

Georgia Ethics & Jurisprudence

Georgia Ethics & Jurisprudence

Goals & Objectives

Course Description

“Georgia Ethics and Jurisprudence” is an asynchronous online continuing education program for Georgia licensed physical therapist and physical therapist assistants. Information presented includes sections on the theoretical basis for ethical decision-making, informed consent, conflict of interest, relationships, confidentiality, Georgia General Provisions (Title 43 Chapter 1 – in its entirety; subsections 1-35), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter 490), Board Policies and a general review of the Board’s website including the FAQ’s, and hypothetical case studies.

Course Rationale

This course was developed in accordance with the Ethics & Jurisprudence CE requirement defined by section 490-4-.02 of the Rules of the Georgia State Board of Physical Therapy and the GA PT Board’s Policy #13; and is intended to promote and facilitate ethical behavior by Georgia licensed physical therapists and physical therapist assistants

Course Goals & Objectives

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

1. Define the meaning of Ethics and differentiate between the various theories that promote ethical behavior.
2. Define the principles of the ethical decision-making model
3. Define the parameters of informed consent
4. Differentiate between appropriate and inappropriate relationships
5. Define conflict of interest
6. Recognize all of the rights and responsibilities of physical therapy licensure as defined by the Georgia General Provisions (Title 43 Chapter 1; subsections 1-35), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter 490), Board Policies
7. Identify patients’ rights relating to confidentiality
8. Analyze and interpret clinical situations to determine appropriate professional legal and ethical behavior.

Course Provider – Innovative Education Services

Course Instructor - Michael Niss, DPT

Target Audience - Georgia licensed physical therapists and physical therapist assistants

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

Course Prerequisites - None

Method of Instruction/Availability – Online text-based course available continuously

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

Continuing Education Credits – Four (4) hour of continuing education credit.

Course Fee - \$19.95

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

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

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Ethics & Jurisprudence – Georgia Physical Therapy

Course Outline

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Ethics Overview

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

Ethics are important on several levels.

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

Ethics vs. Morals

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

Ethical Questions

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

Ethics Theories

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

Utilitarianism

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

Social Contract Theory

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

Deontological or Duty Theory

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

Ethical Intuitionism

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

Ethical Egoism

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

Natural Law Theory

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

Virtue Ethics

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

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

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

Beneficence: the duty to do good.

Confidentiality: the duty to respect privacy of information.

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

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

Nonmaleficence: the duty to cause no harm.

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

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

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

Veracity: the duty to tell the truth.

Model for Ethical Decision Making

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

Are my actions legal?

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

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

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

Are my actions ethical?

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

Are my actions fair?

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

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

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

APTA Code of Ethics

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

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2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1:

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

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2:

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

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

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2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3:

Physical therapists shall be accountable for making sound professional judgments.

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4:

Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

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4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5:

Physical therapists shall fulfill their legal and professional obligations.

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6:

Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

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Principle #7:

Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

Principle #8:

Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

APTA's Guide for Professional Conduct

The APTA's Guide for Professional Conduct is produced to assist physical therapists in interpreting the Code of Ethics in matters of professional conduct. The interpretations reflect the opinions, decisions, and advice of the APTA's Ethics and Judicial Committee (EJC).

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The following information has been summarized from the APTA's Guide for Professional Conduct:

Respect

Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist must use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and must collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice.

With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she is responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist must establish the plan of care and must provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and

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must make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist must inform the patient/client and must refer the patient/client to an appropriate practitioner.

A physical therapist must determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist must not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist must avoid overutilization of physical therapy services. See Principle 8C.

Supervision

Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel.

Integrity in Relationships

Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

When considering the application of "when appropriate" under Principle 4C, it is important to know that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies. Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

Exploitation

Principle 4E is fairly clear – sexual relationships with patients/clients, supervisees or students are prohibited.

Colleague Impairment

The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities. Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

Professional Competence

6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice.

Professional Growth

6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed.

Pro Bono Services

The key word in Principle 8A is “or”. If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Standards of Ethical Conduct for the Physical Therapist Assistant

Standards

Standard #1:

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

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2:

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

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/ clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/ client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3:

Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.

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3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4:

Physical therapist assistants shall demonstrate integrity in their relationships with patients/ clients, families, colleagues, students, other health care providers, employers, payers, and the public.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

Standard #5:

Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

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5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6:

Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7:

Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

Standard #8:

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

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

APTA Guide for Conduct of the Physical Therapist Assistant

The following abridged information has been summarized from the APTA's Guide for Conduct of the Physical Therapist Assistant:

Sound Decisions

To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

Supervision

Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed.

Clinical Competence

6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills.

Documenting Interventions

7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

Informed Consent

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

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

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

Consent for Multiple Treatments

Although consent is always specific, it is not the same as saying that separate consent is always required for every episode of repeated treatment. When the plan of care for a given diagnosis involves repeated treatments or procedures—for example, a course of diagnostic tests or ongoing therapy—practitioners do not need to obtain consent for each individual episode.

Blanket Consent

Informed consent for a planned course of multiple repeated treatments based on a specific diagnosis is very different from practices sometimes referred to as "routine" or "blanket" consent. 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 in several ways. Such practices fail to meet the requirement that consent be specific.

Moreover, seeking consent “in case” a patient should need some future intervention that is not related to that patient’s current clinical status violates the fundamental ethical norm that patients must make decisions about proposed treatments or procedures in the context of their present situation. As a “patient-centered action,” informed consent involves the contemporaneous bodily integrity, rights, dignity, intelligence, preferences, interests, goals, and welfare. If a patient’s condition changes enough to warrant a change in the plan of care, the practitioner must explain to the patient (or authorized surrogate) how the situation has changed, establish goals of care in light of the new situation, recommend a new plan of care, and obtain informed consent for the new plan or for specific treatment(s) or procedure(s) now recommended.

Notification versus Consent

Informed consent is also different from “notification,” that is, providing general information relevant to patients’ participation in health care. Notification informs patients not only about their rights, but also about organizational activities and processes that shape how care is delivered. Like informed consent, notification serves the goal of respecting patients as moral agents.

Refusing Treatment

The right to refuse unwanted treatment, even potentially life-saving treatment, is central to health care ethics. Health care professionals are understandably concerned when patients refuse recommended treatments. How should practitioners respond when a patient declines an intervention that practitioners believe is appropriate and needed? The answer to that question depends on both the patient’s decision-making capacity and the particular circumstances of the treatment decision.

Practitioners should take care not to assume that a patient who refuses recommended treatment lacks decision-making capacity. A capacity assessment is appropriate if the practitioner has reason to believe the patient might lack one or more of the components of decision-making capacity. When decision-making capacity is not in question, practitioners must respect the patient’s decision to decline an intervention, even if they believe the decision is not the best one that could have been made. However, this does not mean that health care professionals should never question the patient’s decision, or never try to persuade the patient to accept treatment. For example, by exploring the reasons for refusal with the patient, a practitioner might learn that the patient simply needs more information before deciding to proceed.

The professional ethical ideal of shared decision making calls for active, respectful engagement with the patient or surrogate. As a prelude to exploring a

patient's refusal of recommended treatment, practitioners should clarify the patient's (and/or surrogate's) understanding of the clinical situation and elicit his or her expectations about the course of illness and care. Practitioners should clarify the goals of care with the patient or surrogate, address expectations for care that may be unrealistic, and work with the patient or surrogate to prioritize identified goals as the foundation for a plan of care.

Asking in a nonjudgmental way, "What leads you to this conclusion?" can then help the practitioner to understand the reasons for the patient's decision to decline recommended treatment. It can also help to identify concerns or fears the patient may have about the specific treatment that practitioners can address. The aim should be to negotiate a plan of care that promotes agreed on goals of care.

Resisting Treatment

Health care professionals face different concerns when patients who lack decision-making capacity resist treatment for which their authorized surrogates have given consent. When a surrogate consents to treatment on behalf of a patient who lacks decision-making capacity, practitioners are authorized to carry out the treatment or procedure even if the patient actively resists. In such cases, treatment is not being administered over the patient's refusal because the surrogate has taken the patient's place in the process of shared decision making and exercised the patient's decision-making rights. However, practitioners should still be sensitive to patients who resist treatment. They should try to understand the patient's actions and their implications for treatment. Practitioners should ask themselves why, for example, a patient repeatedly tries to pull out a feeding tube. Is the tube causing physical discomfort? Is the patient distressed because he or she does not understand what is happening?

Resistance to treatment should prompt practitioners to reflect on whether the treatment is truly necessary in light of the established goals of care for the patient, or whether it could be modified to minimize the discomfort or distress it causes. For instance, a patient may resist treatment via one route of administration but not another.

Practitioners should also be alert to the implications of the patient's resistance for the judgment that he or she lacks decision-making capacity. In some cases, resistance to treatment may be an expression of the patient's authentic wishes. Decision-making capacity is not an "all or nothing" proposition. Rather, decision-making capacity is task specific. It rests on being able to receive, evaluate, deliberate about and manipulate information, and communicate a decision, which can vary considerably with the decision to be made. A patient may have capacity to make a simple decision but not a more complex one.

When a patient resists, surrogates, family members, or friends may be able to shed light on the patient's actions and help practitioners identify ways to provide

treatment that are less upsetting for the patient. For patients with fluctuating capacity, it may be possible to explore concerns directly with the patient during lucid moments.

Patients who resist treatment present unique challenges for health care practitioners. The root cause of the resistance should be explored, as well as other clinically acceptable alternatives to the proposed treatment.

Relationships

Boundaries define the limits of appropriate behavior by a professional toward his or her clients. By establishing boundaries, a health care professional creates a safe space for the therapeutic relationship to occur. Health care professionals need guidance if they are to avoid engaging in interactions with their patients that may prove ethically problematic.

Professionalism

The notion of boundaries in the health care setting is rooted in the concept of a “profession”. While this concept is understood in several different ways in the medical and sociological literature, there is consensus regarding one of the defining characteristics of professions and professionals: commitment to serve the profession’s clients. That is, professionals are expected to make a fiduciary commitment to place their clients’ interests ahead of their own. In exchange for faithfully applying their unique knowledge and skills on behalf of their clients, members of a profession are granted the freedom to practice and to regulate themselves.

Patients who come to health care professionals when they are ill and vulnerable bring with them expectations about this interaction and how clinicians should behave toward them as health care professionals, though patients are not always able to articulate those expectations clearly. Patients should be able to trust that their interests and welfare will be placed above those of the health care professional, just as they should be confident they will be treated with respect, and be informed so that they can make their own health care decisions to the greatest extent possible. Professionals, as such, are held to different standards of conduct from other persons. Relationships and interactions that may be ethically unproblematic among nonprofessionals may be unacceptable when one of the parties is a professional. An individual may have a personal interest that is perfectly acceptable in itself, but conflicts with an obligation the same individual has as a health care professional.

For example, under circumstances in which it would normally be acceptable for one person to ask another individual for a date, it may not be acceptable for a health care professional to ask a patient for a date, because doing so might

compromise the professional's fiduciary commitment to the patient's welfare. The nature of professions is such that the human needs the professions address and the human relationships peculiar to them are sufficiently distinct to warrant, indeed, to demand, expectations of a higher morality and a greater commitment to the good of others than in most other human activities.

Boundaries

Boundaries define the professional relationship as fundamentally respectful and protective of the patient and as dedicated to the patient's well-being and best interests. A boundary violation occurs when a health care professional's behavior goes beyond appropriate professional limits. Boundary violations generally arise when the interaction between parties blurs their roles vis-à-vis one another. This creates what is known as a "double bind situation". That is a circumstance in which 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

Various legal and regulatory requirements address boundaries in patient-professional interactions. Clinicians are subject to guidelines for professional conduct in health care promulgated by state licensing boards. 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."

Some state board guidelines offer specific guidance to help clinicians avoid inappropriate conduct, such as recommending that professionals restrict contact with patients to appropriate times and places for the therapy to be given. Violations of these guidelines could result in probation, limitation of practice, and suspension or revocation of licensure. Clinicians should be aware; moreover, that 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.

Other Problematic Relationships

Many kinds of interaction potentially interfere with the primary clinical relationship between practitioner and patient and pose concerns about acceptable conduct for health care professionals. Becoming socially involved or entering into a business relationship with a patient, for example, can impair, or appear to impair, the professional's objectivity. Accepting a gift is sometimes an appropriate way to allow a patient to express his or her gratitude, and at other times is problematic. Showing favoritism—by giving a particular patient extra attention, time, or priority in scheduling appointments, for example—can cross the boundary between

action that is appropriate advocacy on behalf of a particular patient and action that is unfair to others.

Such interactions or activities 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. Yet not all behavior that might be considered inappropriate necessarily violates professional obligations.

Health care professionals should be alert to situations in which they may be likely to be motivated to behave in ways that violate accepted ethical standards. Ambiguous interactions and relationships, for example, have the potential both to impair the professional's objectivity and compromise his or her judgment, and to give rise to conflicting expectations on the patient's part, which can contaminate the therapeutic relationship and potentially undermine the patient's trust.

Gifts and Conflict of Interest

Because gifts create relationships, health care professionals' acceptance of gifts from commercial vendors can be ethically problematic in several ways. Accepting gifts risks undermining trust. It may bias clinicians' judgments about the relative merits of different treatments. And it may affect treatment patterns in ways that increase costs and adversely affect access to care.

Health care professionals' fiduciary, or trust-based, relationship with patients requires that practitioners explain the reasons for treatment decisions and disclose any potential conflicts of interest, including the influence of gifts.

Given the ways in which gift giving differs from entering into a contractual relationship, gifts to health care professionals can blur the distinction between formal business exchanges and informal, interpersonal exchanges. Industry gifts to health care professionals create potential conflicts of interest that can affect practitioners' judgment—without their knowledge and even contrary to their intent—thereby placing professional objectivity at risk and possibly compromising patient care.

If accepting gifts is ethically problematic in these ways, why do health care professionals continue to take the gifts they are offered? One explanation is that accepting a gift is a natural, socially expected reaction motivated by a combination of self-interest and politeness. But it is also argued that health care professionals have come to expect gifts as part of a "culture of entitlement" that has evolved over many years. Gifts have become a familiar part of many health care workplace cultures and established patterns of behavior often resist change. Other rationales are that inducements such as free lunches are needed to induce

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attendance at educational sessions (and may help offset the costs of such programs), and that they help boost employee morale. Some even claim that accepting gifts results in economic savings for health care institutions, because the industry provides for free items that the institutions would otherwise have to buy. Finally, apathy on the part of professional bodies allows the “tradition” of accepting gifts to continue.

Failure to enforce ethical standards consistently has made it easier simply not to notice, or not to be concerned about, the fact that accepting gifts creates ethical risks. None of these arguments, however, is compelling enough to allow an ethically problematic practice to continue. While habit and self-interest can be powerful motivators, ethical standards explicitly require health care professionals to place patient interests above their own.

In recent years, many prominent organizations and associations have established ethical guidelines for health care professionals about accepting gifts from industry representatives. These guidelines do not prohibit all gifts from industry, but there is general agreement that gifts from companies to health care professionals are acceptable only when the primary purpose is the enhancement of patient care and medical knowledge. The acceptance of individual gifts, hospitality, trips, and subsidies of all types from industry by an individual is strongly discouraged. Practitioners should not accept gifts, hospitality, services, and subsidies from industry if acceptance might diminish, or appear to others to diminish, the objectivity of professional judgment.

Professional guidelines seek to establish thresholds for what kinds of gifts and gift relationships are acceptable. In general, gifts to individual practitioners are discouraged unless they are of minimal value and related to the practitioner’s work—such as pads, pens, or calendars for office use.

The social dynamics of the gift relationship, the potential for gifts subtly to bias health care professionals’ prescribing practices and clinical decisions, and the obligation of health care professionals to avoid acting in ways that might undermine public trust all argue for the adoption of clear, robust policies regarding the acceptance of gifts from companies. Creating a workplace in which professionals no longer routinely expect or accept gifts from industry is a challenging task that calls for professional role modeling and sustained, coordinated efforts on the part of clinical and administrative leaders, as well as development and careful implementation of clear, well-considered policy.

Confidentiality

The obligation to ensure patient privacy is rooted in the ethical principle of respect for persons. Health care providers convey that respect in a few ways with

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regard to privacy. They respect patient's informational privacy by limiting access to patient information to those authorized health care providers who need it to perform their duties. The obligation to ensure patient privacy is also justified by the obligation of harm prevention. Sometimes maintaining patient privacy is a way of keeping the patient safe, for example, by minimizing the risk of identity theft.

Confidentiality is mandated by HIPAA laws, specifically the Privacy Rule. The Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

"Individually identifiable health information" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Health care providers must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. They must also develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose.

Georgia Physical Therapy Practice Act Official Code 43-33

The following is an abridged version of the Georgia Physical Therapy Practice Act, to view Code 43-33 in its entirety, go to: <https://sos.ga.gov/page/georgia-state-board-physical-therapy-rules-and-laws>

Title 43. Professions and Businesses Chapter 33. Physical Therapists

§ 43-33-1. Short title

This chapter shall be known and may be cited as the "Georgia Physical Therapy Act."

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§ 43-33-2. Declaration of purpose

This chapter is enacted for the purpose of safeguarding the public health, safety, and welfare by providing for state administrative control, supervision, and regulation of the practice of physical therapy. The practice of physical therapy is declared to be affected with the public interest; and this chapter shall be liberally construed so as to accomplish the purpose stated in this Code section.

§ 43-33-3. Definitions

As used in this chapter, the term:

- (1) "Board" means the State Board of Physical Therapy.
- (2) "License" means a valid and current certificate of registration issued by the board, which shall give the person to whom it is issued authority to engage in the practice prescribed thereon.
- (3) "Licensee" means any person holding a license under this chapter.
- (4) "Person" means a human being only, not a legal entity.
- (5) "Physical therapist" means a person licensed to practice physical therapy as defined in this chapter and whose license is in good standing. A physical therapist shall be designated by the initials "P.T."
- (6) "Physical therapist assistant" or "physical therapy assistant" means a person who is licensed by the board to assist a physical therapist, whose activities are supervised and directed by a physical therapist, and whose license is in good standing. A physical therapist assistant shall be designated by the initials "P.T.A."
- (7) "Physical therapy" means the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction and pain from injury, disease, and any other bodily and mental conditions and includes the administration, interpretation, documentation, and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation, and modification of treatment and instruction, including the use of physical measures, activities, and devices, for preventative and therapeutic purposes; and the provision of consultative, educational, and other advisory services for the purpose of preventing or reducing the incidence and severity of physical disability, bodily malfunction, and pain.
- (8) "Physical therapy aide" means a person who only performs designated and supervised physical therapy tasks. The physical therapy aide must receive direct supervision and must be directed on the premises at all times by a licensee. Physical therapy aides are not licensed under this chapter.
- (9) "Trainee" means an individual who is approved for a traineeship.
- (10) "Traineeship" means a period of activity during which a trainee works under the direct supervision of a licensed physical therapist who has practiced for not less than one year prior to assuming the supervisory role.
- (11) "Training permit" means a valid and current certificate of registration issued by the board, which gives the person to whom it is issued authority to engage in practice through a traineeship prescribed thereon.

§ 43-33-5. Appointment of board members; terms; vacancies; removal

The board shall consist of eight members, as provided in Code Section 43-33-6, each of whom shall be appointed by the Governor and confirmed by the Senate for a term of three years and until a successor is appointed and qualified.

Vacancies on the board shall be filled by the Governor's appointment of a successor to serve out the unexpired term. The Governor, after notice and opportunity for hearing, may remove any member of the board for neglect of duty, incompetence, revocation or suspension of license of those licensee members, or other dishonorable conduct. No person shall serve consecutively more than two full terms as a member of the board.

§ 43-33-6. Qualifications of board members

To be eligible for appointment to the board, a person must be a resident of this state. Six members of the board shall be licensed as physical therapists under this chapter who have practiced or taught physical therapy for at least three years. At least one member shall be licensed and practicing as a physical therapist assistant for at least three years. The eighth member shall be appointed from the public at large and shall have no business connection whatsoever with the practice or profession of physical therapy.

§ 43-33-10. General powers and duties of board

In carrying out the provisions of this chapter, the board shall, in addition to the other powers conferred upon it under this chapter, have the power to:

- (1) Prepare or approve all examinations or applicants for licenses;
- (2) Determine the qualifications of and authorize the issuance of licenses to qualified physical therapists and physical therapist assistants;
- (3) Determine the qualifications for and approve educational programs that prepare physical therapists and physical therapist assistants for the purpose of determining qualifications of applicants for licensure;
- (4) Initiate investigations of alleged or suspected violations of the provisions of this chapter or other laws of this state pertaining to physical therapy and any rules and regulations adopted by the board. For this purpose, any board member or authorized agent of the board shall have the power and right to enter and make reasonable inspection of any place where physical therapy is practiced;
- (5) Conduct all hearings in contested cases according to Chapter 13 of Title 50, known as the "Georgia Administrative Procedure Act";
- (6) Discipline any person licensed under this chapter, or refuse to grant, renew, or restore a license to any person upon any ground specified in this chapter;
- (7) Adopt a seal, the imprint of which together with the authorized signature of either the division director or other member authorized by the board shall be effective to evidence its official acts;
- (8) Establish licensing fees and maintain in the office of the division director a register of all persons holding a license and a record of all inspections made;
- (9) Adopt and publish a code of ethics;

- (10) Issue training permits; and
- (11) Adopt such rules and regulations as shall be reasonably necessary for the enforcement and implementation of the provisions and purposes of this chapter and other laws of this state insofar as they relate to physical therapy.

§ 43-33-11. License required for physical therapists or physical therapist assistants; use of titles; limitation on scope of Code section

A physical therapist shall display either the title "physical therapist" or the abbreviation "P.T." on a name tag or other similar form of identification during times when such person is providing direct patient care. A physical therapist assistant shall display either the title "physical therapist assistant" or the abbreviation "P.T.A." on a name tag or other similar form of identification during times when such person is providing direct patient care. A physical therapy aide shall be required to display the title "physical therapy aide" on a name tag or other similar form of identification during times when such person is assisting a licensee. No person shall practice as a physical therapist or as a physical therapist assistant nor hold himself or herself out as being able to practice as a physical therapist or as a physical therapist assistant or as providing physical therapy or use the initials P.T. or P.T.A. in conjunction therewith or use any word or title to induce the belief that he or she is engaged in the practice of physical therapy unless he or she holds a license and otherwise complies with the provisions of this chapter and the rules and regulations adopted by the board. Nothing in this Code section shall be construed as preventing or restricting the practice, services, or activities of:

- (1) Any person licensed under any other law of this state who is engaged in the professional or trade practices properly conducted under the authority of such other licensing laws;
- (2) Any person pursuing a course of study leading to a degree or certificate as a physical therapist or as a physical therapist assistant in an entry level educational program approved by the board, if such person is designated by a title indicating student status, is fulfilling work experiences required for the attainment of the degree or certificate, and is under the supervision of a licensed physical therapist;
- (3) Any person enrolled in a course of study designed to develop advanced physical therapy skills when the physical therapy activities are required as part of an educational program sponsored by an educational institution approved by the board and are conducted under the supervision of a physical therapist licensed under this chapter. If such person provides physical therapy services outside the scope of the educational program, he or she shall then be required to be licensed in accordance with this chapter;
- (4) A physical therapist licensed in another state or country or employed by the United States government conducting a teaching or clinical demonstration in connection with an academic or continuing education program;
- (5) Any person employed as a physical therapist or as a physical therapist assistant by the United States government if such person provides physical

therapy services solely under the direction or control of the employing organization. If such person shall engage in the practice of physical therapy or as a physical therapist assistant outside the course and scope of such employment, he or she shall then be required to be licensed in accordance with this chapter; or (6) A person currently licensed in another state who is present in this state for treatment of a temporary sojourner only, said treatment in this state not to exceed a total of 60 days during any 12-month period.

§ 43-33-12. Requirements for license to practice physical therapy

A license to practice physical therapy shall be issued to any person who:

- (1) Is a graduate of an educational program that prepares physical therapists and which is accredited by a recognized accrediting agency and approved by the board or, in the case of an applicant who has graduated from an educational program which prepares physical therapists conducted in a foreign country, has submitted, in a manner prescribed by the board, credentials approved by the board and who has further demonstrated the ability to speak, write, and understand the English language and has satisfactorily completed a three- month board approved traineeship under the supervision of a physical therapist licensed under this chapter;
- (2) Has satisfactorily passed an examination prepared or approved by the board; and
- (3) Is not disqualified to receive a license under the provisions of Code Section 43-33-18 or subsection (a) of Code Section 43-1-19.

§ 43-33-13. Requirements for license to practice as physical therapist assistant

A license to practice as a physical therapist assistant shall be issued to any person who:

- (1) Is a graduate of an educational program that prepares physical therapist assistants and which is accredited by a recognized accrediting agency and approved by the board or, in the case of an applicant who has graduated from an educational program which prepares physical therapist assistants conducted in a foreign country, has submitted, in a manner prescribed by the board, credentials approved by the board and who has further demonstrated the ability to speak, write, and understand the English language and has satisfactorily completed a three- month board approved traineeship under the supervision of a physical therapist licensed under this chapter;
- (2) Has satisfactorily passed an examination prepared or approved by the board; and
- (3) Is not disqualified to receive a license under the provisions of Code Section 43-33-18 or subsection (a) of Code Section 43-1-19.

§ 43-33-13.1. Physical therapy aide

A physical therapy aide is one, other than a physical therapist or physical therapist assistant, who is employed to assist a physical therapist or a physical

therapist assistant by performing only designated physical therapy tasks under direct supervision of a licensee as approved by the board by rule or regulation.

§ 43-33-15. Reciprocity

The board may grant to a person licensed in another state or territory of the United States full privileges to engage in equivalent practice authorized by this chapter without taking an examination, provided:

- (1) That such person is properly licensed under the laws of another state or territory or the United States; and
- (2) That the requirements for licensing in such other state or territory of the United States are substantially equal to the requirements for a similar license in this state.

§ 43-33-17. Training permits

(a) The board may issue a training permit to an applicant who is a graduate of an approved physical therapy program who is approved to take the physical therapy licensing examination or who has taken the examination but not yet received the examination results.

(b) The board may issue a training permit to a foreign trained applicant who is a graduate from a physical therapy program outside the United States and its territories and who is approved to take the physical therapy licensing examination.

(c) The board may issue a training permit to a reinstatement applicant whose license to practice as a physical therapist or license to practice as a physical therapist assistant has been expired for more than two years.

(d) The training permit shall allow the holder thereof to work only under the direct supervision of a physical therapist who has been approved by the board and has practiced for not less than one year prior to assuming the supervisory role.

(e) Training permits are governed by rules and regulations authorized under this chapter and approved by the board.

§ 43-33-18. Refusal to grant or restore licenses; discipline of licensees; suspension, revocation, or restriction of licenses; immunity for violation reporters

(a) The board shall have authority to refuse to grant or restore a license to an applicant or to discipline a physical therapist licensed under this article upon a finding by the board that the licensee or applicant has:

- (1) Identified himself or herself as a doctor without also clearly informing the public of his or her professional credential as a physical therapist;
- (2) Performed physical therapy care and services without examination and evaluation of patients in order to determine a physical therapy diagnosis, prognosis, and plan of intervention, which, in the case of patients who have self-referred, means the physical therapist has:

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(A) Failed to refer the patient to an appropriate licensed health care provider (this is to be specifically interpreted as an individual licensed pursuant to Article 2 of Chapter 11 of Title 43 or Article 2 of Chapter 34 of Title 43) if at any time the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment beyond the scope of practice of the physical therapist or, regardless of the patient's condition, if after 21 days or eight visits from the initiation of a physical therapy plan of intervention, the physical therapist has not received a referral from the patient's appropriate licensed health care provider. The day and visit limitations contained in this subparagraph shall not apply:

(i) In the case of services provided for health promotion, wellness, fitness, or maintenance purposes, in which case the physical therapist shall refer a client seen for health promotion, wellness, fitness, or maintenance purposes to an appropriate individual licensed pursuant to Article 2 or 4 of Chapter 34 of Title 43 if the client exhibits or develops signs and symptoms beyond the scope of practice of the physical therapist;

(ii) In the case of a patient diagnosed within the previous nine months with a neuromuscular or developmental condition when the evaluation, treatment, or services are being provided for problems or symptoms associated with that previously diagnosed condition; or

(iii) In the case of a patient diagnosed within the previous 90 days with a chronic musculoskeletal condition and noted by a current relevant document from an appropriate licensed health care provider;

(B) Ordered radiology, performed surgery, ordered laboratory or body fluid testing, diagnosed disease, or practiced medicine;

(C) Failed to provide each self-referred patient with a written disclosure that a physical therapy diagnosis is not a medical diagnosis by a physician or based on radiological imaging and that such services might not be covered by the patient's health plan or insurer;

(D) Not satisfied the additional requirements for seeing a patient who has self-referred, which shall include:

(i) A doctorate in physical therapy or equivalent degree from an accredited institution plus two years of clinical practice experience;

(ii) A doctorate in physical therapy or equivalent and:

- Post graduate certification;
- American Board of Physical Therapy Specialties Board Certification; or
- Residency or fellowship training; or

(iii) Five years of clinical practice experience; or

(E) Performed dry needling treatment interventions without consulting an individual licensed pursuant to Article 2 or 4 of Chapter 34 of Title 43; or

(3) Acted in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to a patient occurs, or failed to provide the expected minimal standard of patient or client management, which shall include that:

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(A) A physical therapist is fully responsible for managing all aspects of the physical therapy care of each patient. A physical therapist shall provide: (i) The initial evaluation, determination of physical therapy diagnosis, prognosis, and plan of intervention and documentation of the initial evaluation; (ii) Periodic reevaluation and documentation of findings for each patient; and (iii) The documented episode of care for each patient, including the patient's response to the plan of intervention at the time of completion of the episode of care;

(B) A physical therapist shall assure the qualifications of all physical therapist assistants and physical therapy aides under his or her direction and supervision;

(C) For each patient on each date of service, a physical therapist shall provide all of the intervention that requires the education, skills, knowledge, and abilities of a physical therapist;

(D) A physical therapist shall determine the use of physical therapist assistants and physical therapy aides to ensure the delivery of care that is safe, effective, and efficient. A physical therapist may use physical therapy aides for designated routine tasks. A physical therapy aide shall work under the supervision of a physical therapist;

(E) A physical therapist shall communicate the overall plan of care with the patient or the patient's legally authorized representative;

(F) A physical therapist's responsibility shall include accurate documentation and billing of the services provided;

(G) A physical therapist shall adhere to the recognized standards for professional conduct and code of ethics of the physical therapy profession as established by rule; and

(H) A physical therapist shall ensure that he or she has liability coverage either independently or provided by the entity by which he or she is employed.

(b) The board shall have authority to refuse to grant or restore a license to an applicant or to discipline a physical therapist assistant licensed under this article upon a finding by the board that the licensee or applicant has:

- (1) Worked outside the supervision of a physical therapist;
- (2) Failed to provide accurate documentation or billing of services provided;
- (3) Failed to adhere to the recognized standards of ethical conduct and code of ethics as established by rule; or
- (4) Acted in a manner inconsistent with generally accepted standards of the physical therapist assistant's scope of work, regardless of whether actual injury to the patient occurs.

(c) The board shall have authority to refuse to grant or restore a license to an applicant or to discipline a physical therapist or physical therapist assistant licensed under this article or any antecedent law upon a finding by the board that the licensee or applicant has:

- (1) Displayed an inability or has become unable to practice as a physical therapist or as a physical therapist assistant with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any

other type of material, or as a result of any mental or physical condition:

(2) Been convicted of a felony or crime involving moral turpitude in the courts of this state or the United States or the conviction of an offense in another jurisdiction which if committed in this state would be deemed a felony. For the purpose of this Code section, a "conviction" shall include a finding or verdict of guilty, a plea of guilty, or a plea of nolo contendere in a criminal proceeding regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon pursuant to the provisions of Code Sections 42-8-60 through 42-8-64, relating to first offenders, or any comparable rule or statute;

(3) Knowingly made misleading, deceptive, untrue, or fraudulent representations to a patient, consumer, or other person or entity in connection with the practice of physical therapy or in any document connected therewith; practiced fraud or deceit or intentionally made any false statement in obtaining or attempting to obtain a license to practice physical therapy or as a physical therapist assistant; or made a false or deceptive biennial registration with the board;

(4) Practiced physical therapy contrary to this Code section or to the rules and regulations of the board; knowingly aided, assisted, procured, or advised any person to practice physical therapy contrary to this Code section or to the rules and regulations of the board; or knowingly performed any act which in any way aids, assists, procures, advises, or encourages any unlicensed person to practice physical therapy;

(5) Engaged in any unprofessional, unethical, deceptive, or deleterious conduct or practice harmful to the public, which conduct or practice need not have resulted in actual injury to any person; unprofessional conduct shall also include any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing physical therapy practice or the failure to comply with the code of ethics of the board;

(6) Failed to report to the board any act or omission of a licensee or applicant or any other person which violates the provisions of this subsection; or

(7) Divided fees or agreed to divide fees received for professional services with any person, firm, association, corporation, or other entity for bringing or referring a patient.

§ 43-33-19. Unlicensed practice as constituting public nuisance; injunctions

The practice of physical therapy is declared to be an activity affecting the public interest and involving the health, safety, and welfare of the public. Such practice when engaged in by a person who is not licensed is declared to be harmful to the public health, safety, and welfare. The board or the district attorney of the circuit where such unlicensed practice exists, or any person or organization having an interest therein, may bring a petition to restrain and enjoin such unlicensed practice in the superior court of the county where such unlicensed person resides. It shall not be necessary in order to obtain an injunction under this Code

section to allege or prove that there is no adequate remedy at law, or to allege or prove any special injury.

§ 43-33-20. Penalty

Any person convicted of violating this chapter shall be guilty of a misdemeanor.

**Rules of the Georgia State Board of Physical Therapy
(Chapter 490)**

The following is an edited and abridged version of The Rules of Georgia State Board of Physical Therapy (Chapter 490). To view the entire unedited chapter, please go to: <http://rules.sos.ga.gov/gac/490>

Chapter 490-2 Licensure Requirements

Rule 490-2-.01 Application for Licensure and Examination

To practice in the State of Georgia, physical therapists and physical therapist assistants must first be licensed by the Georgia Board of Physical Therapy.

Individuals seeking licensure as a physical therapist or physical therapist assistant in the State of Georgia must complete and submit an application for examination. This application must then be approved by the Board before the applicant is permitted to take the examination.

Applicants for licensure have one year from their initial application submission to provide the Board with all required documentation.

Rule 490-2-.02 Licensure: Examination

Applicants who are graduates of a Commission on Accreditation in Physical Therapy Education (CAPTE) approved physical therapy program must submit all the following to the Georgia Board of Physical Therapy to qualify for Georgia licensure:

1. passing scores from the national licensing examination
2. passing scores from the examination on the laws and rules governing the practice of physical therapy, and the rules of the Georgia State Board of Physical Therapy
3. official proof of graduation directly from the physical therapy degree-issuing institution

If the Georgia licensure applicant has ever previously been licensed in any other state, or is currently licensed in any other state; the Board may conduct verification of these other state licensures.

Rule 490-2-.03 Licensure: Foreign-Educated Applicants

Individuals applying for Georgia licensure who graduated from non-CAPTE approved foreign-based educational programs must meet all the following

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conditions to receive Board consideration for approval to take the licensing examination:

- Applicant transcripts must be evaluated by a Board approved credential evaluation agency.
- Verification of licensure or license eligibility in the country where the applicant received their education.
- Verification of any previous licensure held in any jurisdiction.
- A documented total score of at least 89 on the IBT TOEFL exam. Applicants must achieve a passing score on each of the four sections; writing (24), reading (21), listening (18), and speaking (26).
- If the applicant graduated from an English speaking physical therapy program, a letter from a school official attesting to this must be submitted to the Board.

Following Board review and approval of the items listed above, foreign educated applicants must complete the following to be eligible for Georgia licensure:

- Achieve a passing score on the NPTE.
- Achieve a passing score on the examination on the laws governing the practice of physical therapy in Georgia and the rules of the Georgia State Board of Physical Therapy.
- Complete 480 hours of a Board-approved traineeship in a 3-month period. (The traineeship requirement may be waived by the Board if the applicant has at least 5 years of continuous active practice, demonstrates clinical competency, and has a license in good standing.)

Individuals applying for Georgia licensure who graduated from a CAPTE approved foreign physical therapy program are not required to submit a credentials evaluation.

Rule 490-2-.04 Training Permits

Qualified Applicants

As per the Georgia Physical Therapy Act, qualified applicants may be issued a training permit after the Board has approved their application for licensure.

The Board defines a qualified applicant as any of the following:

- Graduates of a CAPTE or non-CAPTE accredited program who have achieved a passing score on the NPTE and the Georgia physical therapy laws and rules exam.
- Individuals who have not actively practiced physical therapy for a period of 2-5 years and are applicants for licensure reinstatement.
- Individuals who have not practiced for greater than 5 years and have successfully passed the NPTE and the Georgia physical therapy laws and rules exam.

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- Endorsement applicants who have not actively practiced physical therapy for a period of 2-5 years.
- Endorsement applicants who have not practiced for greater than 5 years and have successfully passed the NPTE and the Georgia physical therapy laws and rules exam.

Initial Applications and Reinstatement Applications

Trainees must submit to the Board a notarized training permit completed by their supervisor that includes all the following:

- Name and license number of the trainee supervisor
- Name, address, phone number, fax number, and email address of all sites where the trainee and supervisor may be working during the traineeship.
- Dates of the traineeship.
- Supervisor acceptance of the responsibility for trainee supervision and performance evaluation.
- Termination of traineeship.
- Type of facility.

Training Permit Renewal

Training permits may be renewed only once, for no more than 6 months.

Renewal requires Board approval via written request of the applicant. The Board requires an exceptional reason to grant applicants a renewal of a training permit.

Examples of exceptional reasons include the following:

- Death of a family member
- Illness of the applicant or immediate family member.
- Jury duty

Training Permit Validity

The following conditions apply to training permits:

- Applicant must initiate training in Georgia within three months of permit issuance.
- Applicant must submit an explanation to the Board if the applicant does not initiate training in Georgia within three months of permit issuance.
- 480 hours of traineeship must be completed within three months.

Training permits are invalid and must be returned to the Board immediately if the trainee fails to complete the traineeship within the three-month time period; or if the supervisor determines that the trainee's performance is not satisfactory.

Training Permit Supervision

The supervisor named on the training permit must provide direct, continuous, on-site supervision of the trainee at all times. If the training permit supervisor is unable to fulfill their duties the trainee may not participate in any direct patient care until an alternative supervisor is approved by the Board.

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Supervisors and alternative supervisors must hold a Georgia physical therapy license in good standing and have practiced full time for at least one continuous year.

The supervisor must evaluate trainee performance in all area on a regular basis and submit a performance evaluation to the Board at the end of the traineeship.

The supervisor must notify the Board if the trainee is performing at an unsatisfactory level.

Supervising therapists may not have more than 2 trainees under their supervision at any on

Rule 490-2-.09 Licensure Endorsement

Applicants who have graduated from a CAPTE accredited physical therapy or physical therapist assistant program and approved by the Board must provide all the following:

- A list of all states that they hold an active physical therapy license
- License verification from all the states the applicant actively practiced in the prior two years.
- An official transcript from their entry level physical therapy educational institution that specifies the applicants date of graduation.
- NPTE scores.

Applicants who have graduated from a non-CAPTE accredited physical therapy or physical therapist assistant program must provide all of the following:

- A list of all states that they hold an active physical therapy license
- License verification from all the states the applicant actively practiced in the prior two years.
- Official transcripts and evaluation from a Georgia approved credential evaluation organization.
- NPTE scores.

Chapter 490-3 Evaluation of Examinations: Applicants

Rule 490-3-.01 Evaluation of Examinations. Amended

The minimum passing score on the NPTE for physical therapists and physical therapist assistants is 600.

Rule 490-3-.02 Re-examination (This rule is currently under amendment process. Please refer to "Proposed Rules" on page 37 of this course.)

Chapter 490-4 Renewal: Continuing Competence Requirements – Disciplinary Sanctions

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Rule 490-4-.01 Renewal and Reinstatement of License and Penalties

Every Georgia licensed physical therapist and physical therapist assistant must do the following biennially on or before December 31st of odd years:

- Apply to the Board for license renewal.
- Submit proof of continuing competency.
- Pay a license renewal fee.

A late fee will be assessed to each licensee who fails to renew their license on or before December 31 of odd years.

If a license is not renewed on or before February 28 of the year following the renewal year, the license is considered revoked.

Individuals who have previously held a GA PT or PTA license and have allowed their license to lapse, must do all the following to qualify for licensure re-instatement:

- Apply for re-instatement to the Board.
- Pay a fee.
- Submit proof of meeting continuing competence requirements established by the Board.

Individuals seeking re-instatement by Board who have not actively practiced in the previous 2 – 5 years must also complete 480 hours of supervised practice within 3 months and pass the examination on the laws and rules governing practice of physical therapy in Georgia and the rules of the Georgia Board of Physical Therapy.

Individuals seeking re-instatement by Board who have not actively practiced in more than 5 years must:

- Complete 1000 hours of supervised practice within 1 year.
- Take and pass the NPTE
- Take and pass the examination on the laws and rules governing practice of physical therapy in Georgia and the rules of the Georgia Board of Physical Therapy.

Rule 490-4-.02 Continuing Competence Requirements

Georgia licensed physical therapists and physical therapist assistants are required to complete 30 clock hours of continuing competence each 2-year licensure period. The Board recommends that the continuing competence be a planned learning experience that has content which exceeds the licensee's current level of knowledge and competence. The learning experience must contain content that relates to physical therapy patient care in any of the following areas:

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- Research
- Treatment
- Documentation
- Education
- Management
- Other content area

As part of their 30 hours of continuing competence, licensees must complete four hours of Ethics and Georgia Jurisprudence or successfully pass the Georgia Jurisprudence Examination.

The Georgia Physical Therapy Board highly encourages licensees to review the “Guide for Continuing Competence Activities & Documentation Requirements”

<https://sos.ga.gov/sites/default/files/forms/15%20Reference%20-%20Guide%20for%20Continuing%20Competence%20Activities%20%26%20Documentation%20Requirements.pdf>

Licensees that do not successfully complete the required continuing competence will not have their license renewed.

Acceptable Activities

The following activities may be considered for approval, but are not limited to:

- Programs approved by the APTA or its affiliate components.
- Programs approved by PTAG or other state chapters.
- Programs approved by the Federation of State Boards of Physical Therapy.
- Programs provided by schools of physical therapy with a CAPTE approved institutions.
- Programs offered by similar professional organizations that has qualifying content.
- Undergoing a peer review (15 hours maximum)
- Performing a peer review that is not a responsibility of primary employment. (10 hours maximum)
- Presenter of continuing competence that has qualifying content (10 hours per topic maximum)
- Authorship of a presented scientific poster, scientific platform presentation, or published article. (10 hours per event maximum and may not exceed 20 hours total.)
- Teaching a PT or PTA credit course as an adjunct responsibility and not primary employment (20 hours maximum)
- Certification of clinical specialization by the American Board of Physical Therapy Specialties. (30 hours maximum; only in the biennium in which the certification is awarded.)
- Self-instruction from reading professional literature. (3 hours maximum)
- Attendance at a scientific poster session, lecture, panel, symposium, or university course.

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- Being a clinical instructor for an accredited PT or PTA education program. (1 continuing competence hour is earned per 8 hours of clinical instruction; 10 hours maximum)
- Being a clinical instructor or an intern for a formal, nonacademic, advanced clinical internship; or as a mentor or learner for a formal nonacademic mentorship. (10 hours maximum)
- Volunteering in the role of a physical therapist or physical therapist assistant at a charity event. (1 continuing competence hour is earned per 8 hours of volunteer hours; 5 hours maximum)
- Post professional physical therapist educational programs that award academic credit. (10 continuing competence hours are earned for each 1 credit hour successfully completed with a passing grade.)

Unacceptable Activities

Unacceptable activities for continuing competence include, but are not limited to:

- Orientation programs
- In-service programs
- Policy decision meetings
- Entertainment activities
- Recreational activities or meetings
- Committee meetings
- Organizational meetings
- Holding of professional offices
- Visiting exhibits
- CPR

Reporting Continuing Competence

Georgia licensed PTs and PTAs must maintain a record of completed continuing competency programs and experiences utilizing CE Broker.

Continuing Competence Exemptions

Pts and PTAs who received their GA license during the last 6 months of a biennium renewal period are exempt from continuing education requirements for that biennium.

Pts and PTAs who had their licenses reinstated in the last 6 months of a biennium are exempt from continuing education requirements for that biennium.

Audit

Licensees selected for audit must submit to the Board a completed Verification of Continuing Competence form and documentation that supports their compliance. Acceptable documentation includes:

- An official course outline or program that includes content relating to physical therapy patient care and number of contact hours.

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- Verification of successful completion of a home study course that includes the name of the sponsor, or final grade (University credit course), or specialization certificate, or proof of attendance with copy of the program, or documentation of self-instruction.
- Peer review verification by a recognized entity of acceptable practice.

Licensee Responsibilities

Licensees must:

- Maintain original continuing competency documents for at least five years from the date the continuing education was obtained.
- If audited, submit to the Georgia State Board of Physical Therapy a properly completed and notarized "Verification of Competence Education" form.
- Complete all re-licensure requirements on or before December 31 of odd numbered years.
- If audited, provide requested information to the Board.
- Maintain a current mailing address and email address on file with the Board at all times.

Rule 490-4-.04 Inactive License

A licensee who no longer practices physical therapy in Georgia may file an application with the Board for Inactive License status.

An individual with inactive status may not practice as a physical therapy professional in the state of Georgia; and is not subject to the biennial renewal fees or continuing competence requirements. An individual whose license is under sanctions may not transfer to inactive status. An individual with an inactive license may reactivate their license by applying for reinstatement to the Board, paying a fee, and providing verification of the following:

- Practice of physical therapy within the last 2 years.
- Proof of required continuing competence.

If the individual has not worked as physical therapy professional for more than 2 years, but has within 5 years, then the following is required for license reinstatement:

- Verification of required continuing competence.
- 480 hours of physical therapy practice within 3 months under the supervision of a Georgia licensed physical therapist.
- Passage of the examination on the laws governing the practice of physical therapy in Georgia and the rules of the Georgia state Board of Physical Therapy.

If an individual has not practiced as physical therapy professional in more than 5 years, then the following is required for licensure reinstatement:

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- 1000 hours of continuous practice under the supervision of a Georgia licensed physical therapist completed in no less than 6 months.
- Passage of the next NPTE.

Continuing Competence Exemption

The Board may grant an exemption from continuing competency requirements and supervision requirements if an individual holds a current license in good standing from another state or the individual is currently employed as a PT or PTA by the United States government.

Chapter 490-5 Supervision and Direction of Physical Therapy Assistant

Rule 490-5-.01 Responsibility of the Licensed Physical Therapist in Supervision and Direction of the Physical Therapist Assistant

In an institutional setting, a licensed physical therapist is responsible for providing adequate supervision of the assistant supervised by him/her. Adequate supervision requires the licensed physical therapist must be present in the same institutional setting 25% of any work week (Monday-Friday), and they must be readily available to the assistant at all other times including weekends.

In a home health setting, the physical therapist is responsible for supervising the physical therapist assistant and must:

- Perform the initial patient evaluation and establish a physical therapy diagnosis, treatment goals, frequency, duration, and a care plan.
- Review all patients being treated by the assistant at least one time per week.
- Document all meetings with the assistant and subsequent decisions.
- Be continuously available to the assistant for advice, assistance, and instructions.

In a school setting, the physical therapist is responsible for supervising the physical therapist assistant and must:

- Perform all physical therapy evaluations to develop or amend physical therapy interventions stated on the student's Individual Educational Plan (IEP).
- Establish physical therapy treatment frequency and duration.
- Perform an on-site visit every 2 months with each student receiving weekly physical therapy services from an assistant; and every 5 months for students receiving monthly physical therapy services from an assistant. (The on-site visit must include a case review, reassessment of the program and services, and a review of the assistant's documentation.)
- Documentation of on-site visits.
- Interact with the physical therapist assistant relating to the student's IEP.
- Be continuously available to the PTA for advice, assistance, and instruction.

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Rule 490-5-.02 Adequate Supervision Defined

Adequate supervision by a licensed physical therapist must include the following:

- Evaluation of each patient.
- Documentation of a physical therapy diagnosis.
- A physical therapy treatment program that identifies which elements of care may be delegated to an assistant.
- Periodic reevaluation of the treatment program and the patient's response.
- Periodic reevaluation of the assistant's performance relating to the execution of the treatment plan.
- Interaction with the assistant relating to the patient's plan of care.

Chapter 490-8 Physical Therapy Aides: Definition and Requirements

Rule 490-8-.01 Definition

A physical therapy aide is any individual who aids a physical therapist or a physical therapist assistant in the provision of the licensee's physical therapy services. The activities an aide provides do not require technical training through a formal course of study.

Rule 490-8-.02 Supervision

A physical therapy aide must have continuous direct on-site supervision when providing supportive activities for a physical therapist or physical therapist assistant. Direct supervision is defined as "on the premises and immediately available at all times.". "On the premises is defined as "immediate area of the patient."

A physical therapist or a physical therapist assistant may supervise a maximum of two (2) physical therapy aides.

Rule 490-8-.03 Duties

Physical therapy aides may perform the following tasks without the supervision of a physical therapist or physical therapist assistant:

- Clerical tasks that do not include treatment documentation. "Treatment documentation" as defined by this rule as the creation, generation, and/or composition of any patient care report. Patient care reports include patient evaluations, assessments, plans of care, goals, progress notes, consultation reports, discharge summaries, and any other written materials related to patient management. The rule does not prohibit a physical therapy aide from transcribing, recording, or copying treatment documentation generated by a licensee. However, any treatment documentation prepared in this manner must be signed by the supervising licensee.
- Transporting patients
- Assembling and disassembling equipment areas

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- Housekeeping activities

The physical therapy aide may provide supportive patient care activities at the discretion of the licensee. Supportive patient care activities include:

- Assisting the patient in preparation for treatment by a licensee.
- Assisting the patient after the cessation of treatment by a licensee.
- Assisting the licensee during treatment provided by that licensee.

Supportive patient care activities do not include the direct provision of any patient intervention. Licensed physical therapists and physical therapist assistants are the only providers of physical therapy.

Chapter 490-9 Code of Ethics

Rule 490-9-.02 Principles of Conduct for Physical Therapists

Each physical therapist licensee shall abide by the following ethical standard: The physical therapist shall act with consideration, within the scope of physical therapy, for the rights and dignity of all individuals.

Physical therapists shall:

- Hold as confidential information obtained while acting in a professional way.
- Provide optimal physical therapy care for all patients regardless of patient race, gender, age, religion, disability, or sexual preference.
- Balance considerations of the patient's physical, psychological, and socioeconomic welfare in professional decisions and actions and document these considerations in the patient's record of care.
- Communicate and interact with patients and all persons encountered in a professional capacity with courteous regard and timeliness.
- Not engage in any behavior that constitutes harassment or abuse of a patient, professional colleague, or associate.

Physical therapists must comply with all the laws and regulations governing the practice of physical therapy in the state of Georgia.

Physical therapists must accept responsibility for the exercise of sound judgement in all the following instances:

- When implementing treatment, the therapist must assume the responsibility for evaluating, planning, implementing, supervising, reevaluating, and changing the therapeutic program.
- The therapist must maintain adequate records including progress notes.
- When performing wellness and preventative services, the PT must assume responsibility for providing optimal patient care.
- When the individual's needs are beyond the scope of the PT's expertise,

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- the PT must inform and assist the patient in identifying a qualified person to provide the necessary services.
- When the PT judges that benefit can no longer be obtained from their services, the PT must inform the individual receiving the services. It is unethical to initiate or continue services that, in the therapist's judgement, will not benefit the patient or are contraindicated.
 - The PT's ability to make independent judgement must not be limited or compromised by professional affiliations, including employment relationships.
 - A physical therapist may not delegate to a less qualified person any activity which requires the unique skills, knowledge, and judgement of a physical therapist.

The supervising therapist has primary responsibility for physical therapy care assisted by supportive personnel. Acceptable supervision requires that the physical therapist perform the following:

- Establish effective channels of written and oral communication.
- Interpret and communicate critical information about the patient to the supportive personnel.
- Perform an initial evaluation.
- Develop a plan of care, including short and long term goals.
- Delegate appropriate tasks to supportive personnel.
- Assess the supportive personnel's competence to perform assigned tasks.
- Provide supervision in accordance with the law, the patient's condition, and the specific situation.
- Identify and document precautions, special programs, contraindications, goals, anticipated progress, and plans for re-evaluation.
- Re-evaluate the patient, modify the plan of care when necessary, perform the final evaluation, and establish a follow-up plan.

Physical therapists are obligated to advise their employer of any practice that is considered unethical. Physical therapists must try to rectify any practices considered to be unethical.

Physical therapists should request reimbursement for their services that is deserved and reasonable. They may not:

- Directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee.
- Profit via a credit or other consideration in connection with the provision of physical therapy services.
- Use influence on individuals, or families of individuals under their care, for utilization of a product or service for which they will receive direct or indirect compensation.

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Physical therapists must provide accurate information to the public about the physical therapy profession and the services offered. They may not use deceptive, unfair, or fraudulent statements.

Physical therapists must protect the public from unethical, incompetent, or illegal acts. They must report such acts to the proper authorities.

Physical therapists must not participate in any arrangement that reimburses referral sources for their prescribing or referral of physical therapy services.

Physical therapists must disclose to patients any arrangement made with a referral source that may result in financial benefit from the referral.

Rule 490-9-.03 Principles of conduct for Physical Therapist Assistants

Physical therapist assistants must act with consideration for the rights and dignity of all individuals. The physical therapist assistant shall:

- Protect the privacy of individuals receiving physical therapy services.
- Provide optimal care to all individuals without differentiation.
- Be aware of each patient's unique physical, psychological, and socioeconomic welfare when providing services.
- Interact with all individuals in a courteous, respectful, and timely manner.
- Avoid behaving in an abusive or harassing manner toward others.

Physical therapist assistants must comply with Georgia state laws and regulations and practice only under the supervision of a licensed physical therapist.

Physical therapist assistants must:

- Exercise sound judgement.
- Provide services only within the care plan established by the physical therapist.
- Inform the supervising physical therapist if the individual's needs are beyond the scope of the PTA's abilities.
- Contact the supervising PT when they determine that a change is needed in the patient's care plan.
- Inform the supervising PT when the patient has received maximum benefit from physical therapy.
- Avoid delegating any activity which requires professional knowledge or skill to a less qualified person.

To ensure appropriate supervision of supportive personnel, the physical therapist assistant must:

- Maintain effective channels of communication.
- Communicate critical information about the patient to the supervising PT.

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- Function within the care plan.
- Identify and document all treatment activities.
- Request re-evaluation or plan modification when necessary.

Physical therapist assistants must advise their employer of any practices that conflict with ethical principles of the profession; and must attempt to rectify the identified unethical employment practices.

Physical therapist assistants may seek reimbursement for their services that are deserved and reasonable. PTAs may not:

- Request or receive an unearned fee.
- Profit by means of credit or other valuable consideration in connection with furnishing of physical therapy services.
- Use influence on individuals or their families to utilize any product or service that the PTA has a financial interest.

Physical therapist assistants must provide accurate information to the public about the physical therapy profession and the services offered. They may not use deceptive, unfair, or fraudulent statements.

Physical therapist assistants must protect the public from unethical, incompetent, or illegal acts. They must report such acts to the proper authorities.

Physical therapist assistants must not participate in any arrangement that reimburses referral sources for their prescribing or referral of physical therapy services.

Physical therapist assistants must disclose to patients any arrangement made with a referral source that may result in financial benefit from the referral.

Rule 490-9-.04 Disciplinary Sanctions

Unprofessional and unethical conduct includes, but is not limited to, the following:

- Nonadherence to the Code of Ethics.
- Delegating a professional or skilled physical therapy task to an unlicensed person.
- Insufficient supervision of an unlicensed individual when they perform a designated task.
- Performing dry needling without obtaining the required training and competency.
- Failure to adequately inform the public of an individual's profession.
- Failure to perform an evaluation and establish a physical therapy diagnosis for each patient.
- Failure to create and record a treatment program for each patient.
- Failure to perform a periodic evaluation of each patient and documenting it

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in the patient record.

- Failure to create and record a patient's discharge plan.
- Participation is an arrangement that financially benefits, through any means, an individual for the referral of a patient. This includes: payments, rebates, discounts, rent reduction, fee division, refunds, and non-disclosed waivers of charges.

Rule 490-9-.05 Dry Needling

Dry needling may only be performed by a licensed PT who has received specialized training and is competent to perform the procedure. The Georgia Board of physical therapy does not consider online study adequate or appropriate training to perform dry needling.

To perform dry needling, a physical therapist must complete an OSHA Blood Borne Pathogens education program and at least one of the following:

- Graduation from an entry level physical therapy program that included a minimum of 50 hours of dry needling instruction and a competency assessment in its curriculum.
- Graduation from a post-graduate residency or fellowship that included a minimum of 50 hours of dry needling instruction and a competency assessment in its curriculum.
- Successful completion of a didactic dry needling course that included a minimum of 50 hours of dry needling instruction and a competency assessment in its curriculum.

To perform dry needling, Georgia licensed physical therapists and physical therapists applying for licensure must submit documentation of dry needling education and training into CEBroker.

At the time of license renewal, licensees approved to perform dry needling must attest that they are practicing in accordance with the rules and regulations of the Georgia Board of Physical Therapy.

Chapter 490-10 Preventive Services

Licensed physical therapists or licensed physical therapist assistants under the supervision of a licensed PT may perform preventive services such as education or activities for the purposes of injury prevention, stress reduction, or fitness promotion.

Proposed Rule Changes (Chapter 490)

To review the most current information regarding proposed changes to Georgia Physical Therapy Rules (Chapter 490), please go to: <https://sos.ga.gov/sites/default/files/forms/Notice%20of%20Intent%20to%20Amend%20PT%20BR%20490-2-.01%20and%20490-4-.01.pdf>

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Rule 490-2-.01. Application For Licensure And Examination. Amended.

- (1) A completed application for examination must be submitted and approved prior to taking the examination.
- (2) Any physical therapist or physical therapist assistant who plans to practice as a physical therapist or physical therapist assistant in the State of Georgia must be licensed by the Board or hold a Georgia Compact Privilege issued by the Physical Therapy Compact Commission prior to beginning said practice.
- (3) ~~Any applicant who does not submit required documentation within one year of initial filing date will not be given further consideration by the Board until submission of new application and payment of appropriate fees.~~ All applications for licensure must be complete within the timeframe indicated in the Joint Secretary Rules and/or policies. All applications not completed within this designated timeframe shall be considered expired and withdrawn. Following expiration of an application, a new application in its entirety, to include all required fees, shall be required for consideration of licensure.
- (4) All applicants for licensure and examination are also subject to the provisions of O.C.G.A. §§ 43-1-19 and 43-33-18.

Rule 490-4-.01. Renewal and Reinstatement of License and Penalties

- (1) Every licensed physical therapist and physical therapist assistant shall biennially apply to the Board for renewal of his/her license, submit proof of continuing competency requirements and pay a renewal fee by December 31st of odd years. Refer to fee schedule and Rule 490-4-.02.
- (2) A license that is not renewed on or before December 31st shall be assessed a late fee. Refer to fee schedule for penalty fee.
- (3) A license that is not renewed on or before February 28th 1st of the year following the renewal year shall lapse and be of no force and effect and shall by operation of the law be revoked.
- (4) A physical therapist or physical therapist assistant that has been previously licensed in this State who has allowed his/her license to become revoked due to failure to renew, shall be required to submit an application for reinstatement, pay appropriate fee (refer to fee schedule), and shall also be required to meet requirements as provided below:
 - (a) An applicant who is able to document that he/she has practiced as a physical therapist or physical therapist assistant within 2 years shall be required to submit proof of continuing competence requirements as established by the Board;
 - (b) An applicant who is unable to document that he/she has practiced as a physical therapist or physical therapist assistant within 2 years but is able to document such practice within 5 years shall be required to submit proof of continuing competence (Refer to 490-4-.02), and shall be required to work under the supervision of a physical therapist licensed in this state for 480 hours of continuous supervised practice to be completed within 3 months with specific stipulations as deemed necessary by the Board, and shall be required to take and pass the examination on the laws governing the practice of physical therapy in Georgia and the rules of the Georgia State Board of Physical Therapy; or

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(c) An applicant who is unable to document that he/she has practiced as a physical therapist or physical therapist assistant within 5 years shall be required to work under the supervision of a physical therapist licensed in this state for 1,000 hours of continuous supervised practice to be completed in no less than 6 months or no more than 1 year if approved by the Board with specific stipulations as deemed necessary by the Board and shall be required to take and pass the following examinations: the licensing examination, and the examination on the laws governing the practice of physical therapy in Georgia and the rules of the Georgia State Board of Physical Therapy.

(5) Applicants subject to Rule 490-4-.01(4)(a) may at the discretion of the Board be exempted from continuing competence requirements if such person holds a current license in good standing in another state or if such person is currently employed as a physical therapist or physical therapist assistant by the United States Government if such person provides physical therapy services under the direction or control of the employing organization.

Georgia State Board of Physical Therapy Board Policies

The most current version of the GA PT Board Policies may be viewed at:
https://sos.ga.gov/sites/default/files/forms/15_Reference_-_Physical_Therapist_Board_Policies.pdf

Policy #1 - General Application Information

(A) Applications and reinstatement applications will be approved administratively once all criteria as outlined in the law and board rules have been met. The staff will not administratively approve any applications with an affirmative answer to the conviction or board sanction question unless otherwise specified within this policy. A “yes” response for failure of the examination may be administratively approved in compliance with the Board’s rules and other policies. All administratively issued licenses are considered for a vote to ratify at the next regularly scheduled board meeting. The average processing time for a complete application is approximately fifteen (15) working days.

(B) Applications with arrests will fall under the following grid:

The Georgia State Board of Physical Therapy accepts the following guidelines for review of applications for licensure and renewal which indicate that the applicant has an arrest and/or conviction. Applications that do not fall within the parameters indicated below will be referred to the Board Cognizant and/or the Board for consideration.

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Offense	Frequency	Other	Action
DUI	One Time	No active probation / No active parole	If conviction is older than five years proceed with licensure. If conviction is less than five years license with a letter of concern Alcohol.
Bad Checks, Municipal Ordinance Violations, Driving with Suspended/Revoked License	One Time	No probation / No parole	If conviction is older than five years proceed with licensure with a letter of concern Criminal.
Petit Theft, Shoplifting, Non-Violent Property Crimes (not related to drugs)	Two Times	No probation / No parole	If conviction is older than five years proceed with licensure letter of concern Criminal.
Marijuana Possession of Less than One Ounce	One Time	No probation / No parole	If conviction is older than five years proceed with licensure letter of concern Criminal.
Misdemeanor Offenses with the Exception of Drug Related Misdemeanor Crimes	No Limit	No probation / No parole	If conviction is older than five years proceed with licensure letter of concern Criminal.
Any offenses of a sexual nature	No Limit	N/A	Must be presented to the Board.
Any felony offense	No Limit	N/A	Must be presented to the Board.
Applicants with multiple offenses	No Limit	N/A	Must be presented to the Board.

Policy #2 - Examination applications (Board Rule 490-2-.02)

(A) Effective November 21, 2011, the Board will make eligible, applicants for licensure by examination upon receipt of proof from either the College / University Registrar, Dean, PT or PTA Program Director at the applicant's CAPTE-accredited PT / PTA program stating that the applicant has successfully completed the Physical Therapist or Physical Therapist Assistant program but is awaiting degree conferment. The Board has provided, as part of the application, a form that must be completed by the appropriate school representative and submitted to the Board.

(B) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(C) An applicant that has not passed the national physical therapy examination or the Georgia Jurisprudence examination by the fourth (4th) time will not be allowed to sit for the examination for a 5th time without extensive further study, which may include completing a physical therapy educational program approved by CAPTE or additional coursework as deemed necessary by the Board.

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(D) Applicants for initial licensure by exam must take and pass the electronic Georgia Jurisprudence Exam the Federation of State Boards of Physical Therapy (FSBPT).

(E) After extensive further study, the Board may grant an applicant approval to take the national examination a sixth (6) time in accordance with the lifetime limit eligibility criteria established by the Federation of State Boards of Physical Therapy (FSBPT).

Policy #3 - Endorsement applications

(A) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(B) Endorsement applicants who have passed the examination within one (1) year of graduation may apply by examination instead of endorsement and must submit verification of licensure from every state in which they have held a license.

(C) All endorsement applicants must take and pass the electronic Georgia Jurisprudence exam. Candidates must register for the exam through the Federation of State Boards of Physical Therapy (FSBPT). An applicant who has not passed the Georgia Jurisprudence exam by the 4th time will not be allowed to sit for the exam a 5th time without evidence of completion of additional Jurisprudence coursework as deemed necessary by the Board.

Policy #4 - Renewal Applications

A renewal applicant who answers “no” to the continuing competency question must provide proof of completion of the continuing competency requirement.

Policy #5 – Traineeship

(A) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(B) Once Traineeship Supervision is approved, a letter will be sent to the physical therapist approved as the primary supervisor and alternate supervisor that all supervision must be in compliance with board rule 490-2-.04.

(C) Board voted to allow for early exit from traineeships once the individual passes the NPTE and the supervisors have submitted documentation showing successful practice under the traineeship.

Policy #6 – Reinstatement

All licensees who fail to renew their license by the established deadline are placed in “lapsed” status and must apply to reinstate his/her license. Upon discovering that a reinstatement applicant has practiced without a current license, reinstatement may be considered upon the issuance and docketing of a Public Consent Agreement or Public Reprimand including but not limited to the following:

(A) A \$25 fine for each day of unlicensed practice;

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- (B) Must take and pass the jurisprudence exam within 6 months of the docket date of the consent agreement or reprimand; and
- (C) Must report the period of unlicensed practice to their employer(s).

Policy #7 - Continuing Competence Policy

(A) The Georgia State Board of Physical Therapy requires each licensed physical therapist and physical therapist assistant to participate in a minimum number of thirty (30) clock hours of experience, not to exceed ten (10) credit hours per calendar day, to promote continuing competence (CC) per licensure period.

(B) The Board recommends the requirements for competence as planned learning experiences which have content beyond the licensee's present level of knowledge and competence which may be subject to audit by the board. Content of the experience must relate to patient care in physical therapy whether the subject is research, treatment, documentation, education, management, or some other content area.

(C) The thirty (30) hours of continuing competence requirements per biennium shall include a minimum of four (4) contact hours specifically in ethics and jurisprudence as defined in the Georgia Physical Therapy Act or by passage of the Georgia Jurisprudence Examination. Passage of the examination is equivalent to the four (4) hour requirement provided that the individual has not already received credit for the examination when licensure was obtained.

(D) Continuing competence hours obtained from, but not limited to, the following programs or organizations are generally accepted by the Board provided that the experience meets the requirements of Board Rule 490-4-.02 and is related to the practice of physical therapy:

- (a) The American Physical Therapy Association (APTA) and its affiliate components;
- (b) The Physical Therapy Association of Georgia (PTAG) or any other state chapters;
- (c) The Federation of State Boards of Physical Therapy (FSBPT) (Procert);
- (d) Programs provided at CAPTE-Accredited colleges and universities with programs in physical therapy when the continuing competency course is held under the auspices of the school of physical therapy;
- (e) The American Occupational Therapy Association (AOTA);
- (f) The American Academy of Physical Therapy (AAPT)
- (g) Programs approved by another state board
- (h) JCAHO-accredited healthcare organizations
- (i) The American Academy of Orthopedic Surgeons (AAOS)
- (j) The National Athletic Trainers Association (NATA)
- (k) The American Dental Association (ADA)
- (l) The American Association of Nurses (AAN)
- (m) The American Association of Veterinary State Boards (AAVSB)
- (n) The Federation of Chiropractic Licensing Boards (FCLB)

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Policy #8 – Cognizant Matters/Investigation/Disciplinary Matters

(A) In compliance with Georgia law, the Board maintains strict confidentiality of investigations of alleged violations of the Board's Laws and Rules and the identity of the individuals involved. To this end the Board has adopted the use of a member of the Board to act as Cognizant. The Cognizant member shall have access to all records and documents relating to applications which fall outside of the established guidelines for administrative issuance, complaints and investigations. The Cognizant member shall not disclose information leading to the identity of the involved persons until such time as the Board votes to pursue formal disciplinary action. In addition, all complaints received alleging irregular insurance billing practices will automatically be referred to the Insurance Commissioner's Office for investigation and to the appropriate agencies for Medicaid and Medicare fraud.

(B) Cognizant Review: The board staff shall receive all applications which fall outside of the established guidelines for administrative issuance and complaints of alleged violations of the Board's laws and rules and present them to the cognizant member. The applicant and/or complainant will be notified in an appropriate timeframe of any deficiencies or complaints that have been received by the board office and forwarded to the cognizant member for review and action. The cognizant member shall have the following authority:

- (1) Review the application with any supporting documentation and issue the license if it is determined that all qualifications have been met.
- (2) Recommend that the application be reviewed by the full board.
- (3) Recommend to full board that a complaint be dismissed due to no alleged violation of the laws or rules.
- (4) Refer a complaint directly to the Enforcement Division for investigation.
- (5) Conduct an investigative interview.
- (6) After an investigation is complete, make a recommendation to the full Board for one of the following:
 - (a) Close – No violation
 - (b) Sanction if investigative findings are that a violation has occurred.
 - (c) In all situations, the Cognizant member shall report to the Board the actions taken regarding the application or investigation of the complaint.
 - (d) The cognizant member timely receives and reviews copies of Enforcement Referrals and/or Dispositions to investigations in each case.
 - (e) All requests for additional information, from staff or cognizant member shall be in writing.
 - (f) If a matter regarding a licensee is referred to the AG's office for a consent order, the order will include the requirement that the disciplined licensee must take and receive a passing score on the jurisprudence examination within 3 months of the docket date of the order.

Policy #9 – Peer Review

Individuals working as peer reviewers for the board must have no disciplinary history, current clinical expertise of five (5) years' experience and be capable of

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providing an expert opinion on the subject matter and to general questions of patient care, record keeping and billing. Peer reviewers are selected by the Board on a case-by-case basis.

Policy #10 - Mental Physical Evaluations

The Board will accept the guidelines for mental physical evaluations as provided by O.C.G.A § 43-33-18(a) (2).

Policy #11 – Meeting/records

(A) Policy Review: The Board will hold an annual policy review.

(B) Minutes: Draft minutes and the board agenda will be provided to the Board at least one (1) week prior to the Board meeting or conference call.

(C) Meetings: Meetings will be held as established by yearly calendar that is approved by the Board. Changes to the meeting dates and times may be called when necessary.

Policy #12 – Position on Medications

The Georgia State Board of Physical Therapy, adopts the APTA position of Medications in the Provision of Physical Therapy which states:

The scope of practice of physical therapy often requires the use of medications in the course of patient/client management, such as in the administration of phonophoresis, iontophoresis, nebulized bronchodilators, and in integumentary repair and protection. The application and storage of medications used in physical therapy is within the scope of physical therapy practice.

Policy #13 – Georgia Jurisprudence

(A) In order to meet the minimum four (4) contact hour continuing competence requirement, Aa Georgia Ethics and Jurisprudence Continuing Competency Course must include a review of the Georgia General Provisions (Title 43 Chapter 1 -specifically 43-1-9 and 43-1-19 through 43-1-27), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter490), Board Policies and a general review of the Board's web-site

(<http://sos.ga.gov/index.php/licensing/plb/39>), including the Frequently Asked Questions (FAQ's). A review of the Jurisprudence exam will occur when the laws and rules change.

(B) The requirement of (4) contact hours in Ethics and Jurisprudence can be met through coursework or may also be satisfied by taking and passing completion of the Georgia Jurisprudence Exam offered by FSBPT.

(C) Licensees will not receive credit towards the current continuing competency requirements for any passing score on a Georgia Jurisprudence Exam that was taken to satisfy the requirements for initial licensure in this State, prior renewal cycles or the terms and conditions of a Board Order.

Policy #14 Foreign Credentialing

(A) The Board requires sixty (60) hours of general education and ninety (90) hours

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of professional education for a total of 150 hours for foreign educated applicants. The Board further authorizes the use of the FSBPT Retro Tools for applicants educated prior to 1997.

(B) The Board approved foreign credentialing agencies are ICA, IERF and FCCPT.

Policy #15 Residency Programs

Pursuant to O.C.G.A. §43-33-1, the Board will consider for approval educational institutions for the purposes of offering programs to develop advanced physical therapy skills. All educational institutions that are providing such advanced training must petition the Board prior to allowing practice of residents/fellows per applicant that is unlicensed in Georgia and enrolled in said program.

Policy #16 Telehealth

The purpose of this policy is to establish guidelines for the practice of telerehabilitation (telehealth) by the spectrum of technologies involving interactive telehealth. Telehealth has been defined as the use of electronic communications to provide and deliver a host of health-related information and health care services including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

(A) All provisions of Physical Therapy utilizing telehealth mechanisms must conform to all statutes, rules and policies governing the practice of physical therapy in the State of Georgia.

(B) With the exception of part(c), individuals providing physical therapy via telehealth to a patient/client in the State of Georgia must be licensed in the State of Georgia.

(C) A physical therapist that is licensed in another jurisdiction of the United States may provide a consultation via telehealth to a physical therapist in the state of Georgia.

Policy # 17 Physical Therapist and Physical Therapist Assistant Relationship

Upon initiation of a physical therapy plan of intervention, physical therapists may, at their discretion, allow physical therapy treatments to be performed by physical therapist assistants to include the period in the 21 days or eight (8) visits, whichever comes first, prior to discharge or receipt of a referral from the patient's provider. Ultimately the responsibility for the quality of care provided by supportive personnel resides with the Physical Therapist. While technology allows for supervision in new and expanded methods, the PTAs, Trainees, and Students should know who and how to contact the supervising PT.

(A) It is recommended that the PT supervise no more than three (3) other supportive clinicians at any given time. For the purposes of this policy, supportive clinicians are defined as PTAs, Trainees, and PT/PTA students.

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(B) Care coordination discussions are expected in all settings. Such communication should be documented in the patients' medical record. The frequency of the communication should be based on the patient condition, progression and setting.

Title 43, Chapter 1 General Provisions

43-1-1. Definitions

(1) "Division" means the professional licensing boards division created under Code Section 43-1-2.

(2) "Division director" means the individual appointed by the Secretary of State as director of the professional licensing boards division within the office of the Secretary of State.

(3) "Professional licensing board" means any board, bureau, commission, or other agency of the executive branch of state government which is created for the purpose of licensing or otherwise regulating or controlling any profession, business, or trade and which is placed by law under the jurisdiction of the director of the professional licensing boards division within the office of the Secretary of State.

43-1-2. Appointment and general powers of division director; members and meetings of professional licensing boards; examination standards; roster of licensees; funding.

(1) The Secretary of State is authorized and directed to appoint a director of the professional licensing boards division.

(2) The rights, privileges, entitlements, or duties of parties to contracts, leases, agreements, or other transactions entered into by the joint-secretary prior to July 1, 2000, shall continue to exist and shall not be impaired or diminished by reason of the succession of the division director to the powers and duties of the joint-secretary.

(b) The salary of the division director shall be fixed by the Secretary of State, and he or she shall hold office at the pleasure of the Secretary of State.

(c) The Secretary of State shall employ personnel as deemed necessary to carry out this chapter and to provide for all services required by each of the professional licensing boards and shall establish within the guidelines provided by the laws and rules and regulations of the State Personnel Board the qualifications of such personnel.

(d) The division director, with the approval of the Secretary of State shall enter into such contracts as are deemed necessary to carry out this chapter to provide for all services required by each of the professional licensing boards.

(e) The Secretary of State shall have the power to employ and shall set the qualifications and salary for a deputy division director and shall appoint executive directors as required who shall act in the absence of the division director and who shall perform such other functions of the division director under this chapter as the division director may designate.

(f) Each member of the various professional licensing boards may receive the expense allowance and the same mileage allowance for the use of a personal car as that received by all other state officials and employees or a travel allowance of actual transportation cost if traveling by public carrier within the state. Any board member shall also be reimbursed for any conference or meeting registration fee incurred in the performance of his or her duties as a board member. For each day's service outside of the state as a board member, such member shall receive actual expenses as an

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expense allowance as well as the same mileage allowance for the use of a personal car as that received by other state officials and employees or a travel allowance of actual transportation cost if traveling by public carrier or by rental motor vehicle. Expense vouchers submitted by members of the various professional licensing boards are subject to approval of the president or chairperson of the respective board and the division director.

(g) All meetings and hearings of the respective professional licensing boards shall be held in the capitol, at the site of the office of the respective board, or at such other site as may be requested by the chairperson or president of a professional licensing board and approved by the division director.

(h) A majority of the appointed members of a professional licensing board shall constitute a quorum for the transaction of business by that board.

(h.1) Members of a professional licensing board shall serve until the expiration of the term for which they were appointed and until their successors have been appointed and qualified unless otherwise specified under the provisions of this title.

(i) A schedule of all meetings and hearings of the various professional licensing boards shall be maintained at the office of the division director and be available for public review.

(j) The division director may establish administrative standards for the examination of applicants for licensure by the various professional licensing boards, notwithstanding any other provisions of law to the contrary. These administrative standards may include the setting of date, time, and location of examinations, subject to the approval of the respective professional licensing boards. Notwithstanding any other provisions of law to the contrary, examination criteria, examination grading procedures, examination fees, examination passing score requirements, and other matters pertaining to the examination of applicants for licensure may be adopted by rules of the respective professional licensing boards as necessary to implement such examination standards. Examination standards, including examination criteria, grading procedures, and passing score requirements, developed in agreement or in conjunction with a national association of state boards or other related national association for the administration of a nationally recognized uniform examination may be adopted in lieu of state standards by the respective professional licensing boards.

(k) The division director shall prepare and maintain a roster containing the names and addresses of all current licensees for each of the various professional licensing boards. A copy of this roster, except for home addresses of licensees, shall be available to any person upon request at a fee prescribed by the division director sufficient to cover the cost of printing and distribution. The following shall be treated as confidential and need not be disclosed without the approval of the professional licensing board to which application is made:

(1) Applications and other personal information, including home addresses, submitted by applicants, except to the applicant, staff, and the board;

(2) Information, favorable or unfavorable, submitted by a reference source concerning an applicant, except to the staff and the board;

(3) Examination questions and other examination materials, except to the staff and the board; and

(4) The deliberations of the board with respect to an application, an examination, a complaint, an investigation, or a disciplinary proceeding, except as may be contained in official board minutes.

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(l) Funding for the office of the division director and the various professional licensing boards served by such office shall be contained in a common budget unit as defined in Part 1 of Article 4 of Chapter 12 of Title 45, the “Budget Act.”

43-1-3. Duties of division director.

The division director is responsible for records relating to the professional licensing boards, receiving all applications for licenses, scheduling examinations, scheduling hearings, issuing certificates, and collecting all fees required by law in connection with the licensing of trades and professions. The division director may serve legal notice upon any of the professional licensing boards.

43-1-4. Expiration, renewal, and penalty dates of licenses and certificates; duration of validity; Renewals

The division director determines the expiration, renewal, and penalty dates for each license and certificate issued by the professional licensing boards. Expiration, renewal, and penalty dates must be approved by the respective professional licensing boards prior to them going into effect. Each license or certificate is valid for up to two years and is renewable biennially on the renewal date established by the division director.

The division director may create biennial renewal rules and regulations for licenses and certificates to ensure even distribution throughout each two-year period.

43-1-5. Investigators for professional licensing boards

Designated investigators have all the powers of a Georgia peace officer when engaged in the enforcement of any of the laws created or related to the professional licensing boards. Investigators may carry firearms with written approval of the division director.

43-1-6. Venue of actions involving professional licensing boards.

The venue of any action involving the members of any professional licensing board shall be governed by the Georgia laws specific to the venue. The division director is not considered a member of any board in determining the venue of any action.

The division director’s residence does not determine jurisdiction of any action.

43-1-7. Determination of fees by professional licensing boards; Refunds

Each professional licensing board is authorized to charge an examination fee, license fee, license renewal fee, or similar fee. Each board may establish the amount of the fee to be charged. The fee must be reasonable, and the total amount of the fees must approximate the total of the direct and indirect costs to the state of the operations of the board. Fees may be refunded for good cause, as determined by the division director.

43-1-8. [Reserved] Disposition of fees.

43-1-9. Point credit for veterans taking examinations given by professional licensing boards.

An applicant taking a licensing board required examination will receive the following applicable points:

(1) Active duty in the U.S. armed forces, or on active reserve duty for a period of one year or more, of which at least 90 days were served during wartime or during any conflict when military personnel were committed by the President of the United States, shall be

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entitled to a credit of five points. The points will be added to the grade made by the applicant.

(2) Disabled veteran and who served on active duty in the U.S. armed forces or on active reserve during wartime or during any conflict when military personnel were committed by the President of the United States will receive five points if the disability was for an injury or illness incurred in the line of duty and such disability is officially rated at less than 10 percent at the time of taking the examination. The points will be added to the grade made by the applicant.

(3) Disabled veteran and who served on active duty in the U.S. armed forces or on active reserve during wartime or during any conflict when military personnel were committed by the President of the United States will receive ten points if the disability was for an injury or illness incurred in the line of duty and such disability is officially rated at 10 percent or above at the time of taking the examination. The points will be added to the grade made by the applicant.

43-1-10. Credit to veteran's grades when examination given in parts or by subject. Additional points will be added to the grade before the average grade is determined.

43-1-11. Veteran's examination to be graded prior to determination of eligibility for credit. A professional licensing board examination will be initially graded without veteran credit. If proof is submitted that the applicant is a veteran, applicable credit will be added. The applicant will pass the examination if the grade equals or exceeds the requirement to pass the examination.

43-1-12. Duty of division director to inform applicants of availability of veteran credit; rules and regulations for implementing veteran credit program. The division director will inform examination applicants of the available point credits for veterans.

43-1-13. Inapplicability of veteran credit provisions to applicants who were not honorably discharged. Veteran point credits do not apply to individuals who were not honorably discharged.

43-1-14. Authority of Governor to appoint qualified persons to professional licensing boards. The Governor can appoint any qualified person to serve as a member of any professional licensing board.

43-1-15. Itinerant entertainers
Not applicable to physical therapy.

43-1-16. Senate confirmation of appointments to professional licensing boards
Governor appointees for a professional licensing board must be confirmed by the Senate; appointments made when the Senate is not in session will be effective until acted upon by the Senate.

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43-1-17. Removal from office of member of a professional licensing.

The Governor may remove any professional licensing board member from office for any of the following: Inability or neglect to perform the duties; Incompetence; or dishonest conduct

43-1-18. Eligibility of consumer members of professional licensing boards to vote on all matters.

Professional licensing board consumer members are eligible to vote on all board matters.

43-1-19. Refusal to grant, revocation, and reinstatement of licenses; surrender; probationary license.

(a) A professional licensing board has the authority to refuse to grant a license, revoke a license, or discipline a person licensed by that board, upon a finding by a majority of the entire board that the licensee or applicant has:

(1) Failed to demonstrate the qualifications or standards for a license

(2) Knowingly made misleading, deceptive, untrue, or fraudulent representations; practiced fraud or deceit or intentionally made any false statement in obtaining a license; or made a false statement or deceptive registration with the board;

(3) Been convicted of any felony or of any crime involving moral turpitude

(4) Been arrested, charged, and sentenced for the commission of any felony, or any crime involving moral turpitude.

(5) Had a license to practice a business or licensed profession revoked, suspended, or annulled by any lawful licensing authority; had other disciplinary action taken against them by any licensing authority; was denied a license by any lawful licensing authority pursuant to disciplinary proceedings; or was refused the renewal of a license by any licensing authority pursuant to disciplinary proceedings.

(6) Engaged in any unprofessional, immoral, unethical, deceptive, or deleterious harmful conduct that materially affects the individual's ability to practice a business or profession licensed under this title or is likely to jeopardize the interest of the public. The conduct need not result in injury or be directly related to the practice of the licensed profession; only that the licensee or applicant committed an act or omission indicative of bad moral character or untrustworthiness. This includes any departure from, or failure to conform to, the minimal reasonable standards of acceptable and prevailing practice of the profession.

(7) Knowingly performed any act which aids, assists, procures, advises, or encourages any unlicensed person or any licensee whose license has been suspended or revoked by a professional licensing board to practice a profession or to practice outside the disciplinary limitations placed upon the licensee by the board.

(8) Violated a statute, law, or any rule or regulation of lawful authority without regard to whether the violation is criminally punishable when such statute, law, or rule or regulation relates to or in part regulates the practice of a business or profession licensed under this title and when the licensee or applicant knows or should know that such action violates such statute, law, or rule; or violated a lawful order of the board previously entered by the board in a disciplinary hearing, consent decree, or license reinstatement;

(9) Been adjudged mentally incompetent by a court of competent jurisdiction within or outside this state; any such adjudication shall automatically suspend the license of any

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such person and shall prevent the reissuance or renewal of any license so suspended for so long as the adjudication of incompetence is in effect.

(10) Displayed an inability to practice a licensed profession licensed with reasonable skill and safety to the public or has become unable to practice the licensed profession with reasonable skill and safety to the public by reason of illness or the use of alcohol, drugs, narcotics, chemicals, or any other type of material; or

(11) Failed to comply with an order for child support.

(b) The provisions of the “Georgia Administrative Procedure Act,” with respect to emergency action by a professional licensing board and summary suspension of a license are adopted and incorporated by reference into this Code section.

(c) A professional licensing board may obtain records relating to the mental or physical condition of a licensee or applicant, and such records shall be admissible in any hearing before the board.

(d) When a professional licensing board finds that any person is unqualified to be granted a license or finds that any person should be disciplined, the board may take any one or more of the following actions:

(1) Refuse to grant or renew a license to an applicant;

(2) Administer a public or private reprimand, but a private reprimand shall not be disclosed to any person except the licensee;

(3) Suspend any license for a definite period or for an indefinite period in connection with any condition which may be attached to the restoration of such license;

(4) Limit or restrict any license as the board deems necessary for the protection of the public;

(5) Revoke any license;

(6) Condition the penalty upon, or withhold formal disposition pending, the applicant’s or licensee’s submission to such care, counseling, or treatment as the board may direct;

(7) Impose a fine not to exceed \$500.00 for each violation of a law, rule, or regulation relating to the licensed business or profession; or

(8) Impose fees or charges in an amount necessary to reimburse the professional licensing board for the administrative and legal costs incurred by the board in conducting an investigative or disciplinary proceeding.

(e) A professional licensing board may make a finding adverse to the licensee or applicant but withhold imposition of judgment and penalty; or it may impose the judgment and penalty but suspend enforcement thereof and place the licensee on probation, which may be vacated upon noncompliance with such reasonable terms as the board may impose.

(f) Initial judicial review of a final decision of a professional licensing board shall be had solely in the superior court of the county of domicile of the board. The court may assess reasonable and necessary attorney’s fees and expenses of litigation in any such review if, upon the motion of any party or the court itself, it finds that an attorney or any party aggrieved by an action of the board appealed such action of the board or any part thereof when such appeal lacked substantial justification or when such appeal or any part thereof was interposed for delay or harassment or if it finds that an attorney or aggrieved party unnecessarily expanded the proceeding by other improper conduct.

(g) In its discretion, a professional licensing board may reinstate a license which has been revoked or issue a license which has been denied or refused, following such procedures as the board may prescribe by rule; and, as a condition thereof, it may impose any disciplinary or corrective method provided in this Code section or the laws relating to the licensed business or profession.

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(h)

(1) The division director may make investigations for the enforcement of this Code section and the laws relating to businesses and professions licensed by that board. Any person properly conducting an investigation on behalf of a professional licensing board shall have access to and may examine any writing, document, or other material relating to the fitness of any licensee or applicant.

(2) The results of all investigations initiated by the board shall be reported solely to the board, and the records of such investigations shall be kept for the board by the division director, with the board retaining the right to have access at any time to such records. No part of any such records shall be released, except to the board, for any purpose other than a hearing before the board, nor shall such records be subject to subpoena; provided, however, that the board shall be authorized to release such records to another enforcement agency or lawful licensing authority.

(3) If a licensee is the subject of a board inquiry, all records relating to any person who receives services rendered by that licensee in his or her capacity as licensee shall be admissible at any hearing held to determine whether a violation of this chapter has taken place, regardless of any statutory privilege; provided, however, that any documentary evidence relating to a person who received those services shall be reviewed in camera and shall not be disclosed to the public.

(4) The board shall have the authority to exclude all persons during its deliberations on disciplinary proceedings and to discuss any disciplinary matter in private with a licensee or applicant and the legal counsel of that licensee or applicant.

(5) When a member of the public files a complaint with a professional licensing board or the division director against a licensee, within 30 days after the conclusion of the investigation of such complaint, the professional licensing board or the division director shall notify the complainant of the disposition of such complaint. Such notification shall include whether any action was taken by the board regarding the complaint and the nature of such action. In addition, upon request, the division director and the board shall advise the complainant as to the status of the complaint while a complaint is pending.

(i) Any entity who reports, investigates, testifies or who makes a recommendation to a professional licensing board, in good faith, without fraud or malice, relating to a licensee's or applicant's fitness to practice the business or profession licensed by the board is immune from civil and criminal liability.

(j) Issuance of a private reprimand, denial of a license by reciprocity, denial of a request for reinstatement of a revoked license, or the refusal to issue a previously denied license are considered to be a contested case; notice and hearing within the meaning of such chapter are not required, but the applicant or licensee are allowed to appear before the board if he or she so requests. A board may resolve a pending action by the issuance of a letter of concern. The letter shall not be considered a disciplinary action or a contested case and shall not be disclosed to any person except the licensee or applicant.

(k) If any licensee or applicant fails to appear at any hearing of the professional licensing board for that licensee or applicant, the board may proceed to hear the evidence against such licensee or applicant and take action as if such licensee or applicant had been present.

(l) The voluntary surrender of a license or the failure to renew a license by the end of an established penalty period shall have the same effect as a revocation of such license, subject to reinstatement in the discretion of a board. A board may restore and reissue a license to practice under the law relating to that board and, as a condition thereof, may

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impose any disciplinary sanction provided by this Code section or the law relating to that board.

(m) This Code section shall apply equally to all licensees or applicants whether individuals, partners, or members of any other incorporated or unincorporated associations, corporations, limited liability companies, or other associations of any kind whatsoever.

(n) Regulation by a professional licensing board of a business or profession licensed under this title shall not exempt that business or profession from regulation pursuant to any other applicable law.

(o) Professional licensing boards are not prohibited from acting pursuant to those provisions of law which may now or hereafter authorize other disciplinary grounds and actions for that particular board. In cases where those other provisions of law so authorize other disciplinary grounds and actions but subsection (a), (d), or (e) of this Code section limits such grounds or actions, those other provisions shall apply so long as the requirements of subsection (q) of this Code section are met.

(p)

(1) When an applicant submits an application for licensure or renewal, together with proof of completion of a drug court, a mental health court division, a veterans court, an operating under the influence court division, or a family treatment court division, a board shall issue the applicant a probationary license.

(2) Paragraph (1) of this subsection shall not supersede a board's consideration of an applicant's other prior criminal history or arrests or convictions that occur subsequent to completion of a court division identified in paragraph (1) of this subsection.

(q)

(1) Unless a felony or crime involving moral turpitude directly relates to the occupation for which the license is sought or held, no professional licensing board shall refuse to grant a license to an applicant or shall revoke the license of an individual licensed by that board due solely or in part to such applicant's or licensee's:

(A) Conviction of any felony or any crime involving moral turpitude,

(B) Arrest, charge, and sentence for the commission of such offense;

(C) Sentence for such offense pursuant first offender laws;

(D) Sentence for such offense pursuant to Code Section 16-13-2;

(E) Sentence for such offense as a result of a plea of nolo contendere;

(F) Adjudication of guilt or sentence was otherwise withheld or not entered; or

(G) Being under supervision for a conviction of any felony or any crime involving moral turpitude, so long as such individual was not convicted of a felony violation of Chapter 5 of Title 16 nor convicted of a crime requiring registration on the state sexual offender registry.

(2) In determining if a felony or crime involving moral turpitude directly relates to the occupation for which the license is sought or held, the professional licensing board shall consider:

(A) The nature and seriousness of the felony involving moral turpitude and the relationship of such felony or crime involving moral turpitude to the occupation for which the license is sought or held;

(B) The age of the individual at the time such felony or crime involving moral turpitude was committed;

(C) The length of time elapsed since such felony or crime involving moral turpitude was committed;

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- (D) All circumstances relative to such felony or crime involving moral turpitude, including, but not limited to, mitigating circumstances or social conditions surrounding the commission of such felony or crime involving moral turpitude; and
- (E) Evidence of rehabilitation and present fitness to perform the duties of the occupation for which the license is sought or held.

43-1-19.1. Waiver of deductibles or copayments in health insurance plans; deceptive or misleading advertising

(a) For the purposes of applicable provisions of Code Section 43-1-19, it shall be considered a deceptive or misleading practice for any person duly licensed and authorized to provide any type of health care services to advertise, as an inducement to attract patients, the waiver of a deductible or copayment required to be made to such person under the patient's health insurance policy or plan.

(b) This Code section shall not apply to nonprofit community health centers which primarily serve indigent patients.

(c) Notwithstanding the provisions of any other law of this Code to the contrary, it shall not be considered a misleading, fraudulent, or deceptive act for a provider to waive occasionally such a deductible or copayment required to be made under the patient's health insurance contract, policy, or plan if the waiver is authorized by the insurer or if the waiver is based on an evaluation of the individual patient and is not a regular business practice of the person providing the health care services.

43-1-19.2. License applications to include questions on prior revocation or denial of license

Each application for a license to practice a profession or business to be issued by a professional licensing board or any agency of the state shall include a question as to whether the applicant for such license:

- (1) Has had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state; or
- (2) Was denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state.

The question shall be answered under oath and the answer shall include the name of the board or agency which revoked, suspended, denied, refused renewal of, or otherwise sanctioned the license.

43-1-20. Actions to enjoin unlicensed practice.

A professional licensing board, the division director, or the appropriate prosecuting attorney may bring an action to enjoin the unlicensed practice by any person of a profession or business required to be licensed by a professional licensing board. The action to restrain and enjoin such unlicensed practice shall be brought in the superior court of the county where the unlicensed person resides. It shall not be necessary to allege or prove that there is no adequate remedy at law to obtain an injunction under this Code section.

43-1-20.1. Cease and desist orders against persons practicing without a license; fine for violating order

(a) Notwithstanding any other provisions of the law to the contrary, after notice and

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hearing, a professional licensing board may issue a cease and desist order prohibiting any person from violating the provisions of this title by engaging in the practice of a business or profession without a license.

(b) The violation of any cease and desist order of a professional licensing board issued under subsection (a) of this Code section shall subject the person violating the order to further proceedings before the board, and the board shall be authorized to impose a fine not to exceed \$500.00 for each transaction constituting a violation thereof. Each day that a person practices in violation of this title shall constitute a separate violation.

(c) Initial judicial review of the decision of the board entered pursuant to this Code section shall be available solely in the superior court of the county of domicile of the board.

(d) Nothing in this Code section shall be construed to prohibit a professional licensing board from seeking remedies otherwise available by statute without first seeking a cease and desist order in accordance with the provisions of this Code section.

43-1-21. Release of information regarding investigations

The division director is authorized to provide to any lawful licensing authority of this or any other state, upon inquiry by such authority, information regarding a past or pending investigation of or disciplinary sanction against any applicant for licensure by that board or licensee of that board notwithstanding the provisions of subsection (h) of Code Section 43-1-19 or any other law to the contrary regarding the confidentiality of that information. Nothing in this Code section or chapter shall be construed to prohibit or limit the authority of that director to disclose to any person or entity information concerning the existence of any investigation for unlicensed practice being conducted against any person who is neither licensed nor an applicant for licensure by a professional licensing board.

43-1-22. Inactive status licenses

The division director may provide for inactive status licenses for the various professional licensing boards.

43-1-23. Exemption of licensees of professional licensing boards from filing with clerk of superior court.

No licensee of a professional licensing board shall be required to file or record his license with the clerk of the superior court, and no clerk shall be required to report the filing or recordation of any such license.

43-1-24. Licensed professionals subject to regulation by professional licensing board. Any person licensed by a professional licensing board and who practices a "profession," as defined in Chapter 7 of Title 14, the "Georgia Professional Corporation Act," or who renders "professional services," as defined in Chapter 10 of Title 14, "The Georgia Professional Association Act," whether such person is practicing or rendering services as a proprietorship, partnership, professional corporation, professional association, other corporation, limited liability company, or any other business entity, shall remain subject to regulation by that professional licensing board, and such practice or rendering of services in that business entity shall not change the law or existing standards applicable to the relationship between that person rendering a professional service and the person receiving such service, including but not limited to the rules of privileged communication

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and the contract, tort, and other legal liabilities and professional relationships between such persons.

43-1-25. Authority of professional licensing boards to promulgate rules and regulations Except as provided in subsection (o) of Code Section 43-1-19, Code Sections 43-1-16 through 43-1-24 shall apply to all professional licensing boards and licenses thereunder, except the Georgia Real Estate Commission and its licensees, notwithstanding any other law to the contrary, and each such professional licensing board may promulgate rules and regulations to implement the authority provided by the applicability of said provisions to said boards.

43-1-26. Exemption of credentialed persons from licensure, registration, or certification in the state in connection with the Olympic and Paralympic Games; conditions and limitations; consent for certain medical services; automatic repeal
Repealed by Ga. L. 1994, p. 480, § 1, effective December 31, 1996.

43-1-27. Licensee required to notify licensing authority of felony conviction
Any licensed individual who is convicted under the laws of this state, the United States, or any other state, territory, or country of a felony as defined in paragraph (3) of subsection (a) of Code Section 43-1-19 shall be required to notify the appropriate licensing authority of the conviction within 10 days of the conviction. The failure of a licensed individual to notify the appropriate licensing authority of a conviction shall be considered grounds for revocation of his or her license, permit, registration, certification, or other authorization to conduct a licensed profession.

43-1-28. Volunteers in health care specialties.

(a) "Georgia Volunteers in Health Care Specialties Act."

(1) "Health care board" means that professional licensing board which licenses a health care practitioner under this title.

(2) "Health care practitioner" means a chiropractor, registered professional nurse, podiatrist, optometrist, professional counselor, social worker, marriage and family therapist, occupational therapist, physical therapist, physician assistant, licensed practical nurse, certified nurse midwife, pharmacist, speech-language pathologist, audiologist, psychologist, or dietitian.

(3) "Health care specialty" means the practice of chiropractic, nursing, podiatry, optometry, professional counseling, social work, marriage and family therapy, occupational therapy, physical therapy, physician assistance, midwifery, pharmacy, speech-language pathology, audiology, psychology, or dietetics.

(4) "Unrestricted" means that no restrictions have been placed on a health care practitioner's license by a health care board, no sanctions or disciplinary actions have been imposed by a health care board on a health care practitioner, and a health care practitioner is not under probation or suspension by a health care board.

(c) Notwithstanding any other provision of law, each health care board shall issue a special license to qualifying health care practitioners whose health care specialty is licensed by that board under the terms and conditions set forth in this Code section. The special license shall only be issued to a person who:

(1) Is currently licensed to practice the applicable health care specialty in any health care specialty licensing jurisdiction in the United States and whose license is unrestricted and in good standing; or

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(2) Is retired from the practice of the health care specialty or, in the case of a physician assistant, has an inactive license and is not currently engaged in such practice either full time or part time and has, prior to retirement or attaining inactive status, maintained full licensure unrestricted in good standing in the applicable health care specialty licensing jurisdiction in the United States.

(d) The special licensee shall be permitted to practice the health care specialty only in the non-compensated employ of public agencies or institutions, not for profit agencies, not for profit institutions, nonprofit corporations, or not for profit associations which provide health care specialty services only to indigent patients in areas which are underserved by that specialty or critical need population areas of the state.

(e) The person applying for the special license under this Code section shall submit to the appropriate health care board a copy of his or her health care specialty degree, a copy of his or her health care specialty license in his or her current or previous licensing and regulating jurisdiction, and a notarized statement from the employing agency, institution, corporation, association, or health care program on a form prescribed by that board, whereby he or she agrees unequivocally not to receive compensation for any health care specialty services he or she may render while in possession of the special license.

(f) Examinations by the health care board, any application fees, and all licensure and renewal fees may be waived for the holder of the special license under this Code section.

(g) If, at the time application is made for the special license, the health care practitioner is not in compliance with the continuing education requirements established by the health care board for the applicable health care specialty, the health care practitioner shall be issued a nonrenewable temporary license to practice for six months provided the applicant is otherwise qualified for such license.

(h)

(1) The liability of persons practicing a health care specialty with a special license issued under this Code section and the liability of their employers for such practice shall be governed by Code Section 51-1-29.1.

(2) The liability of persons practicing a health care specialty pursuant to Article 8 of Chapter 8 of Title 31 under and in compliance with a special license issued under this Code section and the liability of their employers for such practice shall be governed by the provisions of such article.

43-1-29. Suspension of license for nonpayment of student loans prohibited.

A professional licensing board shall not suspend the license of a person because he or she is a borrower in default under the Georgia Higher Education Loan Program or because he or she has been certified by any entity of the federal government for nonpayment under any federal educational loan, loan repayment, or service conditional scholarship program.

43-1-30. [Reserved] Collection of work force and demographic data; procedure for collection and utilization.

43-1-31. Expiration of professional licenses of service members on active duty outside of state.

(a) “service member” means an active-duty member of the regular or reserve component of the United States armed forces, the United States Coast Guard, the Georgia National

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Guard, or the Georgia Air National Guard on ordered federal duty for a period of 90 days or longer.

(b) Any service member whose license to practice a profession expired while such service member was serving on active duty outside the state shall be permitted to practice such profession and shall not be charged with a violation related to practicing a profession with an expired license for a period of six months from the date of his or her discharge from active duty or reassignment to a location within the state. Any such service member shall be entitled to renew such expired license without penalty within six months after the date of his or her discharge from active duty or reassignment to a location within the state. The service member must present to the applicable professional licensing board either a copy of the official military orders or a written verification signed by the service member's commanding officer to waive any charges.

43-1-32. Limitations on licensure requirements for physicians and dentists.
Not applicable for physical therapy

43-1-33. Advertisement, signage, and identifier requirements for health care practitioners.

(a) This Act shall be known and may be cited as the "Consumer Information and Awareness Act."

(1) An advertisement by a health care practitioner shall identify the type of license the health care practitioner holds.

(2) This subsection shall not apply to an advertisement by a health care practice or facility and shall not be construed to require any such practice or facility in which multiple health care practitioners are employed to list in an advertisement the name of every health care practitioner so employed by such practice or facility.

(e)

(1) A health care practitioner must conspicuously post and affirmatively communicate the practitioner's specific licensure to all current and prospective patients as follows:

(A)

(i) The health care practitioner must wear an identifier during all patient encounters that shall include:

(I) The health care practitioner's name; and

(II) The type of license or educational degree the health care practitioner holds.

(ii) The identifier must be of sufficient size and be worn in a conspicuous manner so as to be visible and apparent. A lab coat or similar distinguishing clothing or uniform indicating the practitioner's specific licensure may be considered an identifier

(iii) An identifier shall not be required in an operating room or other setting where surgical or other invasive procedures are performed or in any other setting where maintaining a sterile environment is medically necessary.

(iv) An identifier shall not be required in any mental health setting where it would impede the psychotherapeutic relationship.

(v) If a safety or health risk to the health care practitioner or a patient would be created as a result of the practitioner wearing such identifier in a specified practice setting, an identifier shall not be required or may be modified by omitting or concealing the last name of the practitioner in accordance with the requirements of the health care practice or facility; and

(B) A health care practitioner in a health care practice or facility other than a hospital shall display in the reception area of such practice or facility a notice that clearly

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identifies the type of health care practitioners employed in such practice or facility and the right of a patient to inquire as to the type of license of the health care practitioner treating such patient. The notice shall be of sufficient size so as to be visible and apparent to all current and prospective patients.

(2) A health care practitioner who practices in more than one office shall place the identifier information conspicuously on the practitioner's website if he or she maintains a website.

(3) A health care practitioner who practices in a nonpatient care setting and who does not have any direct patient care interactions is not subject to the provisions of this subsection.

(4) A health care practice or facility which requires, as of the effective date of this Code section, its health care practitioners to wear an identification badge shall not be required to replace such badges to conform to the requirements of this subsection.

(5) This subsection shall not apply to health care practices or facilities in which only one type of health care practitioner practices.

(6) This subsection shall only apply to a dentist if such dentist is practicing in a hospital. This subsection shall only apply to a chiropractor or optometrist if such chiropractor or optometrist is practicing in a hospital, nursing home, assisted living community, or personal care home.

(f) A health care practitioner who intentionally violates any provision of this Code section may be subject to disciplinary action by the health care practitioner's professional licensing board.

(g) A violation of this Code section shall not constitute a private cause of action.

43-1-34. Licenses for transitioning members of the armed forces.

(b) Transitioning service members may qualify for temporary licenses, licenses by endorsement, expedited licenses, or a combination thereof for each profession, business, or trade for which a license is issued. Such process may include the issuance of a license to an applicant based upon such applicant:

(1) Holding a license from another state for which the training, experience, and testing substantially meet or exceed the requirements under this state to obtain a license; and

(2) Obtaining a specialty, certification, training, or experience in the military while a service member which substantially meets or exceeds the requirements to obtain a license in this state.

43-1-35. Expedited license by endorsement for spouses of active or transitioning members of the armed forces.

(b) Notwithstanding any other provisions of law, a professional licensing board or other board shall issue an expedited license by endorsement to any individual who:

(1) Is a spouse of a service member or transitioning service member stationed within the State of Georgia;

(2) Holds a current license to practice such occupation or profession issued by another state for which the training, experience, and testing are substantially similar in qualifications and scope to the requirements under this state to obtain a license;

(3) Is in good standing in such other state; and

(4) Passes any examination that may only be required to demonstrate knowledge of the laws and rules and regulations of this state specific to the practice of the profession, business, or trade for which such expedited license by endorsement is being sought.

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(c) An expedited license by endorsement shall be issued no later than 90 days from the date of receipt of an application and information and documents that show that all the requirements of subsection (b) of this Code section have been met. Such application shall only require such information and documentation necessary to verify that the applicant meets the requirements set forth in subsection (b) of this Code section.

GA State Board of Physical Therapy Frequently Asked Questions

(To read the complete unabridged GA State Board of Physical Therapy FAQs, please go to: <https://sos.ga.gov/page/faq-georgia-state-board-physical-therapy>)

The following are answers to some of the most frequently asked questions submitted to the Georgia State Board of Physical Therapy.

What is the Georgia State Board of Physical Therapy's website address?

<http://sos.ga.gov/index.php/licensing/plb/39>

How can I contact the Georgia State Board of Physical Therapy?

You may email the Board's executive director by going to: <http://sos.ga.gov/cgi-bin/EmailHealthcare2ED.asp>

How can I change my address?

The Professional Licensing Boards Division is pleased to offer licensees the opportunity to update license address information and renew their professional licensure via our secure website.

How can I change my name?

Please submit a copy of your marriage certificate, divorce decree or court order, as well as your license number. A copy of your driver's license or social security card is not acceptable. You may fax it to 866-888-1308.

Once I am licensed, am I required participate in Continuing Competence?

Yes. The board requires 30 clock hours between January 1, 2006 and December 31, 2007 and 30 clock hours during each biennium thereafter. A minimum of four (4) hours per biennium must be in ethics and jurisprudence. Continuing Competency hours submitted must be beyond the licensee's current level of competence to practice Physical Therapy. The rolling over of unused hours will not be allowed from one biennium to the next biennium. For detailed information concerning Continuing Competence, please review the Board rules and policies that address continuing competence (Rule 490-4 and Board Policy).

Does my license expire?

Yes, all licenses expire December 31 of odd years. You may renew your license online during the renewal period.

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What must be covered in the Board-approved Ethics and Jurisprudence course?

An acceptable 4-hour continuing competency course must include a review of the Georgia General Provisions and the Rules and Laws governing Physical Therapy in the State of Georgia. Specifically, these are Georgia Rules 490-1 through 490-11, Georgia Laws 43-33, and Georgia General Provisions 43-1-19 through 43-1-27. Also recommended is a review of the Georgia Code of Ethics as specified in GA Rules 490-9 and a review of any recent Laws or Rules changes. Current versions of the General Provisions, Rules and Laws may be accessed on the Georgia State Board of Physical Therapy website.

What is the scope of practice for a Physical Therapist or Physical Therapist Assistant in Georgia?

The Georgia State Board of Physical Therapy does not provide legal advice regarding specific scope of practice questions. Please review the Georgia statutes and Board Rules carefully as most individuals are able to answer their questions with relative ease. It is important to remember that physical therapists and physical therapist assistants must practice within their scope and in accordance with the law and rules.

How do I obtain a letter of good standing from the Board?

The Georgia State Board of Physical Therapy does not issue letters of good standing. If another licensing authority or employer requires an official statement about the status of a license in this state, the licensee must complete the license verification request form and submit it along with the applicable fee to the board office. The license verification request will be processed and forwarded to the entity indicated on the form.

If I feel a board rule should not apply to my situation, how do I ask the Board to vary or waive the rule or a portion of the rule?

O.C.G.A. 50-13-9.1 Allows for an applicant and/or entity to petition the Georgia State Board of Physical Therapy to vary (modify) or waive (not apply) all or part of a rule requirement in their particular situation. In order for a rule or portion thereof to be varied or waived, the petitioner must be able to demonstrate strict application of rule can lead to unreasonable, uneconomical, and unintended results in the petitioner's particular instance. The statute also allows for the Board to grant a variance or waiver when the petitioner is able to demonstrate that the purpose of the underlying statute upon which the rule is based can be or has been achieved by other specific means which are agreeable to the person seeking the variance or waiver and that strict application of the rule would create a substantial hardship to such person.

If an applicant and/or entity desires to make such a petition, you must download and complete a Petition for Rule Variance or Waiver form and submit it along with any supporting documentation to the Board for consideration. You may

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download the instruction and form by visiting the Application/Form downloads section on the home page of the Board website.

Please be aware that a failure to properly complete the form and submit the documentation supporting your statements within the petition may result in the denial of the request based on insufficient evidence to substantiate that the application of the rule in your circumstance will cause a hardship.

The petition will be posted for a minimum of fifteen days on the GeorgiaNet Public Registry and petitioners may conduct a search for their petition. Please note that any member of the public, including interested parties, shall have the opportunity to submit written comments in support of or against proposed variances or waivers prior to the Board decision. The Board has up to 60 days from receipt of the petition to render a decision to either grant or deny the petition. The petitioner will be notified in writing of the Board's decision and the written statement will include relevant facts and reasons for the Board's action.

Review of GA State Board of Physical Therapy Website

GA State Board of Physical Therapy Website

URL: <https://sos.ga.gov/georgia-state-board-physical-therapy>

Across the top of the webpage are topics of information. Place your cursor over the topic and a dropdown menu will appear. Click on the listed topic of your choice.

Board Information

- About the Board
- Board Members
- Board Meetings and Minutes
- Search Historical Meeting Minutes
- PT Compact

Forms

- Fee Schedule

Licensing Services

- Apply for a License
- Dry Needling Approval
- Check Application status
- License Search
- Renew Your License
- Active License Statistics

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Rules and Regulations

- Board Rules and Laws
- Rule Waiver Registration
- Cease and Desist Orders

FAQs

- Frequently Asked Questions
- Continuing Education
- File a Complaint

In addition, on the Board home page are interactive buttons located under “Featured Services”

- Licensure
 - Apply for PT or PTA License
 - PT and PTA Renewal
- Renewal
 - Online Renewal Services
- Forms
- File a Complaint
- About the Board
 - Board Members
 - Board Meetings
- Physical Therapy FAQ
- Physical Therapy Board Rules and Laws
 - Rules
 - Laws
 - PT Board Policies
 - Proposed Rules
- How to Gain Approval for Dry Needling
- PT Compact Privilege Holders with Dry Needling Certification
- Subscribe for Board Updates

Recording and Tracking Continuing Education (CE Broker)

Board Rule 490-4-.02(6)(a) was revised in 2020.

“...persons licensed to practice as a physical therapist or a physical therapist assistant... are to maintain a record of completed continuing education courses and experiences by registering with an online recording and reporting system approved by the Board.”

“For the purposes of this requirement, the Georgia State Board of Physical Therapy adopts the utilization of CE Broker.”

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A review of the CE Broker system is available by going to: CEBroker.com

Note: Effective July 1, 2020, aPTitude will no longer be supported. As a result, applicants and licensees shall follow the instructions below to submit their CE hours for verification to the Board.

1) Applicants for licensure by Endorsement/Reciprocity or applicants for a training permit are required to submit evidence of 30 hours of CE for the past biennium or two years prior to the date of application. a. Documentation of these hours should be uploaded in a PDF format via the online portal, if applying online, or submitted along with the paper application to the Board offices at 237 Coliseum Drive, Macon, GA 31217.

2) Current licensees are not required to submit proof of CE until you apply to renew your license renewal 2021 unless otherwise requested by the Board.

a. During the next renewal period, reporting will be within the new online recording and reporting system that will be announced prior to the opening of license renewal 2021.

b. In the meantime, licensees shall maintain copies of all continuing education documents for a minimum of 3 years from the date the course was taken as is indicated in Board Rule 490-4-.02 (10)(a) Continuing Competence Requirements.

3) It is the intent of the Board to transfer all of the documentation that has been recorded within aPTitude to the new online recording and reporting system. As a result, you will not be required to re-enter any of the previous continuing education documentation into the new system. If you are selected for post-renewal audit after you no longer have access to aPTitude, you will be required to submit copies of your CE documentation to the Board in the manner in which it is requested (in a PDF format as an attachment via email or by fax or mail). Thus, it is imperative that each licensee maintain their own paper and/or electronic copies of all CE documentation in accordance with Board Rule 490-4-.02 (10)(a) Continuing Competence Requirements.

Ethics Case Studies

Case Study #1 – Professional Accountability

Danielle White PT works in an acute care hospital. She is treating a patient for a colleague who is on vacation. The patient, Mrs. Carson, had a hip arthroplasty 3 days ago. Danielle reviews the treatment plan written by the vacationing therapist. It documents that yesterday Mrs. Carson ambulated 50 feet FWB with a walker. The treatment plan calls for continued gait training FWB with walker to 100 feet.

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Danielle ambulates with Mrs. Carson as per the plan and begins documenting the treatment. It is then that she notices that earlier in the day, the physician changed the weight bearing status to NWB because he suspected there may be a problem with the prosthesis.

What is Danielle's professional accountability relating to this situation?

Accountability means an obligation or willingness to accept responsibility for one's actions. Rehabilitation professionals are accountable to many entities including: patients, colleagues, employers, payors, the public, and government/regulatory agencies. In health care, there are times when actions can cause harm if not carried out in a careful and competent way. There are also times when failure to do something can also cause harm. Health care professionals are ultimately accountable for any errors they make, or any acts they fail to take, that cause harm. The above case study is a good example of this. Danielle is accountable for actions she did and as well as actions she failed to do.

As a therapist, it is Danielle's professional responsibility to thoroughly monitor and review the most current information available for each patient under her care. When accessing the chart prior to treatment, she failed to perform a comprehensive review of new orders. Instead, she based her treatment solely on a plan of care written 24 hours earlier.

Because she failed to review the chart properly, she had the patient ambulate with FWB on the surgical leg and unintentionally placed the patient in a potentially dangerous situation.

Danielle is now obligated to accept responsibility for her actions. This obligation is independent of whether Mrs. Carson suffered any actual harm as a result of the action. In this case, "accepting responsibility" may require Danielle to take several actions including, but not limited to, informing her employer, the physician, and the patient, of her error.

Case Study #2 – Ethical Behavior

An employee of a busy outpatient clinic is a physical therapy aide who has worked in rehabilitation for more than 20 years. Frequently, this aide 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?

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

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

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (3)(f): Physical therapists are not to delegate to a less qualified person any activity which requires the unique skills, knowledge, and judgment of a physical therapist.

Case Study #3 – Professional Boundaries

Frank Jackson, DPT is currently treating Allison Brown following her ACL reconstruction. After 1 month of therapy, Allison begins flirting with Frank. He is single and attracted to Allison, so he reciprocates the flirting. Two weeks later she asks him out for a drink. He accepts and they go out on a date. Their relationship progresses quickly and eventually turns sexual.

Has Frank crossed a professional boundary by having a consensual sexual relationship with Allison while she was an active patient of his?

Professional boundaries are integral to a good therapist–patient relationship. They promote good care for patients and protect both parties. A boundary crossing is defined as a deviation from classical therapeutic activity that is harmless, non-exploitative, and possibly supportive of the therapy itself. In contrast, a boundary violation is harmful or potentially harmful, to the patient and the therapy. It constitutes exploitation of the patient.

Good therapeutic practice is based on trust between therapy professionals and their patients. It is always unethical, unprofessional and a boundary violation for a physical therapy professional to breach this trust by entering into a sexual relationship with a patient, regardless of whether the patient has consented to the relationship.

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Sexual misconduct covers a range of inappropriate behaviors including:

- Sexualized behavior such as any words or actions that might reasonably be interpreted as being designed or intended to arouse or gratify sexual desire
- Sexual exploitation or abuse, which includes sexual harassment (unwelcome behavior of a sexual nature including, but not limited to, gestures and expressions), or entering into a consensual sexual relationship
- Sexual assault, which ranges from inappropriate touching to rape

The APTA Code of Ethics, Principle 4E: Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

Case Study #4 - Confidentiality

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

Is this a breach in confidentiality?

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

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

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

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The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (1)(a): The physical therapist shall hold as confidential information obtained while acting in a professional capacity.

Case Study #5 – Informed Consent

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

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

Informed consent is the process by which a fully informed patient can participate in choices about their health care. It originates from the legal and ethical right the patient has to direct what happens to their body and from the ethical duty of the therapist to involve the patient in her health care.

The most important goal of informed consent is that the patient has an opportunity to be an informed participant in their health care decisions. It is generally accepted that complete informed consent includes a discussion of the following elements:

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

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

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

Case Study #6- Medical Necessity

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

Is limiting care in this manner ethical?

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

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

Case Study #7 – Conflicts of Interest

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

Does this represent a conflict of interest?

Yes, there exists a conflict of interest in this situation. Debi has two primary obligations to fulfill. The first is to her patient. It is her professional duty to recommend to her patient a brace that, in her judgment, will benefit them the

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

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (4)(b)2: Physical therapists shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity in connection with furnishing of physical therapy services.

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (3)(e): The physical therapist's ability to make independent judgment must not be limited or compromised by professional affiliations, including employment relationships.

Case Study #8 – Relationships with Referral Sources

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

Is this an ethical arrangement?

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

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It is unethical for a physical therapist to offer anything of value to physicians or any other referral source in direct response for the referral of patients or services. This includes cash, rebates, gifts, discounts, reduced rent, services, equipment, employees, or marketing. Many mistakenly believe that it is a normal acceptable business practice to offer these things to referral sources. It is not. In most states, the practice is not only unethical, but it is also illegal. Exchanges of valued items or services between therapists and referral sources must never have any relationship to the referral of patients. Goodwill gifts of nominal value are acceptable provided that no correlation can be made between the magnitude or frequency of the gift giving and referral patterns. All business agreements and transactions should always be well documented and most importantly, reflect fair market value.

The Rules of the Georgia Board of Physical Therapy, Chapter 490-9 Code of Ethics, subsection (6)(b): Physical therapists shall not participate in any arrangement in which patients are exploited due to the referring sources enhancing their personal incomes as a result of referring, prescribing, or recommending physical therapy or a specific physical therapy practice.

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**Ethics & Jurisprudence – Georgia Physical Therapy
Post-Test**

1. Which ethics theory is accurately defined? (p. 4-5)
 - A. Utilitarianism proposes that right and wrong is determined by consequence.
 - B. Social Contract Theory is based on the theory that each person should do whatever promotes their own best interests..
 - C. Ethical Egoism is the theory that ethical behavior is a result of inherent character traits.
 - D. Natural Law Theory proposes that moral code is created by the people who form societies.

2. Which of the following statements is TRUE? (p. 5-6)
 - A. All actions that are legal are also morally right.
 - B. All actions that are morally right are also legal.
 - C. Physical therapy ethical behavior is established by the normative standards practiced by others in the same profession.
 - D. All of the above are true.

3. Which of the following is NOT one of the stated purposes of the APTA's Code of Ethics? (p. 6-7)
 - A. Provide standards of behavior and performance that form the basis of professional accountability to the public.
 - B. Establish rules and regulations 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.

4. As per the principles of the APTA's Code of Ethics, it is unethical for a physical therapist to have a sexual relationship with _____. (p. 6-10)
 - A. their patient
 - B. a PTA working under their supervision
 - C. their physical therapy student intern
 - D. All of the above

5. According to the Standards of Ethical Conduct for the Physical Therapist Assistant, physical therapist assistants shall provide physical therapy services under the direction and supervision of a _____. (p. 14-17)
 - A. physical therapist
 - B. physical therapist or physician
 - C. physical therapist, physician, or other qualified health care professional
 - D. None of the above

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6. The primary goal of the informed consent process is to _____. (p. 18-21)
- A. Provide protection for health care providers against litigation
 - B. Ensure that patients have an opportunity to be informed participants in decisions about their health.
 - C. Improve efficiency and accuracy throughout the health care system.
 - D. Facilitate the practice of evidence-based medicine.
7. PT professionals are expected to make a “fiduciary” commitment to their patients. This means that they will _____. (p. 21-23)
- A. Place the needs and interests of their patients before their own.
 - B. Provide only evidence-based care.
 - C. Charge the patient based only on their ability to pay.
 - D. Provide pro bon services.
8. Gifts from companies to physical therapists are acceptable only when _____. (p. 23-24)
- A. the primary purpose is the enhancement of patient care and medical knowledge
 - B. each professional in the field receives the same gift without regard to previous product usage
 - C. the company is introducing a new product or service to the market.
 - D. permission is received from the professional’s employer
9. The GA Board of Physical Therapy consists of ___ PTs, ___PTAs, and ___ unaffiliated person(s) from the public at large. (p. 27)
- A. 4, 2, 1
 - B. 6, 1, 1
 - C. 5, 1, 2
 - D. 3, 1, 2
10. A physical therapist must display either the title "physical therapist" or the abbreviation "P.T." on a name tag or other similar form of identification when they are providing direct patient care. (p. 28)
- A. True
 - B. False
11. According to the GA PT Practice Act (43-33-18), the Physical Therapy Board may discipline a physical therapist for which of the following? (p. 30-33)
- A. Performing PT services without examination and evaluation.
 - B. Failing to provide self-referred patients with a disclosure that PT services may not be covered by the patient’s insurer.
 - C. Dividing fees for bringing or referring a patient
 - D. All of the above

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12. Which of the following is FALSE regarding GA physical therapy continuing competence requirements (Chapter 490-4)? (p. 38-42)
- A. The deadline to complete the biannual requirement is December 31 of each odd year.
 - B. Continuing competency should have content beyond the licensee's present level of knowledge or competence.
 - C. Continuing competency activities must be pre-approved by the Georgia State Board of Physical Therapy
 - D. Licensees must complete 4 hours of ethics & jurisprudence education each licensure biennium.
13. Which of the following is TRUE regarding supervision requirements? (p. 42-43)
- A. In an institutional setting, PTAs must have continuous on-site supervision by a PT.
 - B. In a home health setting, the supervising PT must review all patients being treated by the assistant at least one time per week.
 - C. In all settings, physical therapy aides must have general supervision by a PT or physician.
 - D. All of the above
14. Physical therapy aides are permitted to create treatment documentation. (p. 43-44)
- A. True
 - B. False
15. Which of the following is stipulated in the Georgia PT Code of Ethics (490-9)? (p. 44-48)
- A. The PT shall provide optimal physical therapy care for all patients regardless of patient race, gender, age, religion, disability or sexual preference.
 - B. The PT's ability to make independent judgment must not be limited or compromised by professional affiliations, including employment relationships.
 - C. PTs are not to delegate to a less qualified person any activity which requires the unique skills, knowledge, and judgment of a PT.
 - D. All of the above
16. Georgia licensed physical therapists who wish to perform dry needling must complete at least 40 hours of didactic training either online or in person. (p. 48)
- A. True
 - B. False

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17. Which of the following may perform preventative services? (p. 48)
- A. Licensed physical therapist
 - B. Licensed PTA under the supervision of a licensed PT
 - C. Both A & B
 - D. None of the above
18. Physical therapists may apply and store medications that are used within the scope of physical therapy practice. (p. 55)
- A. True
 - B. False
19. Physical therapists may routinely waive patient coinsurance or deductible payments. (p. 65)
- A. True
 - B. False
20. It is unethical for a physical therapist to _____. (p. 81-82)
- A. Have a physician as a medical director.
 - B. Sublease office space to a potential referral source.
 - C. Give a restaurant gift certificate to the physician who referred the most patients in the previous month.
 - D. Meet with a physician to educate them about new physical therapy techniques and interventions.

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