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Ethics & Jurisprudence

Tennessee Physical Therapy

Recorded Video Home Study Course
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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.

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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

Consider This

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

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How to Obtain CEUs for this Course

- After viewing the course video return to 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

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"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.

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

Why Ethics are Important

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Ethics vs. Morals

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Morals

- Practices and Actions
- May or may not be ethically analyzed practices.
- Publicly agreed-upon set of rules to modify and regulate behavior.

Ethics

- Rationale and Reasoning
- Carefully considered structure that includes both practice and theory.
- Higher intellectual level and more dispassionate than morals.

Ethical Questions

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- Responsibilities to the welfare of others or to the human community.
- Conflicts among loyalties to different persons or groups, among responsibilities associated with one's role or among principles.
- Include (or imply) the words "ought" or "should".

Ethics Theories

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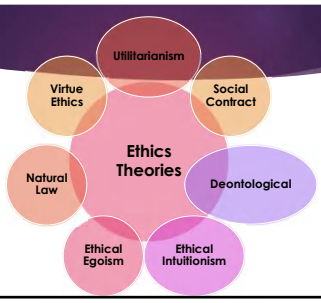

Utilitarianism

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- Develops from the work of Jeremy Bentham and John Stewart Mill.
- Right and wrong are determined by the consequences.
- A morally correct rule is the one that provides the greatest good to the greatest number of people.

Consider This

Deontological or Duty Theory

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- One famous philosopher who developed such a theory was Immanuel Kant.
- The individual determines 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.

Social Contract Theory

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- Attributed to Thomas Hobbes, John Locke, and John Rawls.
- The moral code is created by the people who form societies.
- People agree to regulate and restrict their conduct to achieve protection and other benefits of social cooperation.

Ethical Intuitionism and Ethical Egoism

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Ethical Intuition

- An act or rule is determined to be right or wrong by appeal to the common intuition of a person.

Ethical Egoism

- Each person should do whatever promotes their own best interests.

Natural Law Theory

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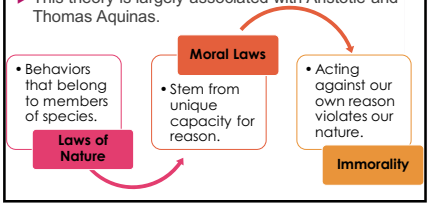
- This theory is largely associated with Aristotle and Thomas Aquinas.



Virtue Ethics

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- 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
Finality	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

Concept Application

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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 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

Model for Ethical Decision Making

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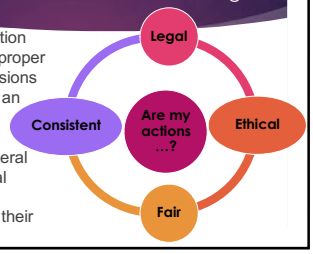
- The foundation for making proper ethical decisions is rooted in an individual's ability to answer several fundamental questions concerning their actions.



Are My Actions Legal?

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- 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

Are My Actions Ethical?

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- 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.

Consider This

https://www.apta.org/siteassets/pdfs/policies/apta-code-ethics-physical-therapy-profession.pdf

Are My Actions Fair?

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- 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.

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

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- 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.

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

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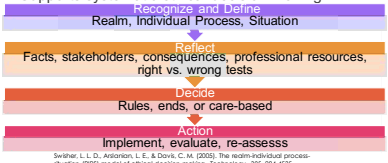
- A framework used by physical therapists to identify, analyze, and resolve ethical issues.
- Supports systematic ethical decision-making.



Swisher, L. L. D., Arslanian, L. E., & Davis, C. M. (2005). The realm-individual process-situation (RIPS) model of ethical decision-making. Technology, 303, 284-4535.

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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Unethical conduct frequently violates laws or regulations

Not all ethical violations are illegal

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.

Consider This

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Seeking Advice and Consultation

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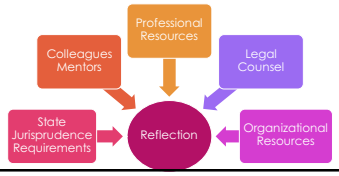
- Code of Ethics provides the ethical foundation for PTs, PTAs, and students, but it is not exhaustive.



Guiding Decisions and Actions

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Ethical Principals Pillars of Ethical Decision Making

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Autonomy	Beneficence	Nonmaleficence
• Respect patient choice, privacy, and informed consent.	• Act to promote patient and societal well-being.	• Avoid harm and reduce risk.
Justice	**Veracity**	**Fidelity**
• Provide fair, equitable, and unbiased care.	• Communicate honestly and transparently.	• Uphold respect, integrity, and professional trust

APTA Core Values

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Purpose: APTA Core Values guide PTs and PTAs in delivering safe, effective, and evidence-based care. PTs hold final responsibility. PTAs assist under supervision.

- **Accountability** Own actions, roles, and positively influence outcomes.
- **Altruism** Patient needs first.
- **Collaboration** Work with patients, families, and teams.
- **Compassion & Caring** Show empathy and respect.
- **Duty** Serve patients, profession, and society.
- **Excellence** Use best knowledge, include patient perspective, challenge mediocrity.
- **Inclusion** Create welcoming and equitable environments.
- **Integrity** Act ethically. Be honest and fair.
- **Social Responsibility** Support public health and trust.

Consider This

Based Core Values for the Physical Therapist and Physical Therapist Assistant published by the APTA September 2021, https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant

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2. Physical therapists and physical therapist assistants demonstrate the APTA Core Value of altruism when they:

A. Follow all supervision requirements
B. Place the patient's needs and goals ahead of personal convenience
C. Adhere to facility policies and state practice acts
D. Maintain accurate documentation and billing practices

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3. Which of the following statements is TRUE?

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 for the Physical Therapy Profession defines expectations for physical therapists and physical therapist assistants.

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4. Which of the following is NOT one of the stated purposes of the APTA's Code of Ethics for the Physical Therapy Profession?

A. Provide standards of behavior and performance that form the basis of professional accountability to the public.
B. Establish rules that define lawful physical therapy practice.
C. Provide guidance for physical therapists facing ethical challenges.
D. Establish standards by which the APTA can determine if a physical therapist has engaged in unethical conduct.

APTA Code of Ethics for the Physical Therapy Profession - Ethical Commitments

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- **Respect** Honor the rights and dignity of all people.
- **Integrity** Adhere to high ethical and truthful conduct.
- **Accountability** Be responsible for sound professional judgment.
- **Maintaining Professional Relationships** Foster trust through professional communication.
- **Compassion and Trust** Prioritize client well-being & build confidence.
- **Responsible Business and Organizational Practices** Uphold ethical, lawful, and effective business practices.
- **Direction and Supervision** Ensure effective oversight of team members.
- **Professional Expertise** State and develop their knowledge and skills.
- **Societal Responsibility** Advocate for community and global health.

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

Decoding Professional Expectation Language

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Obligation Level: High → Low

- **Must** Absolute requirement
- **Shall** (Older) absolute requirement
- **Should** Strong expectation
- **Recommend** Suggested advice
- **May** Optional permission
- **Can** Capability only

Ethical Commitment and Standard of Conduct #1 Respect

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

1.1 Not discriminate against any person

1.2 Protect patients' and clients' confidential information and not disclose confidential information except as authorized by the patient or client or as permitted or required by law

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Aspirational Illustrative Examples #1 Respect

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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.

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Recognizing Personal Biases

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Explicit vs. Implicit Bias

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

Ethical Commitment and Standard of Conduct
#2 Integrity

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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

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Ethical Commitment and Standard of Conduct
#2 Integrity
Continued

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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

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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

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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

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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

Consider this

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Aspirational Illustrative Examples
#4 Maintaining Professional Relationships

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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

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Aspirational Illustrative Examples #4 Maintaining Professional Relationships Continued

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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

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- 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

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- 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 #5 Compassion and Trust

58

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 #5 Compassion and Trust

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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

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- 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

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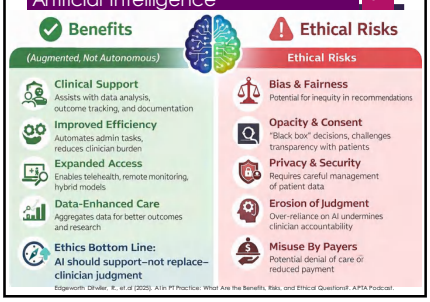

Edgeworth Dhiller, K. et al (2025). AI in PT Practice: What Are the Benefits, Risks, and Ethical Questions?. APTA Podcast.

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

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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 #6 Responsible Business and Organizational Practices Continued

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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

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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

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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

Consider This

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

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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

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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

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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

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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
Continued

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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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Enhancing Expertise

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Aspirational and Illustrative Examples
#9 Societal Responsibility

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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

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Aspirational Illustrative Examples #9 Societal Responsibility Continued

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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 2026. https://www.apta.org/siteassets/pdfs/policies/apta-code-ethics-physical-therapy-profession.pdf

Addressing Ethical Concerns

74

- 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

Concept Application

75

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

76

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

77

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

Case Study – Medical Necessity

78

- 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?**

Case Study – Medical Necessity Debriefing

79

- 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?**

Case Study – Qualifications to Practice

80

- 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?**

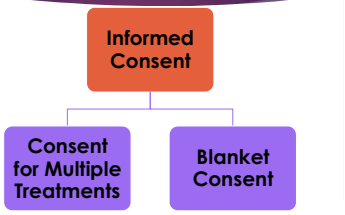
Case Study – Qualifications to Practice Debriefing

81

- 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?**

Consent

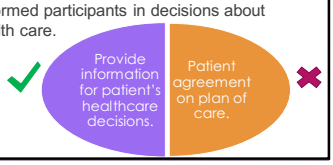
82



Informed Consent

83

- Must be specific to the patient, clinical situation, and recommended plan of care.
- Goal is to ensure that patients have an opportunity to be informed participants in decisions about their health care.



Practitioner Provided Information for Informed Consent

84

- The nature of the decision/procedure
- Reasonable alternatives to the proposed intervention
- The relevant risks, benefits, and uncertainties related to each alternative
- The consequences on non-treatment
- The goals of treatment
- The prognosis for achieving the goals
- Assessment of patient understanding
- The acceptance or non-acceptance of the intervention by the patient

Consider This

Consent for Multiple Treatments

85

- When the plan of care for a given diagnosis involves repeated treatments or procedures, practitioners do not need to obtain consent for each individual episode.

Blanket Consent

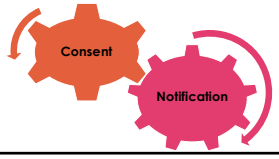
86

- Asking a patient to agree at the outset of care to "any treatment your doctors think is necessary," or "routine procedures as needed," is ethically problematic.

Notification vs. Consent

87

- Notification informs patients not only about their rights, but also about organizational activities and processes that shape how care is delivered.



Refusing Treatment

88

- Don't assume that a patient who refuses recommended treatment lacks decision-making capacity.
- If the patient is not impaired, the clinician must respect the patient's decision to decline but can try to persuade the patient to accept treatment.

Shared Decision Making

89

Resisting Treatment

90

- When a patient lacks decision-making capacity, consent to treatment may be authorized by a surrogate.
- The interventions may be carried out even if the patient actively resists; however clinicians must be sensitive to these patients.
- The root cause of the resistance should be explored, as well as other clinically acceptable alternatives to the proposed treatment.

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 appear 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 ad 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.

Consider This

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.

Consider This

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.

Consider This

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."

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 renumeration without education intent to induce referrals for services is prohibited.

http://integrity.apta.org/ReducingRisk/UnderstandingRisk/RiskAreas/Relationships/Physicians/
https://oig.hhs.gov/fraud/docs/alertsandbulletins/121994.html

Consider This

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.

Consider This

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?**

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 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?

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

112

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

A. Apparent
B. Potential
C. Both A & B
D. Neither A nor B

113

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

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

114

10. Which of the following scenarios is unethical?

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

115

"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 statues 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-areas/health-professional-boards/pt-board/pt-board/statutes-and-rules.html

Statues and Rules

116

Practice Act

- Developed into law by TN Legislature.
- Statues 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

Tennessee Code Annotated. Title 63 Professions of the Healing Arts, Chapter 13 Occupational and Physical Therapy Practice Act, Part 1 and 3 http://www.lexisnexis.com/hottopics/tncode/

Tennessee Board of Physical Therapy, General Rules Governing the Practice of Physical Therapy in Tennessee, Official Compilation, Rules and Regulations, Chapter 1150-01. https://publications.tnsosfiles.com/rules/1150/1150.htm

Statutes

117

Legal Document	TN Annotated Code Title 63, Chapter 13 PT Practice Act
Section of Document	Part 1 / Part 3
Focus of Laws	Legislative Intent, Definitions, Unauthorized Practice / License Requirements, PT Board, Titles, Supervision, Disciplinary Actions, Penalties, Disclosures

Tennessee Code Annotated. Title 63 Professions of the Healing Arts, Chapter 13 Occupational and Physical Therapy Practice Act, Part 1 and 3 http://www.lexisnexis.com/hottopics/tncode/

Navigating the Statutes

118

Title. Chapter. PartSection. Outline Level

Example: 63.13.101.#xyz

- Title 63 Professions Of The Healing Arts
  - Chapter 11 Psychologists
  - Chapter 12 Tennessee Veterinary Practice Act
  - Chapter 13 Occupational and Physical Therapy Practice Act
    - Part 1 General Provisions
      - 63-13-101. Short title.
      - 63-13-102. Legislative intent.
      - 63-13-103. Chapter definitions.

Tennessee Code Annotated. Title 63 Professions of the Healing Arts, Chapter 13 Occupational and Physical Therapy Practice Act, Part 1 and 3 http://www.lexisnexis.com/hottopics/tncode/

Navigating the Statutes continued

119

- 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 Thera professional programs in the field of occupational therapy;

(16) "Practice of physical therapy" means:

(A) Examining, evaluating and testing individuals with mechanical, physi and disability or other health and movement-related conditions in order to a plan of therapeutic intervention and to assess the ongoing effect of inter

(B) Alleviating impairments and functional limitations by designing, imple procedures, but are not limited to, therapeutic exercises, functional training, in orthotic, prosthetic, preventive and supportive equipment, airway clearance or modalities, dry needling, mechanical and electrotherapeutic modalities

Tennessee Code Annotated. Title 63 Professions of the Healing Arts, Chapter 13 Occupational and Physical Therapy Practice Act, Part 1 and 3 http://www.lexisnexis.com/hottopics/tncode/

Statutes Part 1 –Definitions

120

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

Tennessee Code Annotated. Title 63 Professions of the Healing Arts, Chapter 13 Occupational and Physical Therapy Practice Act, Part 1 and 3 http://www.lexisnexis.com/hottopics/tncode/

Statutes Part 3 – PT and PTA Licensure

121

63.13.301	• License requirement
63.13.302	• Referrals and ethical standards
63.13.303	• Exception to referral requirement
63.13.305 - 309	• Licensure process
63.13.310	• Titles
63.13.311	• Supervision of PTA, aide, students
63.13.312	• License denial, suspension, revocation
63.13.313 - 316	• Disciplinary actions and penalties
63-13-317	• Disclosures, confidentiality, complaints
63-13-400	• Physical Therapy Licensure Compact

Tennessee Code Annotated. Title 63 Professions of the Healing Arts, Chapter 13 Occupational and Physical Therapy Practice Act, Part 1 and 3 http://www.lexisnexis.com/hottopics/tncode/

General Rules

122

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

Tennessee Board of Physical Therapy, General Rules Governing the Practice of Physical Therapy in Tennessee, Official Compilation, Rules and Regulations, Chapter 1150-01. https://publications.tnsosfiles.com/rules/1150/1150.htm

Navigating General Rules of Practice

123

- 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) Physical therapists may provide physical therapy accordance with T.C.A. § 63-13-303.

(b) Practice of Physical Therapy

1. Examining, evaluating and testing individuals w developmental impairments, functional limitati and movement-related conditions in order t treatment diagnosis, prognosis, a plan of thera the ongoing effect of intervention; and

Tennessee Board of Physical Therapy, General Rules Governing the Practice of Physical Therapy in Tennessee, Official Compilation, Rules and Regulations, Chapter 1150-01. https://publications.tnsosfiles.com/rules/1150/1150.htm

TN Board of Physical Therapy

124

- 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

- FSBPT License Verification Report Position Statement
- Current Direct Access Policy
- Policy for Approved and Pre-Approved Dry Needling Courses
- Criminal Convictions

Tennessee Board of Physical Therapy. Policies, Rules and Statutes. https://www.tn.gov/health/licensure/pt.html

Applying Laws and Rules to Practice

126

Licensure Process → Licensure Renewal → Disciplinary Action

Scope of Practice → Supervision Requirements → Disclosures and Confidentiality

Policy Statements

Qualifications for Licensure

127

Eligible

- Good moral character
- Graduate of CAPTE accredited program for PT and PTA or other accrediting bodies at the discretion of the Board
- Pass board approved licensure examination
- Submit with application verification of US citizenship or lawful presence in US

63.13.307 1150-01-.04(1) and (7)

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

63.13.305 1150-01-.05 (1)

Physical Therapy Licensure Process and Procedures

128

- Submit with application verification of US citizenship or lawful presence in US.
- Electronic application on Board website and paper obtained from Board's administrative office.
- Letter of recommendation submitted with application.
- Complete criminal background check as specified by Board.
- Avenues to physical therapist and physical therapist assistant licensure include:
  - Examination
  - Reciprocity
  - Foreign Educated
  - Physical Therapy Compact

1150-01-.04(7) 1150-01-.05 (1)

Licensure by Examination

129

Licensure Application

- Didactic requirements completed prior
- FSBPT releases scores

Sit for Exam

Pass License Awarded

Fail

Follow FSBPT or successor procedures for retake

Pass License Awarded

Fails or does not take in 12 months

Application denied, closed and must reapply

63.13.306 1150-01-.04(1) 1150-01-.08

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	Appearance NOT Required
• Felony • Multiple misdemeanors • Class A or B misdemeanor within 5 years	• Only 1 Serious Class C misdemeanor or equivalent • Only 1 misdemeanor more than 5 years ago

Licensure by Reciprocity

131

- PTs and PTAs possessing a current valid license/certification from physical therapy licensing authority in US.
- Submit with application verification of US citizenship or lawful presence in US.

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 or other accrediting bodies at discretion of Board	
Since July 1995	CAPTE or other accrediting bodies at discretion of board	Passed with a criterion referenced passing point

63.13.307 1150-01-.04(2) and (7) 1150-01-.05(3)

Licensure by Reciprocity

131 continued

- If reciprocity requirements not met, follow procedures for foreign educated.
- May not apply for endorsement when holding temporary license from another US PT licensing authority.
- Notarized verification of safe/competent practice.
- Education credentialing review report
- Successful passage of NPTE
- Ethics and jurisprudence requirement
- Current licensure verification
- Criminal background check
- Check accuracy of FSBPT licensure verification report

1150-01-.05 (3)

Licensure for Foreign Educated

132

- Educational Credential Review submitted directly to board from approved credentialing agency using recent FSBPT Coursework Tool for FEPT/PTA and similar to FCCPT educational credentials process.
- TOEFL English Proficiency test minimum passing scores are required in each section and must be acquired in one administration.
  - Exemption with graduation from programs in Australia, Canada (except Quebec), Ireland, New Zealand, United Kingdom or US.
- Ethics and jurisprudence requirement
- Successful passage of NPTE
- Criminal background check
- Submit with application verification of US citizenship or lawful presence in US.
- Board-approved supervised clinical practice requirements vary based on training program accreditation and previous licensure.
  - Provisional license granted if in compliance with all licensure qualifications of 1150-01-04 except supervised clinical practice.
- Documents translated into English.

63.13.307 1150-01-.04(3), (4) and (7) 1150-01-.05 (4) 1150-01-.10 (1)

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

PT Compact Continued

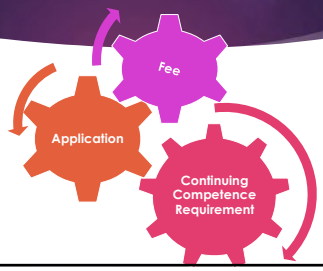
135

- 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 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

Licensure Renewal

136



Change of Licensure Status

137

- Clinicians who do not intend to practice can apply to convert and active license to an inactive (retired) status.
- Reactivation of a license requires written request, fees, and satisfaction of continuing competence requirements.

1150-01-.11

Lapsed License Policy Statement

138

Cease practicing

Reinstatement application

<30 days
CEUs completed, fees paid then reinstated

>30 days but <6 months
Agreed Citation, fees & fine to reinstate

Refusal to comply with citation in 60 days or lapse >6 months
Referred for investigation and disciplinary action

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 is 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

Consider This

63.13.310
1150-01-.03(5)

Concept Application

141

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

142

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?

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

Continuing Competence

144

- 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.in.gov/health/health-program-areas/health-professional-boards/pt-board/pt-board/continuing-education.html

Continuing Competence

145

- 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)

Continuing Competence Requirements

146

- 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

Continuing Competence Requirements Continued

147

No limitation on number of hours acquired online

At least 20 hours Class I

No more than 10 hours Class II

Can use all Class I to satisfy requirement

4 hours Ethics and Jurisprudence Class I

1150.01-.12

Consider This

Continuing Competence Initial Licensure

148

- 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)

Ethics and Jurisprudence Requirement

151

- 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)

Continuing Competence Class I

152

- 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)

Course Approval

153

- 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 actiities
- Visiting exhibits

1150.01-.12(7)

Continuing Compliance Documentation

159

1150.01-.12(8)

Non-Compliance with Continuing Education Policy Statement

160

CEUs incomplete	≥ 8 CEUs completed	< 8 CEUs completed
90 day grace period	Within 30 days:	Within 30 days:
No disciplinary action	Civil penalty $100 per CEU lacking	Civil penalty $100 per CEU lacking
	Make up missing hours	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 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

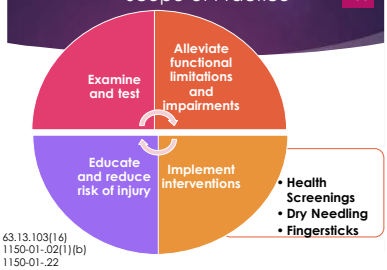
164

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

Scope of Practice

165



63.13.103(16)
1150-01-.02(1)(b)
1150-01-.22

Thrust Movements

166

- 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)

Multidisciplinary Health Screenings Policy Statement

167

- 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

Dry Needling

168

- 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

Fingerstick Techniques Policy Statement

169

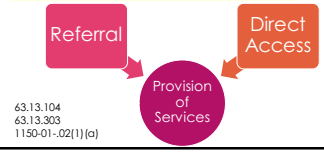
- Performance is within scope of practice of PT and PTA so long as such activities are performed and called for during the course of the practice of physical therapy as provided under Tennessee Code Annotated § 63-13-301 et seq.

Consider This

Access to Physical Therapy Services

170

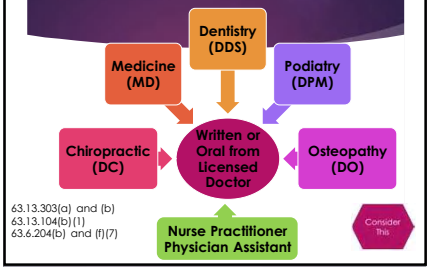
- Physical therapists may provide services without a referral in accordance with TCA 63-13-303.
  - **Refer to the Tennessee Code Annotated (PT Practice Act) for specific requirements.**



63.13.104
63.13.303
1150-01-.02(1)(a)

Patient Referrals for PT

171



63.13.303(a) and (b)
63.13.104(b)(1)
63.6.204(b) and (f)(7)

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.

63.13.303 63.6.201(f)(7)

Consider This

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.

63.13.303 63.6.201(f)(7)

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

Consider This

63.13.303 (a)(1)(A) and (B)

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)

Consider This

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	• Audio, video, electronic media, telecommunication technology
Asynchronous	• Store-and-forward telemedicine services

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)

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 (1)(b)(2) 1150-01-.04 (5)

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

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.cheapceus.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

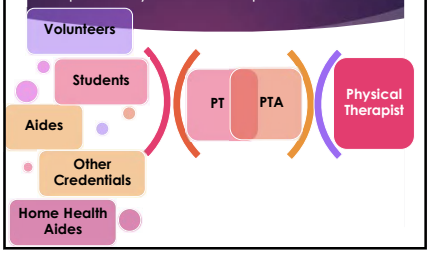
187

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

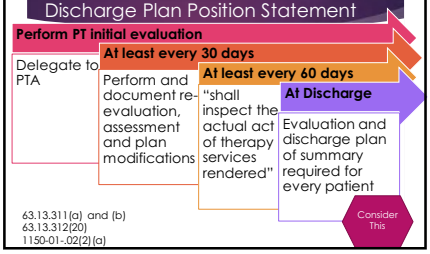
189

- 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.
- 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 Responsibltieis Discharge Plan Position Statement

190



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

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

- PT
- PTA
- **Possess Other Credentials**
  - ATC
  - LMT
  - **Only Trained Under PT**
    - 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
  - 3 PTAs
  - 2 Aides or Assistive Personnel
- 1 PTA
  - 2 Aides

1150-01-.02(2)(c)

Consider This

Volunteer and Student Supervision

197

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

	Supervision	Supervised By
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 obligate 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 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.
  - Letter or warning and/or concern
  - Formal censure or reprimand
  - Suspend or revoke license
  - Probation
  - Civil penalty
  - Any action deemed appropriate by the Board to be required

63.13.312 1150-01-.15

Consider This

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)

Consider This

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

Consider This

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

Consider This

63.13.312

Concept Application

212

Reminder: Upon completion of the video course, go to 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. Renumeration
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.

How To Obtain Your CEU Credits

216

- Go to 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.

Ethics – Tennessee Physical Therapy

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