5)

**Electrophysiologic Studies** 181

► Must have referral.  
 ► Supervision must be consistent with sound medical practice.  
 ► Invasive electromyography only in a university academic setting.  
 ► Diagnostic electromyography requires current ECS certification from the American Board of Physical Therapy Specialties.  
 ► Surface and kinesiologic requires evidence of theoretical background and technical skills.

1150-01-02 (2) 1150-01-04 (4)

**Disclosures to Patients** 182

► Financial arrangements connected to the referral process  
 ► Financial interest in products they recommend  
 ► Knowledge of freedom of choice  
 ► Confidentiality with third parties  
 ► Display a copy of the licensee's license

63.13.317

**Consider This**

**Consider This**

**Consider This**

**Jurisprudence Case Study – Confidentiality** 183

▶ John Jones PT, Sue Brown (therapy receptionist), and Mary Smith (Director of 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?

**Jurisprudence Case Study – Confidentiality Debriefing** 184

▶ Patient information must be safeguarded against disclosure or exposure to nonproprietary individuals.

▶ Right to know is predicated on sound demonstration of need.

▶ The type of information accessed is limited to only that information which is deemed necessary for them to perform their job in a safe, effective, and responsible manner.

▶ Is this a breach in confidentiality?

**Concept Application** 185

**Reminder:** Upon completion of the video course, go to [www.cheapeus.com](http://www.cheapeus.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

186

15. TN licensed PTs may treat patients under the referral of which healthcare professional?

A. Psychologist  
B. Dentist  
C. Acupuncturist  
D. Clinical Pharmacist

187

16. Which of the following is NOT an exemption allowing a physical therapist to provide care without a referral?

A. To conduct an initial patient evaluation.  
B. To provide instruction including exercise recommendations to an asymptomatic person.  
C. Referral to a qualifying referral practitioner is required if progress has not been made in 60 days following evaluation.  
D. In emergency circumstances when absence of care could result in serious impairment to bodily functions.

**Supervisory Relationships** 188

**Supervision of PTAs** 189

▶ Supervision, as applied to the licensed physical therapist assistant, means that all services must be performed under the supervision of a physical therapist licensed and practicing in Tennessee.

▶ Geographically PT and PTA must be located within 60 miles or 1 hour of each other.

▶ PT must be available to communicate via phone or other means whenever the PTA is delivering services.

63.13.103(19)  
63.13.311(a) and (b)  
1150-01-02(2)(a)

**Supervision of PTAs Physical Therapist Responsibilities Discharge Plan Position Statement** 190

**Perform PT initial evaluation**

Delegate to PTA

63.13.311(a) and (b)  
63.13.312(20)  
1150-01-02(2)(a)

**At least every 30 days**

Perform and document re-evaluation, assessment and plan modifications

**At least every 60 days**

"shall inspect the actual act of therapy services rendered"

**At Discharge**

Evaluation and discharge plan of summary required for every patient

Consider this

**Supervision of PTAs Accountability** 191

▶ The licensed physical therapist and the physical therapist assistant are equally responsible and accountable for carrying out the supervision provisions.

1150-01-02(2)(a)(5)

**Physical Therapy Assistive Personnel 192**

**Board of PT Licensed**

**Possess Other Credentials**

**Only Trained Under PT**

**PT**      **ATC**      **LMT**      **Aide**      **Transporter**

63.13.103(11), (12), (13), (15)  
63.13.311  
1150-01-01

**Supervision of Physical Therapy Aides 193**

► A physical therapist may use physical therapy aides for designated tasks that do not require clinical decision making by the licensed physical therapist or clinical problem solving by the licensed physical therapist assistant. Direct supervision must apply to physical therapy aides and is interpreted to mean that services are provided under the supervision of an on-site physical therapist or physical therapist assistant licensed and practicing in Tennessee.

63.13.103(11) and (15)  
63.13.311  
1150-01-01  
1150-01-02(2)(b)

**Consider This**

**Supervision of Other Assistive Personnel Possessing a License 194**

► A physical therapist may use other assistive personnel for selected physical therapy designated tasks consistent with the training, education, or regulatory authority of such personnel. Other assistive personnel (nationally certified exercise physiologists or certified athletic trainer and massage therapists, etc.) must perform the delegated task under the on-site supervision of a physical therapist. The physical therapist shall then co-sign all related documentation in the patient records.

63.13.103(11) and (15)  
63.13.311  
1150-01-01  
1150-01-02(2)(b)

**Consider This**

**"On-site Supervision" 195**

"On-site supervision" means the supervising physical therapist or physical therapist assistant must:

► Be continuously on-site and present in the department or facility where assistive personnel are performing services; and

► Be immediately available to assist the person being supervised in the services being performed; and

► Maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel.

63.13.103(11) and (15)  
63.13.311  
1150-01-01  
1150-01-02(2)(b)(3)

**Supervision of Physical Therapy Assistive Personnel Ratios 196**

**1 PT**      **1 PTA**

3 PTAs      2 Aides

2 Aides or Assistive Personnel

1150-01-02(2)(c)

**Consider This**

**Volunteer and Student Supervision 197**

► Volunteers are uncompensated individuals contemplating a career in physical therapy.

	<b>Supervision</b>	<b>Supervised By</b>
Volunteers	Direct On-site	PT PTA
PT Students	On-site	PT
PTA Students	On-site	PT PTA

63.13.103(11)  
63.13.311  
1150-01-01  
1150-01-02(2)(b)(3)  
1150-01-02(2)(d)-(f)

**Consider This**

**Home Health Aides Supervision Policy Statement 198**

► Not in itself a violation of practice and rules to supervise home health aides if no other ethical or practice violations are present.

**Consider This**

**Jurisprudence Case Study Supervision 199**

► Following evaluation of a patient with adhesive capsulitis in June, the PT delegated treatment to the PTA. The established POC for stretching, therapeutic exercise, modalities, and functional training was followed 3 times a week through New Year's Day. Other than August when the PT reevaluated the patient, the PTA completed assessments and monthly status reports to the physician.

► **Were supervision requirements met?**

**Jurisprudence Case Study Supervision Debriefing 200**

► PTs must re-evaluate patients every 30 days and perform physical observations of sessions every 60 days.

► PTs and PTAs are equally responsible for ensuring supervision requirements are met.

► Clinicians are obligated to practice within their scope of practice.

► **Were supervision requirements met?**

**Concept Application**

**201**

**Reminder:** Upon completion of the video course, go to [www.cheapceus.com](http://www.cheapceus.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

**202**

17. Which of the following is TRUE regarding TN physical therapy supervision requirements?

A. PT's shall re-evaluate, assess, and modify the treatment plan every 60 days.  
 B. A PTA may concurrently supervise a maximum of two full-time assistive personnel or physical therapy aides.  
 C. The licensed PT and PTA are equally responsible and accountable for carrying out the supervision provisions.  
 D. Volunteers are "other assistive personnel" and may perform delegated services with direct onsite supervision.

**203**

18. Which of the following statements is FALSE when practicing physical therapy in TN?

A. It is a violation of the Practice Act for a physical therapist to monitor home health aides.  
 B. A discharge evaluation/plan/summary, or evaluation is required for every physical therapy record.  
 C. Performing fingerstick techniques is within the scope of practice of a licensed PT or PTA.  
 D. Health screenings outside one's scope of practice may subject the licensee to disciplinary action or possible malpractice litigation.

**Disciplinary Actions**

**204**

► Clinicians and consumers can conveniently search multiple locations from the TN Department of Health website.  
 ► Licensure Verification  
 ► Abuse Registry  
 ► Month Disciplinary Actions  
 ► Recently Suspended Licenses for Failure to Pay Child Support

**Types of Disciplinary Action**

**205**

► Upon a finding by the Board that a physical therapist or physical therapist assistant has violated any provision, the Board may impose any of the following actions separately or in any combination deemed appropriate to the offense.

► Suspend or revoke license  
 ► Probation  
 ► Civil penalty  
 ► Any action deemed appropriate by the Board to be required

63.13.312  
1150-01-15

**Offenses That May Lead to Disciplinary Actions Patient Care and Supervision**

**206**

► Practicing outside scope of practice.  
 ► Failing to maintain adequate patient records.  
 ► Inadequate supervision or delegation of duties to assistive personnel.  
 ► Aiding or abetting a person who is not licensed who directly or indirectly performs activities requiring a license.

63.13.303(b)  
63.13.312

**Offenses That May Lead to Disciplinary Actions Substandard Care**

**207**

► Providing substandard care  
 ► PTA by exceeding performance of delegated tasks  
 ► PT by ignorance, incompetence, or deliberate or negligent act or failure to act  
 ► Providing unwarranted treatment or treatment beyond point of benefit  
 ► Over or under utilization of appropriate interventions  
 ► Abandoning patient care without informing them of further options  
63.13.312  
1150-01-02(1)(c)

**Offenses That May Lead to Disciplinary Action Fraud**

**208**

► Misleading representations or fraud in obtaining licensure  
 ► Charging unreasonable fees  
 ► Misleading, deceptive, or untrue representations during practice  
 ► Promoting unnecessary devices for financial gain  
 ► Fee splitting in exchange for referrals  
 ► Accepting commissions in any form on professional services

63.13.312

**Offenses that May Lead to Disciplinary Action Criminal History**

**209**

► Reporting of conviction of a felony or any offense involving moral turpitude including conviction or adjudication of any misdemeanor involving  
 ► Sex  
 ► Drugs  
 ► Physical injury or threat of injury to any person  
 ► Abuse or neglect of minor, spouse, or elderly  
 ► Fraud or theft.  
 ► Interfering with investigation or disciplinary proceeding

63.13.312

**Offenses that May Lead to Disciplinary Action Competence** 210

▶ Practicing when physical or mental abilities are impaired by controlled substances, habit-forming drugs, chemicals or alcohol.

▶ Being under a current judgment of mental incompetency

▶ Disciplinary action against license in another state

▶ Failure to meet continuing competence requirement

63.13.312

**Offenses that May Lead to Disciplinary Action Conduct** 211

▶ Engaging in sexual misconduct

▶ Engaging or soliciting sexual relationships when patient/clinician relationship exists

▶ Sexual advances, favors, verbal or physical conduct or contact with patients

▶ Intentionally viewing completely or partially disrobed patient if not related to treatment

▶ Failing to adhere to ethics of physical therapy

▶ Failing to report violations of others

▶ Failing to maintain patient confidentiality

63.13.312

Consider This

**Concept Application** 212

**Reminder:** Upon completion of the video course, go to [www.cheapceus.com](http://www.cheapceus.com) to complete your post-test with a score of 80% or higher and submit payment to receive your CEUs.

213

19. Which of the following is an offense that may lead to disciplinary action by the Board of Physical Therapy?

A. Provision of substandard care that does not result in patient injury.  
 B. Engaging in consensual sexual communication with a patient.  
 C. Criminal conviction involving drugs.  
 D. All of the above.

214

20. What is the term for the type of disciplinary action imposed by the Board of Physical Therapy Practice that requires the payment of a fine?

A. Financial Obligation  
 B. Civil Penalty  
 C. Renueration  
 D. Monetary Penalty

**Conclusion** 215

▶ Understanding the laws, rules, and ethics of practice and knowing where to access accurate information will aid the clinician in avoiding violations and foster integrity in practice.

216

**How To Obtain Your CEU Credits**

*What's Next*

- Go to [cheapceus.com](http://cheapceus.com)
- Click the 'Take Course Post Test' link for this course.
- Complete your post-test with a score of 80% or higher. (Multiple attempts permitted)
- Submit payment and print your certificate.

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