Question: Can a PTA perform peripheral and spinal mobilization in North Carolina?

Answer: This question was addressed by the NCBPTE at its March 29, 2001 meeting. GS 90-270.90(3) authorizes the PTA to perform patient-related activities “…which are commensurate with the PTA’s education and training…” The same section prohibits a PTA from interpreting and implementing referrals from licensed medical doctors or dentists, performing evaluations, or determining treatment programs, and making major modifications thereof.

The NCBPTE was clear in its determination that it would be inappropriate for a PTA to engage in spinal mobilization under any circumstances. The question of whether a PTA can engage in peripheral mobilization is less clear. Some members felt that it is difficult to perform peripheral mobilization without continuing evaluations. However, it was also recognized that PTAs have been engaged in peripheral mobilization in this State. Under any circumstances, a PTA must have the requisite knowledge and skill to engage in peripheral mobilization.

The NCBPTE was advised that since the typical PTA education program does not provide the sufficient education and training for a graduate to be able to perform peripheral mobilization, those skills must be developed by additional training before a PTA can perform peripheral mobilization in a practice setting.

BULLETS ADDED FOR CLARIFICATION – September 23, 2010

- Gentle manual cervical traction is not considered mobilization and would not be prohibited.
- As the sacroiliac joint is considered part of the spine, mobilization of the sacroiliac joint would be prohibited.
- The competence of the physical therapist assistant will be determined by the supervising physical therapist as the supervising physical therapist is ultimately responsible for the care of the patient / client.