

Ethics & Jurisprudence – Utah Physical Therapy

Goals & Objectives

Course Description

“Ethics and Jurisprudence – Utah Physical Therapy” is an online continuing education course for Utah licensed physical therapists and physical therapist assistants. The course focuses on defining moral, ethical, and legal behavior of physical therapy professionals. The information presented includes the Utah Physical Therapy Practice Act (58-24b), the Utah Physical Therapy Practice Act Rules (R156-24b.), the APTA’s Code of Ethics, model for ethical decision making, and hypothetical case analysis.

Course Rationale

This course is designed to educate, promote and facilitate ethical and legal behavior by Utah licensed physical therapist and physical therapist assistants. It is intended to fulfill the Ethics & Jurisprudence continuing education requirements of R156-24b-303b(1)(a)

Course Goals & Objectives

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

1. define the meaning of Ethics and explain the various theories that promote ethical behavior.
2. recognize the principles of APTA's Code of Ethics and apply them to practical situations.
3. define the principles of the ethical decision-making model.
4. apply the ethical decision making model to clinical situations to determine appropriate professional behavior
5. recognize all of the legal rights and responsibilities of physical therapy licensure as defined by the Utah Physical Therapy Practice Act and the Utah Physical therapy Practice Act Rules

Course Provider – Innovative Educational Services

Course Instructor - Michael Niss, DPT

Target Audience – Utah licensed physical therapists and physical therapist assistants

Course Educational Level - This course is applicable for introductory learners.

Course Prerequisites – None

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

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

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

Fees - \$9.95

Conflict of Interest – No conflict of interest exists for the instructor or provider of this course.

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.

Ethics & Jurisprudence – Utah Physical Therapy

Outline

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Confidentiality	1:00
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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.

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

Utilitarianism is the theory that right and wrong is determined by the consequences. The basic tool of measurement is pleasure or happiness. A morally correct rule is one that provides the greatest good to the greatest number of people.

Social Contract Theory

Social contract theories believe that the moral code is created by the people who form societies. These people come together to create societies for the purpose of protection and gaining other benefits of social cooperation. Individuals agree to regulate and restrict their conduct to achieve this end.

Deontological or Duty Theory

Under this theory individuals 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.

Ethical Intuitionism

Under this view an act or rule is determined to be right or wrong based on 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 theory claims that just as there are physical laws of nature, there are also moral laws of nature. 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. Some of the commonly accepted virtues:

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

Beneficence: the duty to do good.

Confidentiality: the duty to respect privacy of information.

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

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

Nonmaleficence: the duty to cause no harm.

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

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

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

Veracity: the duty to tell the truth.

Model for Ethical Decision Making

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

Are my actions legal?

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

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

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

Are my actions ethical?

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

Are my actions fair?

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

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

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

APTA Code of Ethics

Preamble

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

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

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

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

APTA Code of Ethics Overview

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

The Code serves two purposes:

1. It delineates enforceable Standards of Conduct in accordance with those Ethical Commitments that APTA enforces with regard to APTA members. The Standards of Conduct address the actions of physical therapists and physical therapist assistants in their roles relating to patient and client management, consultation, education, research, and administration.
2. It provides aspirational illustrative examples of Ethical Commitments that guide physical therapists and physical therapist assistants toward ethical courses of action in professional and volunteer roles related to their field.

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

The Code of Ethics does not instruct the individual professional on what decision to make or how to act; rather, it provides guidance for ethical decision making. Ethical decision-making is a process by which the Ethical Commitments and Standards of Conduct need to be taken into consideration as the professional

makes an ethical judgment. In addition to seeking guidance from the Code of Ethics, PTs, PTAs, and students should also seek advice from trusted mentors or colleagues when ethical issues arise, using the Code as a guide for deliberation and action.

Ethical Principles

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

Autonomy

Respect the rights of individuals to make decisions and determinations about their life and body to the greatest extent possible. Respecting autonomy includes the imperative to always respect another's privacy, maintain confidentiality, and obtain informed and ongoing consent in every interaction involving physical touching of another individual.

Beneficence

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

Nonmaleficence

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

Justice

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

Veracity

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

Fidelity

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

Ethical Commitments and Standards of Conduct

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

1. Respect

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

Standards of Conduct:

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

Aspirational Illustrative Examples:

- 1.A Physical therapists and physical therapist assistants shall strive to acknowledge and respect an individual's known identity and culture.
- 1.B Physical therapists and physical therapist assistants shall strive to recognize their explicit and implicit personal biases.

2. Integrity

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

Standards of Conduct:

- 2.1 The physical therapist shall retain full responsibility for all physical therapist services provided under the provisions of the physical therapist's license, including all aspects of the evaluation and management of the patient or client.
- 2.2 Physical therapists and physical therapist assistants shall obtain ongoing informed consent after providing information that is understandable, honest, and necessary to allow the patient or client or their surrogate to make informed decisions about participation in physical therapist services or research.
- 2.3 Physical therapists and physical therapist assistants having knowledge that, in their reasonable judgment, raises a substantial question as to whether a colleague is unfit to perform their professional responsibilities with competence and safety shall report this information to the appropriate authorities.
- 2.4 Physical therapists and physical therapist assistants shall address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services.
- 2.5 Physical therapists and physical therapist assistants shall comply with applicable mandatory reporter laws for suspected cases of abuse, neglect, or exploitation involving children or vulnerable adults.

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

Aspirational Illustrative Examples:

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

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

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

3. Accountability

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

Standards of Conduct:

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

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

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

Aspirational Illustrative Examples:

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

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

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

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

4. Maintaining Professional Relationships

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

Standards of Conduct:

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

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

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

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

Aspirational Illustrative Examples:

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

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

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

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

5. Compassion and Trust

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

Standards of Conduct:

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

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

Aspirational Illustrative Examples:

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

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

5.C Physical therapists and physical therapist assistants shall strive to recognize the public trust placed in them as health care professionals and maintain professional responsibility when information is disseminated using current and emerging technologies, including but not limited to social media and artificial intelligence.

6. Responsible Business and Organizational Practices

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

Standards of Conduct:

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

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

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

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

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

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

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

Aspirational Illustrative Examples:

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

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

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

7. Direction and Supervision

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

Standards of Conduct:

7.1 Physical therapists shall ensure that all duties directed to other physical therapy personnel are congruent with the credentials, qualifications, competencies, and legal scope of practice or scope of work of the individual.

7.2 Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when the patient's or client's status requires modification to the established plan of care.

7.3 Physical therapists shall exercise primary responsibility for the supervision of physical therapist assistants and support personnel.

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

7.5 Physical therapist assistants shall take responsibility to communicate in a timely manner to the supervising physical therapist any areas in which they do not have the necessary level of knowledge and skill to practice safely and effectively.

Aspirational Illustrative Example:

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

8. Professional Expertise

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

Standards of Conduct:

8.1 Physical therapists shall recognize and practice within the limits of their skills and competence and refer a patient or client to another health care professional when it is in the best interests of the patient or client.

8.2 Physical therapists and physical therapist assistants shall practice consistent with accepted current standards of care.

Aspirational Illustrative Examples:

8.A Physical therapists and physical therapist assistants shall strive to develop and maintain competence and exercise appropriate care in using current and emerging technologies, including but not limited to social media and artificial intelligence.

8.B Physical therapists and physical therapist assistants shall strive to engage in professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

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

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

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

9. Societal Responsibility

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

Aspirational Illustrative Examples:

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

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

9.C Physical therapists and physical therapist assistants shall strive to advocate to reduce health disparities and health care inequities, improve access to health

care services, and address the health, wellness, and preventive health care needs of people.

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

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

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

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

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

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).

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.

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. As professionals, PTs and PTAs accept a fiduciary position. This means that PTs and PTAs are entrusted to always place the interests of their patients 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.

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 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 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.

Utah Physical Therapy Practice Act (58-24b)

The following is an abridged version of the Utah Physical Therapy Practice Act 58-24b. To read the document in its entirety, please go to: https://le.utah.gov/xcode/Title58/Chapter24B/C58-24b_1800010118000101.pdf

Part 1 - General Provisions

58-24b-102. Definitions.

As used in this chapter:

(1) "Animal physical therapy" means practicing physical therapy or physiotherapy on an animal.

(3) "Consultation by telecommunication" means the provision of expert or professional advice by a physical therapist who is licensed outside of Utah to a licensed physical therapist or a health care provider by telecommunication or electronic communication.

(4) "General supervision" means supervision and oversight of a person by a licensed physical therapist when the licensed physical therapist is immediately available in person, by telephone, or by electronic communication to assist the person.

(8) "On-site supervision" means supervision and oversight of a person by a licensed physical therapist or a licensed physical therapist assistant when the licensed physical therapist or licensed physical therapist assistant is:

(a) continuously present at the facility where the person is providing services;

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- (b) immediately available to assist the person; and
- (c) regularly involved in the services being provided by the person.

(9) "Physical impairment" means:

- (a) a mechanical impairment;
- (b) a physiological impairment;
- (c) a developmental impairment;
- (d) a functional limitation;
- (e) a disability;
- (f) a mobility impairment; or
- (g) a bodily malfunction.

(10) (a) "Physical therapy" or "physiotherapy" means:

- (i) examining, evaluating, and testing an individual who has a physical impairment or injury;
- (ii) identifying or labeling a physical impairment or injury;
- (iii) formulating a therapeutic intervention plan for the treatment of a physical impairment, injury, or pain;
- (iv) assessing the ongoing effects of therapeutic intervention for the treatment of a physical impairment or injury;
- (v) treating or alleviating a physical impairment by designing, modifying, or implementing a therapeutic intervention;
- (vi) reducing the risk of an injury or physical impairment;
- (vii) providing instruction on the use of physical measures, activities, or devices for preventative and therapeutic purposes;
- (viii) promoting and maintaining health and fitness;
- (ix) the administration of a prescription drug pursuant to Section 58-24b-403;
- (x) engaging in the functions described in Subsections (11)(a)(i) through (ix) in relation to an animal.
- (xi) engaging in administration, consultation, education, and research relating to the practices described in this Subsection (11)(a).
- (xii) applying dry needling to enhance an individual's physical performance if the physical therapy practitioner has received the necessary training as determined by division rule in collaboration with the board.

(b) "Physical therapy" or "physiotherapy" does not include:

- (i) diagnosing disease;
- (ii) performing surgery;
- (iii) performing acupuncture;
- (iv) taking x-rays; or
- (v) prescribing or dispensing a drug, as defined in Section 58-37-2.

(11) "Physical therapy aide" means a person who:

- (a) is trained, on-the-job, by a licensed physical therapist; and
- (b) provides routine assistance to a licensed physical therapist or licensed physical therapist assistant, while the licensed physical therapist or licensed physical therapist assistant practices physical therapy, within the scope of the licensed physical therapist's or licensed physical therapist assistant's license.

(13)(a) "Testing" means a standard method or technique used to gather data regarding a patient that is generally and nationally accepted by physical therapists for the practice of physical therapy.

(14) "Trigger point dry needling" means the stimulation of a trigger point using a dry needle to treat neuromuscular pain and functional movement deficits.

(15) "Therapeutic intervention" includes:

- (a) therapeutic exercise, with or without the use of a device;
- (b) functional training in self-care, as it relates to physical movement and mobility;
- (c) community or work integration, as it relates to physical movement and mobility;
- (d) manual therapy, including:
 - (i) soft tissue mobilization;
 - (ii) therapeutic massage; or
 - (iii) joint mobilization, as defined by the division, by rule;
- (e) prescribing, applying, or fabricating an assistive, adaptive, orthotic, prosthetic, protective, or supportive device;
- (f) airway clearance techniques, including postural drainage;
- (g) integumentary protection and repair techniques;
- (h) wound debridement, cleansing, and dressing;
- (i) the application of a physical agent,
- (j) mechanical or electrotherapeutic modalities;
- (k) positioning;
- (l) instructing or training a patient in locomotion or other functional activities, with or without an assistive device;
- (m) manual or mechanical traction;
- (n) correction of posture, body mechanics, or gait; and
- (o) trigger point dry needling.

Part 2 - Physical Therapy Licensing Board

58-24b-201. Physical Therapy Licensing Board - Creation - Membership - Duties.

(1) There is created the Physical Therapy Licensing Board, consisting of three licensed physical therapists, one physical therapist assistant, and one member of the general public.

Part 3 - Licensing

58-24b-301. Authority to practice physical therapy.

A person may not engage in the practice of physical therapy, unless the person is:

- (1) licensed under this chapter and practices within the scope of that license; or
- (2) exempted from the licensing requirements of this chapter.

58-24b-303. Term of license - Renewal - Temporary license for physical therapist assistant.

- (1) A license issued under this chapter shall be issued in accordance with a two-year renewal cycle established by rule. The division may, by rule, extend or shorten a license renewal process by one year in order to stagger the renewal cycles that the division administers.
- (2) At the time of license renewal, the licensee shall provide satisfactory evidence that the licensee completed continuing education competency requirements, established by the division, by rule.
- (3) If a license renewal cycle is shortened or extended under Subsection (1), the division shall increase or reduce the required continuing education competency requirements accordingly.
- (4) A license issued under this chapter expires on the expiration date indicated on the license, unless the license is renewed under this section.

Part 4 - Practice of Physical Therapy

58-24b-401. Authority and ethical standards of a licensed physical therapist and licensed physical therapist assistant - Function of a physical therapy aide.

- (1) A licensed physical therapist:
 - (a) is fully authorized to practice physical therapy; and
 - (b) shall adhere to the standards of ethics described in
 - (i) the American Physical Therapy Association's Code of Ethics and Guide for Professional Conduct; and
 - (ii) rule.
- (2) A licensed physical therapist assistant:
 - (a) is authorized to practice physical therapy;
 - (i) under the on-site supervision or general supervision of a licensed physical therapist; and
 - (ii) within the scope of practice of a licensed physical therapist assistant, as described in this chapter and by rule;
 - (b) shall adhere to the standards of ethics described in:
 - (i) the American Physical Therapy Association's Code of Ethics and Guide for Professional Conduct; and
 - (ii) rule; and
 - (c) may not be supervised by any person other than a licensed physical therapist.
- (3) (a) A physical therapy aide may not engage in the practice of physical therapy.
(b) Notwithstanding Subsection (3)(a), a physical therapy aide may provide routine assistance to:
 - (i) a licensed physical therapist while the licensed physical therapist engaged in the practice of physical therapy, if the physical therapy aide is under the on-site supervision of the licensed physical therapist; or
 - (ii) a licensed physical therapist assistant while the licensed physical therapist assistant engages in the practice of physical therapy, within the scope of the licensed physical therapist assistant's license, if the physical therapy aide is:
 - (A) under the general or on-site supervision of a licensed physical therapist; and
 - (B) under the on-site supervision of the licensed physical therapist assistant.

58-24b-402. Patient care and management.

- (1) In practicing physical therapy, a licensed physical therapist shall:
 - (a) manage all aspects of the physical therapy of a patient under the licensed physical therapist's care;
 - (b) perform the initial evaluation and documentation for each patient;
 - (c) perform periodic reevaluation and documentation for each patient;
 - (d) perform physical therapy interventions that require immediate and continuous examination and evaluation throughout the intervention;
 - (e) perform all therapeutic intervention on a patient that is outside of the standard scope of practice of a licensed physical therapist assistant or a physical therapy aide;
 - (f) determine the therapeutic intervention to be performed by a licensed physical therapist assistant under the on-site supervision or general supervision of the licensed physical therapist to ensure that the therapeutic intervention is safe, effective, efficient, and within the scope of practice of the licensed physical therapist assistant;
 - (g) conduct the discharge of each patient and document for each patient, at the time of discharge, the patient's response to therapeutic intervention; and

- (h) provide accurate documentation of the billing and services provided.
- (2) A physical therapist assistant or a physical therapy aide may not:
 - (a) perform a physical therapy evaluation or assessment;
 - (b) identify or label a physical impairment or injury;
 - (c) design a plan of care for a patient;
 - (d) perform the joint mobilization component of manual therapy; or
 - (e) perform the sharp selective debridement component of wound management.
- (3) Subsection (2)(d) does not apply to:
 - (a) simple joint distraction techniques or stretching; or
 - (b) a stretch or mobilization that can be given as part of a home exercise program.

58-24b-403. Administration of a prescription drug.

- (1) A licensed physical therapist may purchase, store, and administer topical and aerosol medications that require a prescription only as provided in this section.
- (2) A licensed physical therapist may purchase, store, and administer:
 - (a) topically applied medicinal agents, including steroids and analgesics, for wound care and for musculoskeletal treatment, using iontophoresis or phonophoresis; and
 - (b) aerosols for pulmonary hygiene in an institutional setting, if a licensed respiratory therapist is not available in, or within a ten mile radius of, the institution.
- (3) A licensed physical therapist may only purchase, store, or administer a medication described in this section pursuant to a written prescription issued by a practitioner who is licensed to prescribe that medication.
- (4) This section does not authorize a licensed physical therapist to dispense prescription drug.

58-24b-405. Animal physical therapy.

- (1) a licensed physical therapist may practice animal physical therapy if the licensed physical therapist completes at least 100 hours of animal physical therapy training and education, which shall include:
 - (a) 50 hours of on-the-job training under the supervision of a licensed veterinarian;
 - (b) completion of a quadruped anatomy course; and
 - (c) continuing education for the required hours remaining.
- (2) a licensed physical therapist assistant may practice animal physical therapy, within the scope of the licensed physical therapist assistant's practice, if the licensed physical therapist assistant:
 - (a) is under the on-site supervision or general supervision of a physical therapist who has complied with the requirements of Subsection (1); and
 - (b) completes at least 100 hours of animal physical therapy training and education, which shall include:
 - (i) 50 hours of on-the-job training under the supervision of a licensed veterinarian;
 - (ii) completion of a quadruped anatomy course; and
 - (iii) continuing education for the required hours remaining.

Part 5 - Unlawful and Unprofessional Conduct

58-24b-501. Unlawful conduct.

In addition to the conduct described in Subsection 58-1-501(1), "unlawful conduct" includes:

- (1) practicing physical therapy, unless the person:

- (a) is licensed under this chapter to practice physical therapy and practices within the scope of that license; or
- (b) is exempt from licensure under Section 58-24b-304;
- (2) practicing animal physical therapy, unless the person is:
 - (a) authorized to practice animal physical therapy under Section 58-24b- 405; or
 - (b) authorized to practice animal physical therapy under Subsection 58-24b-304(1)(a), (2), or (3);
- (3) representing oneself as, or using the title of, a physical therapist, unless the person is:
 - (a) a licensed physical therapist; or
 - (b) (i) licensed as a physical therapist in a jurisdiction other than Utah;
 - (ii) does not represent oneself as being a physical therapist licensed in Utah; and
 - (iii) exempt from licensure under Section 58-24b-304;
- (4) representing oneself as, or using the title of, a physical therapist assistant, unless the person:
 - (a) is a licensed physical therapist assistant; or
 - (b) (i) is licensed as a physical therapist assistant in a jurisdiction other than Utah;
 - (ii) does not represent oneself as being a physical therapist assistant licensed in Utah; and
 - (iii) is exempt from licensure under Section 58-24b-304; and

58-24b-502. Unprofessional conduct.

In addition to the conduct described in Subsection 58-1-501(2), "unprofessional conduct" includes:

- (1) using or employing the services of an individual to assist a person licensed under this chapter in a manner that is not in accordance with:
 - (a) generally recognized practices, standards, or ethics of the profession for which the person is licensed; or
 - (b) the requirements of this chapter or rule;
- (2) failure by a person licensed under this chapter to confine the person's conduct to that which:
 - (a) the person is competent to perform, by education, training, and experience; and
 - (b) is within the scope of practice permitted under this chapter or rule;
- (3) failure to supervise a licensed physical therapist assistant or a physical therapy aide in accordance with the requirements of this chapter or rule; and

58-24b-503. Lawful and unlawful use of titles and terms - Unlawful advertising or promotion.

- (1) A person who is a licensed physical therapist shall use the letters "PT" in connection with the person's name or business in order to indicate that the person is a licensed physical therapist.
- (2) A person who is a licensed physical therapist assistant shall use the letters "PTA" in connection with the person's name or business in order to indicate that the person is a licensed physical therapist assistant.
- (3) It is unlawful for a person who is not a licensed physical therapist, a licensed physical therapist assistant, or a person described in Subsection 58-24b-304(1)(e) to:
 - (a) use, in connection with the person's name or business, any of the following words or abbreviations:
 - (i) physical therapy, except to the extent that the word is used to describe conduct that a person is licensed to engage in under another law of the state;

- (ii) physiotherapy; or
- (iii) any other word, abbreviation, or insignia, indicating or implying, directly or indirectly, that the person practices physical therapy; or

(b) offer, provide, or bill a person for:

- (i) physical therapy services or anything that is characterized as physical therapy services; or
- (ii) physiotherapy services or anything that is characterized as physiotherapy services.

(4) It is unlawful for a person who is not a licensed physical therapist to:

- (a) except as provided in Subsection (6), use, in connection with the person's name or business, any of the following words or abbreviations:
 - (i) physical therapist;
 - (ii) physiotherapist;
 - (iii) PT;
 - (iv) DPT;
 - (v) MPT; or
 - (vi) any other word, abbreviation, or insignia, indicating or implying, directly or indirectly, that the person is a physical therapist or physiotherapist;
- (b) advertise that a person who is not a licensed physical therapist is a physical therapist or physiotherapist; or
- (c) promote a person who is not a licensed physical therapist as a physical therapist or physiotherapist.

(5) It is unlawful for a person who is not a licensed physical therapist assistant to:

- (a) use, in connection with the person's name or business, any of the following words or abbreviations:
 - (i) physical therapist assistant;
 - (ii) physiotherapist assistant;
 - (iii) PTA; or
 - (iv) any other word, abbreviation, or insignia, indicating or implying, directly or indirectly, that the person is a physical therapist assistant or a physiotherapist assistant;
- (b) advertise that a person who is not a licensed physical therapist assistant is a physical therapist assistant or a physiotherapist assistant; or
- (c) promote a person who is not a licensed physical therapist assistant as a physical therapist assistant or physiotherapist assistant.

(6) Subsection (4)(a) does not prohibit a person from using a word or abbreviation described in Subsection (4)(a) in connection with the person's business, if the person employs a physical therapist at the person's business.

58-24b-504. Reporting unlawful or unprofessional conduct - Immunity - Confidentiality.

- (1) A person who is aware that a person who is licensed under this chapter has violated a provision of this chapter, or a rule made pursuant to this chapter, shall report the violation to the division.
- (2) A person who makes a good faith report under Subsection (1) is immune from direct or derivative civil liability for making the report.
- (3) The division, the board, or a member of the division or the board, may not disclose the identity of a person who makes a report under this section, unless the disclosure is:
 - (a) essential to the conduct of an investigation or hearing; or
 - (b) ordered by a court of competent jurisdiction.

Utah Physical Therapy Practice Act Rule R156-24b

The following is an abridged version of the Utah Physical Therapy Practice Act Rule R156-24b. To read the document in its entirety, please go to: <https://adminrules.utah.gov/public/rule/R156-24b/Current%20Rules?>

R156-24b-102. Definitions.

The following definitions supplement the definitions in Title 58, Chapter 1, Division of Professional Licensing Act, and Title 58, Chapter 24b, Physical Therapy Practice Act:

(7) "Joint mobilization" as used in Subsections 58-24b-102(15)(d)(iii) and 58-24b-402(2)(d) means a manual therapy technique comprising a continuum of skilled passive movements to a joint or related soft tissue that is applied at varying speeds and amplitudes including a high-velocity low-amplitude (HVLA) therapeutic movement.

(10) "Routine assistance" as used in Subsections 58-24b-102(11)(b) and 58-24b-401(3)(b) means the physical therapy aide:

(a) engages in the assembly, disassembly, maintenance, transportation, preparation, and other operational activities relevant to the equipment and accessories necessary for treatment; and

(b) provides elementary and direct patient care that the patient and the patient's family members could reasonably be expected to learn and perform

(11)(a) "Supportive personnel" as used in Subsections R156-24b-404(1) and (2) means a physical therapist assistant or a physical therapy aide.

(b) "Supportive personnel" does not include a student in:

(i) a physical therapist program; or

(ii) a physical therapist assistant program

R156-24b-303b. Continuing Education.

(1) Under Subsection 58-24b-303(2), the continuing education requirement for a physical therapist or physical therapist assistant during each two-year renewal cycle commencing on June 1 of each odd numbered year are established in this section.

(2) As used in this section:

(a) "Contact hour" means 50 continuous minutes of participation in a continuing education activity without a break period.

(b) "Continuing Education Unit" or "CEU" means the standard unit of measurement to signify a licensee's completion of participation in a continuing education activity.

(c) "Category I" CEU means:

(i) a fellowship, residency, specialty certification, degree awarding education program, or in-person attendance at a live educational program event in which participants can interact with the presenter in real time; and

(ii) one contact hour of Category I CEU equals two continuing education units.

(d) "Category II" CEU means:

(i) in-person attendance at live educational coursework or a live education program in a school setting, an electronic course with assessment, volunteer

service, clinical instructor supervision, or teaching a physical therapy education course; and

(ii) one contact hour of Category II CEU equals 1 and 1/2 continuing education units.

(e) "Category III" CEU means:

(i) electronic physical therapy educational coursework without assessment or examination, in-service presentations, self-study, journal clubs, or ethics or law coursework; and

(ii) one contact hour of Category III CEU equals one continuing education unit.

(f) "Category IV" CEU means:

(i) licensed practice by a physical therapist or physical therapist assistant, up to a total of 500 hours; and

(ii) 50 practice hours of Category IV CEU equals one CEU.

(g) "Clinical instructor supervision" means the supervision of one or more:

(i) non-physical therapy students;

(ii) physical therapist assistants; or

(iii) physical therapy students.

(h) "Fellowship" means a post-professional program focused on a defined area of practice for professionals who have already completed a residency, or who are board-certified by the American Board of Physical Therapy Specialties (ABPTS) in a related area of specialty.

(i) "Group study" means a group of two or more licensed professionals that regularly meets to discuss shared areas or fields of learning, with topics that advance professional skill and experience.

(j) "Independent study" means structured learning experiences by an individual that take place outside of traditional learning environments.

(k) "Publication" means activities undertaken by an author or coauthor to design or implement, research, draft, edit, and submit material for publication.

(l) "Renewal educational coursework" means live, in-person, or electronic education with assessment undertaken in traditional learning environments, academic coursework, lectures, seminars, conferences, or workshops.

(m) "Research" means contribution to a research project through data collection, project development, or consultation.

(n) "Residency" means a post-professional program that focuses on a defined area of physical therapy practice.

(o) "Volunteer service" means services provided at no charge that rely on the skills and advance the professional competence of a physical therapist or physical therapist assistant, such as serving on a professional board or providing services at a health fair screening.

(3) During each two-year renewal cycle, a physical therapist shall complete at least 40 CEUs, of which at least two CEUs shall be in ethics or law. A physical therapist who completes more than the required number of CEUs during a two-year renewal cycle may carry over up to ten excess CEUs to the next two-year renewal cycle.

(4) During each two- year renewal cycle, a physical therapist assistant shall complete at least 20 CEUs, of which at least two CEUs shall be in ethics or law.

A physical therapist assistant who completes more than the required number of CEUs during a two-year renewal cycle may carry over up to five excess CEUs to the next two-year renewal cycle.

(5) If a licensee first becomes licensed during the two-year renewal period, the licensee's required number of CEUs shall be decreased proportionately according to the date of licensure.

(6) The Division may defer or waive CEU requirements under Section R156-1-308d.

(7) A licensee may not apply continuing education or coursework education, including professional upgrades, that the licensee received before being granted a license, to CEUs required after the license is granted.

(8) CEU credit shall be recognized as follows, during each two-year renewal cycle:

(a) for clinical instructor supervision CEUs, up to ten CEUs for a physical therapist and up to five CEUs for a physical therapist assistant;

(b) for lecturing or instructing a course at an accredited university or college, continuing education course, or as an invited guest lecturer, up to ten CEUs for a physical therapist and up to five CEUs for a physical therapist assistant, subject to the following:

(i) one CEU shall be awarded for each hour of instruction;

(ii) credit shall be awarded for lecturing or instructing the same course up to two times; and

(iii) documentation of completion shall include a certificate or record from the human resources department.

(c) for volunteer service CEUs, up to ten CEUs for a physical therapist and up to five CEUs for a physical therapist assistant; and

(d) for practice hours CEUs, up to ten CEUs for a physical therapist and up to five CEUs for a physical therapist assistant.

(9) A continuing education course for a physical therapist or physical therapist assistant shall meet the following requirements:

(a) have content relevant to the practice of physical therapy;

(b) have learning objectives that are clearly stated in course material;

(c) be prepared and presented by individuals who are qualified by education, training, and experience; and

(d) be approved by, conducted by, or under the sponsorship of one of the following:

(i) a recognized accredited college or university;

(ii) a state or federal agency;

(iii) a professional association, organization, or facility involved in the practice of physical therapy; or

(iv) a commercial continuing education provider;

(e) may be completed as any of the following:

(i) department in-service;

(ii) seminar;

(iii) lecture;

(iv) conference;

- (v) training session;
- (vi) webinar;
- (vii) internet course;
- (viii) distance learning course;
- (ix) journal club;
- (x) authoring of a scholarly peer-reviewed journal article or textbook publication;
- (xi) poster platform presentation;
- (xii) specialty certification through the American Board of Physical Therapy Specialties;
- (xiii) post-professional clinical residency or fellowship approved by the American Physical Therapy Association;
- (xiv) post-professional doctorate from a CAPTE accredited program;
- (xv) lecturing or instructing a continuing education course; or
- (xvi) study of a scholarly peer-reviewed journal article; and

(f) for an ethics or law continuing education course, include any of the following subjects:

- (i) patient-physical therapist relationships;
- (ii) confidentiality;
- (iii) documentation;
- (iv) charging and coding;
- (v) compliance with state or federal laws that impact the practice of physical therapy; or
- (vi) a subject in the American Physical Therapy Association Code of Ethics or Guide for Professional Conduct.

(10) A licensee shall maintain adequate documentation as proof of compliance with this section, such as certificate of compliance, school transcript, course description, or other course materials, for two years after the end of the renewal cycle for which the continuing education is due, as follows:

- (a) at minimum, CEU course documentation shall include:
 - (i) date of the course;
 - (ii) name of the course provider;
 - (iii) name of the instructor;
 - (iv) course title;
 - (v) course objectives; and
 - (vi) number of contact hours of continuing education credit; and
- (b) if the CEU is self-directed, such as independent study, group study, authoring, or in-service, documentation shall include:
 - (i) dates of study or research;
 - (ii) title and an abstract of an article, textbook chapter, poster, or platform presentation;
 - (iii) objectives of a self-study course; and
 - (iv) number of contact hours of continuing education credit.

R156-24b-306. Trigger Point Dry Needling - Education and Experience Required - Registration.

(1) Under Subsection 58-24b-306(1)(b)(i), for a trigger point dry needling course to be approved by the Division, the course shall be, approved, conducted, or sponsored by one of the following:

- (a) a recognized accredited college or university;
- (b) a state or federal agency;
- (c) a professional association, organization, or facility involved in the practice of physical therapy; or
- (d) the Board.

(2) Under Subsections 58-24b-306(1)(e) and (2)(b), a physical therapist shall complete an approved trigger point dry needling course and required supervised patient treatment hours under Subsection 58-24b-306(1)(b)(ii)(B) within three calendar years from the date the course started.

(3) Under Subsection 58-24b-306(1)(c), a physical therapist who completes the trigger point dry needling course shall register with the Division by submitting:

- (a) a completion certificate for the course that is issued by the organization that approved, conducted, or sponsored the course under Subsection (1); and
- (b)(i) a log verifying completion of the physical therapist's supervised patient treatment hours under Subsection 58-24b-306(1)(b)(ii)(B); or
- (ii) a letter from the supervising physical therapist that:
 - (A) states that the supervised physical therapist completed the supervised patient treatment hours required under Subsection 58-24b-306(1)(b)(ii)(B);
 - (B) is on the letterhead of the supervising physical therapist's organization; and
 - (C) is signed by the supervising physical therapist

R156-24b-404. Physical Therapist Supervisory Authority and Responsibility.

(1) Under Section 58-24b-404, a physical therapist who supervises supportive personnel as defined in Subsection R156-24b-102(11) shall meet the requirements of this section.

(2) A full-time physical therapist may supervise up to three full-time equivalent supportive personnel at one time unless otherwise approved by the Division in collaboration with the Board.

(3) A supervising physical therapist shall:

- (a) meet each patient of the supervised physical therapist assistant at least every tenth visit or within 30 days from the last date the supervising physical therapist met with the patient, whichever is sooner; and
- (b) further assess the patient, evaluate treatment, and modify the patient's treatment plan.

R156-24b-502. Unprofessional Conduct.

Under Subsection 58-24b-502(4), "unprofessional conduct" includes:

(1) as a physical therapist, violating one of the following:

- (a) the APTA's Code of Ethics for the Physical Therapist, last amended August 12, 2020, which is incorporated by reference;

- (b) the APTA's Guide for Professional Conduct, last amended March 2019, which is incorporated by reference; or
- (c) Section R156-24b-404;

(2) as a physical therapist assistant, violating one of the following:

- (a) the APTA's Standards of Ethical Conduct for the Physical Therapist Assistant, last amended August 12, 2020, which is incorporated by reference; or
- (b) the APTA's Guide for Conduct of the Physical Therapist Assistant, last amended March 2019, which is incorporated by reference.

Case Studies

Case Study #1 - 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.

Case Study #2 – Informed Consent

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

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

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 #3- 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 #4 – Conflicts of Interest

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

Does this represent a conflict of interest?

Yes, there exists a conflict of interest in this situation. Debi has two primary obligations to fulfill. The first is to her patient. It is her professional duty to recommend to her patient a brace that, in her judgment, will benefit them the most. The second obligation is to her employer, the hospital. As an employee of the hospital it is her responsibility to manage expenses by thoroughly and objectively seeking effective products that also demonstrate economic efficiency. The conflict of interest occurs when she begins to accept compensation from the vendor in direct or indirect response for her brace orders. Even if she truly believes it is the best brace for her patient, and it is the most cost effective brace

the hospital could purchase, by accepting the money she has established at least an apparent conflict of interest. Under this situation she is obligated to disclose to all parties her financial interest in ordering the braces. This disclosure is necessitated because the potential for personal gain would make others rightfully question whether her objectivity was being influenced.

Case Study #5 – Relationships with Referral Sources

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

Is this an ethical arrangement?

No, this agreement is not ethical. The most notable infraction involves offering to designate 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/sq ft. (Larry's current rental agreement with his landlord) By discounting the doctor \$3/sq ft on his rent, Larry is giving a referral source something of value.

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

References

American Physical Therapy Association. (2026) Code of Ethics for the Physical Therapy Profession. <https://www.apta.org/pta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapy-profession>

American Physical Therapy Association. (nd). Consensus Statement on Clinical Judgment in Health Care Settings AOTA, APTA, ASHA. <https://www.apta.org/contentassets/a9b4c99d6f504f7390a3a9d15b4c7d55/aptaaotaashaconcensusstatement.pdf>

American Physical Therapy Association. Professionalism in Physical Therapy: Core Values. <https://www.apta.org/pta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant>

American Physical Therapy Association. (2023). Recommended Reading for Understanding Ethics in the Profession-The top 10 articles the EJC recommends for PTs, PTAs, and students in 2023. <https://www.apta.org/your-practice/ethics-and-professionalism/recommended-reading-understanding-ethics-profession>

Bass, J. D., Baum, C. M., & Christiansen, C. H. (2024). Interventions and outcomes: The person-environment-occupation-performance (PEOP) occupational therapy process. In *Occupational Therapy* (pp. 57-79). Routledge.

Dehkordi, F. G., Torabizadeh, C., Rakhshan, M., & Vizeshfar, F. (2024). Barriers to ethical treatment of patients in clinical environments: A systematic narrative review. *Health Science Reports*, 7(5), e2008.

Delany, C., & Edwards, I. (2024). From Ethical Reasoning to Ethical Action. In *Clinical Reasoning and Decision Making in Physical Therapy* (pp. 47-56). Routledge.

Haltaufderheide, J., & Ranisch, R. (2024). The ethics of ChatGPT in medicine and healthcare: a systematic review on Large Language Models (LLMs). *NPJ digital medicine*, 7(1), 183.

Ibrahim, A. M., Abdel-Aziz, H. R., Mohamed, H. A. H., Zaghmir, D. E. F., Wahba, N. M. I., Hassan, G. A., ... & Aboelola, T. H. (2024). Balancing confidentiality and care coordination: challenges in patient privacy. *BMC nursing*, 23(1), 564.

Jokinen, A., Stolt, M., & Suhonen, R. (2021). Ethical issues related to eHealth: an integrative review. *Nursing ethics*, 28(2), 253-271.

Karimian, G., Petelos, E., & Evers, S. M. (2022). The ethical issues of the application of artificial intelligence in healthcare: a systematic scoping review. *AI and Ethics*, 2(4), 539-551.

Kornblau, B., & Burkhardt, A. (2024). *Ethics in rehabilitation: a clinical perspective*. Routledge.

Liddell, K., Simon, D. A., & Lucassen, A. (2021). Patient data ownership: who owns your health?. *Journal of Law and the Biosciences*, 8(2), lsab023.

Loosman, I., & Nickel, P. J. (2022). Towards a design toolkit of informed consent models across fields: A systematic review. *Science and engineering ethics*, 28(5), 42.

Mahmud, H., Islam, A. N., Ahmed, S. I., & Smolander, K. (2022). What influences algorithmic decision-making? A systematic literature review on algorithm aversion. *Technological Forecasting and Social Change*, 175, 121390.

Olejarczyk, J. P., & Young, M. (2024). Patient rights and ethics. *StatPearls*.

Pezdek, K., & Dobrowolski, R. (2023). The Ethical Code of Conduct for Physiotherapists—An Axiological Analysis. *International Journal of Environmental Research and Public Health*, 20(2), 1362.

Pietrzykowski, T., & Smilowska, K. (2021). The reality of informed consent: empirical studies on patient comprehension—systematic review. *Trials*, 22, 1-8.

Roy, B., Kumar, A., Kumar, A., & Gowda, K. R. (2022). Ethical conflicts among the leading medical and healthcare leaders. *Asia Pacific Journal of Health Management*, 17(1), 165-172.

Sakeena, S. N., Gulzar, K., Islam, F., & Raza, A. (2021). Ranking of Ethical Issues Related To Practice In Physical Therapy. *Pakistan Journal of Physical Therapy (PJPT)*.

Tapuria, A., Porat, T., Kalra, D., Dsouza, G., Xiaohui, S., & Curcin, V. (2021). Impact of patient access to their electronic health record: systematic review. *Informatics for Health and Social Care*, 46(2), 194-206.

Utah Physical Therapy Practice Act 58-24b, 2016. Accessed January 27, 2026

Utah Physical Therapy Practice Act Rule. R156-24b. December 23, 2025. Accessed January 27, 2026

Varkey, B. (2021). Principles of clinical ethics and their application to practice. *Medical Principles and Practice*, 30(1), 17-28.

Wu, Z., Xuan, S., Xie, J., Lin, C., & Lu, C. (2022). How to ensure the confidentiality of electronic medical records on the cloud: A technical perspective. *Computers in biology and medicine*, 147, 105726.

Ethics & Jurisprudence – Utah Physical Therapy
Post-Test

1. Which ethics theory proposes that right and wrong are determined by the consequences? (p. 3-4)
 - A. Utilitarianism
 - B. Intuitionism
 - C. Beneficence
 - D. Universality
2. The APTA's Code of Ethics establishes that it is unethical for a physical therapist to have a sexual relationship with their _____. (p. 11)
 - A. patient
 - B. supervisee
 - C. student
 - D. all of the above
3. According to the APTA's Code of Ethics, PTAs shall provide physical therapy services under the direction and supervision of a _____. (p. 13)
 - A. Physical therapist
 - B. Physician
 - C. Qualified health care professional
 - D. Any of the above
4. The primary goal of Informed Consent is _____. (p.15)
 - 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.
5. Physical therapy professionals have a fiduciary relationship with their patients. This means that they must _____. (p. 17-18)
 - A. Provide only those services that do not exceed the individual's ability to pay.
 - B. Put the interests of the patient ahead of their own.
 - C. Practice exclusively evidence-based care.
 - D. Educate the patient about all aspects of their condition.

6. Gifts from companies to physical therapists are acceptable only when _____.
(p.19-20)
 - A. The primary purpose is the enhancement of patient care and medical knowledge.
 - B. Each professional 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.
7. A Utah licensed physical therapist assistant may legally perform which of the following? (p. 24-25)
 - A. Physical therapy assessment
 - B. Identification of physical impairment
 - C. Sharp selective debridement
 - D. Simple joint distraction technique
8. Which statement regarding Utah physical therapy continuing education requirements is FALSE? (p. 28-31)
 - A. Each two-year renewal cycle PTs must complete at least 40 CEUs and PTAs 20 CEUs.
 - B. PTs & PTAs must complete at least 2 hours of Ethics/Law education each two-year renewal cycle.
 - C. Continuing education courses must be pre-approved by either the Utah Board of Physical Therapy or the Utah Physical Therapy Association.
 - D. Category I: (1 contact hour = 2 CEUs);
Category II: (1 contact hour = 1.5 CEUs)
9. A PT must meet each patient of the supervised PTA at least every ____ visit or within ____ days from the last date the PT met with the patient, whichever is sooner. (p. 32)
 - A. Tenth; 30
 - B. Fifteenth; 30
 - C. Twentieth; 45
 - D. Twentieth; 60
10. It is unethical for a physical therapist to _____. (p.36)
 - A. Have a physician as a medical director
 - B. Sublease office space to a potential referral source
 - C. Waive the insurance copay for the spouse of a referring physician
 - D. Meet with a physician to educate them about new physical therapy techniques and interventions.

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