The role of the Board is to protect the health, safety, and welfare of the general public as it relates to the practice of physical therapy. This is done primarily through licensure. Each licensee is instructed in their initial licensure letter that it is the licensee’s responsibility to renew their license by January 31. Licensees who fail to renew their license and practice without a valid license are in violation of the law and are subject to disciplinary action.

Licensees in North Carolina who fail to renew are notified by a certified letter. In addition, their employers are notified.

Failure to renew one’s professional license has significant implications. First and foremost, the licensee is practicing without a valid license. Employers are required to reimburse patients and third party payors for services that were performed by a non-licensed individual. In some cases, the employers have required licensees to provided compensation for the “oversight.” Licensees have been reduced to the pay scale of an Aide during the time that their license is not valid. Licensees have been demoted and disciplinary actions have been brought against these licensees by their employers.

The Board takes license renewals very seriously. In 1997, sixteen private reprimands were issued for failure to renew. The Board has indicated that in 1998 it may take a stronger stand for licensees who fail to renew. I encourage you to renew your license early (no later that January 10) to assure that it does not lapse. In addition, it is imperative that licensees keep mailing addresses current.

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License Renewal is Very Important!

From January through July, 1997, the Board and Office have been very busy.

- The Office renewed approximately 5400 licenses.
- The Board licensed 399 new PTs and 130 new PTAs.
- Board Meetings were conducted on January 23, April 17, and July 17.
- The Board issued 32 disciplinary actions.
- The PTA Screenings Task Force conducted three meetings.
- The Investigative Committee conducted seven meetings and discussed 36 new complaints.
- Three educational programs on supervision issues were conducted across the state and 125 copies of Practice Under Pressure were sold.
- The Board Chairman served as Delegate to the Federation Assembly in San Diego, CA.
- The Executive Director was elected as an officer of the Council of Board Administrators and attended three national meetings.
THE NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS RECEIVES INQUIRIES ON A WIDE VARIETY OF TOPICS FROM LICENSEES AND OTHER INTERESTED PARTIES RELATED TO THE SCOPE OF PRACTICE OF PHYSICAL THERAPY IN NORTH CAROLINA. MANY OF THESE INQUIRIES ARE QUESTIONS THAT HAVE PREVIOUSLY BEEN ANSWERED BY THE BOARD. WHEN AN INQUIRY OF THIS TYPE IS RECEIVED, THE BOARD HAS AUTHORIZED ITS EXECUTIVE DIRECTOR AND ITS ATTORNEY TO RESPOND TO THESE INQUIRIES EITHER ORALLY OR IN WRITING.

WHEN AN INQUIRY IS MADE THAT HAS NOT PREVIOUSLY BEEN CONSIDERED BY THE BOARD, THE PERSON MAKING THE INQUIRY IS ADVISED THAT THE MATTER WILL HAVE TO BE PRESENTED TO THE BOARD FOR DETERMINATION AT ITS NEXT REGULARLY SCHEDULED MEETING. DEPENDING ON THE NATURE OF THE QUESTION, THE CORRESPONDENT MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION REGARDING THE PRACTICE THAT IS THE SUBJECT OF THE INQUIRY. WHEN THE BOARD CONSIDERS QUESTIONS ABOUT THE SCOPE OF APPROPRIATE PRACTICE, IT MUST BE GUIDED BY THE PRACTICE ACT AND THE BOARD’S RULES.

G.S. 90-270.24(4) DEFINES PHYSICAL THERAPY AS “...THE EVALUATION OR TREATMENT OF ANY PERSON BY THE USE OF PHYSICAL, CHEMICAL, OR OTHER PROPERTIES OF HEAT, LIGHT, WATER, ELECTRICITY, SOUND, MASSAGE OR THERAPEUTIC EXERCISE, OR OTHER REHABILITATIVE PROCEDURES, WITH OR WITHOUT ASSISTIVE DEVICES, FOR THE PURPOSES OF PREVENTING, CORRECTING, OR ALLEVIATING A PHYSICAL OR MENTAL DISABILITY. EVALUATION AND TREATMENT OF PATIENTS MAY INVOLVE PHYSICAL MEASURES, METHODS, OR PROCEDURES AS ARE FOUND COMMENSURATE WITH PHYSICAL THERAPY EDUCATION AND TRAINING AND GENERALLY OR SPECIFICALLY AUTHORIZED BY REGULATIONS OF THE BOARD.” THE BOARD IS ALSO GUIDED BY 21 N.C.A.C. 48C.0101(a),(b), AND (d), WHICH READ AS FOLLOWS:

“(a) Physical therapy is presumed to include any acts, tests, procedures, treatments or modalities that are routinely taught in educational programs (undergraduate and graduate) or in continuing education programs for physical therapists and are routinely performed in practice settings.

(b) A physical therapist who employs acts, tests, procedures and modalities in which professional training has been received through education or experience is considered to be engaged in the practice of physical therapy.

(c) The practice of physical therapy is the application of a broad range of evaluation and treatment procedures relating to abnormality of human sensorimotor performance. It includes, but is not limited to, tests of joint motion, motion length and strength, posture and gait, limb length and circumference, activities of daily living, pulmonary function, cardiovascular function, nerve and muscle electrical properties, orthotic and prosthetic fit and function, sensation and sensory perception, reflexes and muscle tone, and sensorimotor and other skilled performances; treatment procedures such as hydrotherapy, short wave or microwave diathermy, ultrasound, infrared and ultraviolet radiation, cryotherapy, electrical stimulation including transcutaneous electrical neuromuscular stimulation, massage, debridement, intermittent vascular compression, iontophoresis, machine and manual traction of the cervical and lumbar spine, joint mobilization, machine and manual therapeutic exercise including isokinetics and biofeedback, and training in the use of orthotic, prosthetic and other assistive devices, including crutches, canes and wheelchairs.”

These guiding principles recognize that the scope of physical therapy practice is not stagnant, and the definitions are sufficiently broad to encompass changes in practice that can be documented through inclusion in educational programs or post-graduate professional training. The members of the Board consider these standards in light of their own practical experience to determine whether particular acts or modalities are within the scope of physical therapy practice.

The Board also receives inquiries that go beyond questions related to specific tests or treatments, and present issues of a more philosophical nature that may not be susceptible to resolution during a relatively small segment of a lengthy Board meeting. In such cases, the Board may refer the matter to a subcommittee of the Board or even to a task force consisting of Board members and others with pertinent professional expertise. The subcommittee or task force receives a charge that includes the specific issue to be examined and the time period within which a report to the Board is expected. This group may even solicit additional input from licensees who would be most directly affected by the Board’s decision. Upon receipt of the report of the subcommittee or task force, the Board would then establish its position on the matter, adopting or rejecting as much of the report as it felt was reasonable and prudent.

Some of the inquiries received by the Board require reference to other licensing boards for resolution. For example, the Board has received questions relating to whether physical therapists can treat animals, whether they can administer or utilize prescription drugs in connection with a physical therapy modality, whether they can administer injections, and whether they can perform minor surgical procedures. Other inquiries are simply beyond the purview of the Practice Act, and are referred to the appropriate entity, whether it be the NCPTA or some other governmental agency. In any event, the Board takes all inquiries very seriously, and attempts to provide a response may not provide a simple answer to the practitioner, but will at least provide directions and parameters within which the practitioner can make a decision.
NORTH CAROLINA PHYSICAL THERAPY

Board Orders / Consent Orders / Other Board Actions
February / March / April / May / June / July, 1997

Suspensions (3)

Rogers, Nancy E., PTA
Location: Tarboro, NC
License #: PTA 893
Conduct: Documenting and charging for home health visits that were not performed.
Discipline: 4/17/97 Consent Order executed. Surrender of license to practice as a physical therapist assistant for a period of (12) months from May, 1997; however, all but six (6) months of such suspension shall be stayed upon completion of the terms and conditions of her Consent Order.

Clemmer, Leslie A., PT
Location: Mt. Clemens, MI
License #: PT 5104 (not renewed 1/31/97)
Conduct: Documenting and charging for services that were not provided in a home health setting.
Discipline: 7/17/97 Consent Order executed. Suspension of license to practice as a physical therapist for six (6) months to take effect upon licensee’s request for revival of her North Carolina license.

Montayre, Paterno E., PT
Location: Detroit, MI
License #: 3492
Conduct: Convicted by the State of Michigan, Dept of Consumer and Industry Services, Board of Physical Therapy Disciplinary Subcommittee on December 27, 1996 of documenting and charging for home health patient visits that were not performed.
Discipline: 7/17/97 Consent Order executed. Suspension of license to practice as a physical therapist in North Carolina for a period of six (6) months measured from August 1, 1997 to parallel sanctions that were imposed by the Michigan Board related to documentation of home health visits that were not made.

Private Reprimands (17)
In addition to the above actions, sixteen private reprimands were issued for engaging in the practice of physical therapy for a period of time when their license had not been renewed. One (1) private reprimand was issued to a licensee for making inappropriate suggestive comments to a patient.

Warnings (4)

Williams, Lynda F., PTA
Location: New Bern, NC
License #: PTA 927
Conduct: Failure to keep scheduled appointments with home health patients.
Discipline: Warning

Koury, Marvin L., PTA
Location: Morrisville, NC
License #: PTA 1941
Conduct: Failing to respond to repeated requests by the Board asking that he provide proof that he did not engage in the practice of physical therapy as a physical therapist assistant for a period of time when he had not renewed his license.
Discipline: Warning

Mieden, Emma K., PT
Location: High Point, NC
License #: PT 4701
Conduct: Failure to complete and return patient records in a timely manner to her former employer upon termination.
Discipline: Warning

Phillips, Steven L., PT
Location: Goldsboro
License #: PT 1867
Conduct: Failure to provide appropriate supervision over physical therapy aides.
Discipline: Warning

Complaints Dismissed
Upon completing their investigations, the Investigative Committee found that there was no probable cause to pursue disciplinary action regarding three licensees against whom complaints had been filed.

CHANGE OF ADDRESS / NAME / LICENSEE DIRECTORY CORRECTION FORM

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<thead>
<tr>
<th>Current Name</th>
<th>New Name</th>
<th>PT</th>
<th>PTA</th>
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</thead>
<tbody>
<tr>
<td>New Home Address</td>
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<tr>
<td>New Home City, State, Zip</td>
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<td>New Work City, State, Zip</td>
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<tr>
<td>License #</td>
<td>Mail or Fax to: NC Board of PT Examiners, 18 West Colony Place, Durham, NC 27705 Fax 919-490-5106 Email: <a href="mailto:ncpitboard@mindspring.com">ncpitboard@mindspring.com</a></td>
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The North Carolina Board of Physical Therapy Examiners (NCBPTE) issued a Position Statement on the “Utilization of the Physical Therapist Assistant to Assist the Physical Therapist With Patient Screens” at the July 17, 1997 Board Meeting. The position statement defines the role that the assistant may play in the performance of patient screens. The position statement is three (3) pages in length and may be obtained from the NCBPTE Office by sending a request and a stamped, self-addressed envelope. Due to the anticipated high volume of demand for copies of this position statement, the Board will not be able to Fax copies to licensees. (The Board wishes to express its appreciation to the following Task Force Members: Judy A. White, MS, PT, Chair; JoDell F. King, PTA; John M. Silverstein, Attorney; Ben F. Massey, Jr., PT, Executive Director; and NCPTA members: Cheryl C. Atwater, PT and Elaine M. Eckel, PT, for their assistance in the development of this Position Statement.)

Tentative Schedule of Board Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Sept 11, 1997</td>
<td>Investigation Committee Meeting</td>
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<tr>
<td>Sept 16, 1997</td>
<td>Supervision Program, Asheville</td>
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<tr>
<td>Oct 23, 1997</td>
<td>Board Meeting</td>
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<tr>
<td>Oct 23, 1997</td>
<td>Supervision Program, Wilmington</td>
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<tr>
<td>Nov 3, 1997</td>
<td>License renewals mailed</td>
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<tr>
<td>Nov 19, 1997</td>
<td>Supervision Program, Fayetteville</td>
</tr>
<tr>
<td>Jan 10, 1998</td>
<td>Recommended deadline for license renewals</td>
</tr>
<tr>
<td>Jan 31, 1998</td>
<td>Final deadline for licenses to be in!</td>
</tr>
<tr>
<td>Feb 1, 1998</td>
<td>Licenses not renewed lapse.</td>
</tr>
</tbody>
</table>

Governor James B. Hunt, Jr. reappointed J. Herman Bunch, Jr., PT and Judy A. White, PT for three year appointments to the NC Board of PT Examiners. Mr. Bunch has been the Chairman of the Board since 1995 and is currently employed at ProActive Therapy, Inc. Ms. White currently serves as Clinical Associate Professor at the Division of Physical Therapy at the University of North Carolina at Chapel Hill. In addition, Governor Hunt appointed Thomas D. Wilson, PTA to serve a three year term as a physical therapist assistant representative to the Board. Mr. Wilson is currently employed at the Brian Center in Yanceyville, N.C.

The following “Position on Oversight of Home Health Aides by Physical Therapist” was issued at the April 17, 1997 NC Board of PT Examiners Meeting:

“The Board recognizes that physical therapists may at times oversee the home care patient’s plan of care. As part of the services on the plan of care, when home care aides are ordered by the physicians to provide personal care services such as bathing, dressing and/or grooming and/or assistance with activities that are directly supportive of skilled physical therapy services but do not require the skills of a physical therapist to be safely and effectively performed, such as simple maintenance activities which could normally be provided by a family member, the physical therapist may make on-site visits to the patient’s home to determine if the aide services as specified above are being delivered in accordance with the plan of care.”