According to the North Carolina Physical Therapy Practice Act, the definition of Physical Therapy Aide is as follows:

90-270.24. Definitions. In this Article, unless the context otherwise requires, the following definitions shall apply:
(5) "Physical therapy aide" means any non-licensed person who aids in the practice of physical therapy in accordance with the provisions of this Article, and who at all times acts under the orders, direction, and on-site supervision of a licensed physical therapist or physical therapist assistant. An aide may perform physical therapy related activities which are assigned and are commensurate with an aide's training and abilities, but an aide's work shall not include the interpretation and implementation of referrals from licensed medical doctors or dentists, the performance of evaluations, the determination and modification of treatment programs, or any independent performance of any physical therapy procedures.

The Board’s rules further clarify the definition as follows:

21 NCAC 48C .0401 DEFINITION
Whenever any person not licensed in accordance with the provisions of the physical therapy practice act aids in the provision of physical therapy services under the supervision of a licensed physical therapist or physical therapist assistant, that person meets the definition of a physical therapy aide found in G.S. 90-270.24(5).

21 NCAC 48C .0402 FUNCTION
(a) A physical therapy aide may perform only those acts delegated by a licensed physical therapist or physical therapist assistant.
(b) A physical therapy aide must not engage in the performance of physical therapy activities without supervision by a licensee in accordance with this Subchapter.
(c) A physical therapy aide must work under the supervision of a licensee who is present in the facility. This may extend to an off-site setting only when the physical therapy aide is accompanying and working directly with a licensee with a specific patient.
(d) A physical therapy aide must not be independently responsible for a patient caseload.

Regarding the role and responsibilities of the Physical Therapist related to the aide, the Board’s rules state the following:

21 NCAC 48C .0102 RESPONSIBILITIES
(a) A physical therapist shall determine the patient care plan and the elements of that plan appropriate for delegation.
(b) A physical therapist shall determine that those persons acting under his or her supervision possess the competence to perform the delegated activities.
(c) A physical therapist may delegate responsibilities to physical therapist assistants, including supervising physical therapist or physical therapist assistant students.

(d) A physical therapist shall enter and review chart documentation, reexamine and reassess the patient, and revise the patient care plan if necessary, based on the needs of the patient.

(e) A physical therapist shall establish a discharge plan that includes a discharge summary or episode of care for each patient.

(f) The physical therapist shall provide all therapeutic interventions that require the physical therapist’s expertise, and may delegate to a physical therapist assistant or physical therapy aide the delivery of service to the patient when it is safe and effective for the patient.

(g) A physical therapist's responsibility for patient care management includes first-hand knowledge of the health status of each patient and oversight of all documentation for services rendered to each patient, including awareness of fees and reimbursement structures.

(h) A physical therapist shall be immediately available in person or by telecommunication to a physical therapist assistant supervising a physical therapy aide or student engaging in patient care.

(i) A physical therapist who is supervising a physical therapy aide or student shall be present in the same facility when patient care is provided.

(j) A physical therapist shall clinically supervise only that number of assistive personnel, including physical therapist assistants, physical therapy aides, and students completing clinical requirements, as the physical therapist determines is appropriate for providing safe and effective patient interventions at all times.

(k) If a physical therapist assistant or physical therapy aide is involved in the patient care plan, a physical therapist shall reassess a patient every 60 days or 13 visits, whichever occurs first.

(l) A physical therapist shall document every evaluation and intervention or treatment including the following elements:

  1. authentication (signature and designation) by the physical therapist who performed the service;
  2. date of the evaluation or treatment;
  3. length of time of total treatment session or evaluation;
  4. patient status report;
  5. changes in clinical status;
  6. identification of specific elements of each intervention or modality provided. Frequency, intensity, or other details may be included in the plan of care and if so, do not need to be repeated in the daily note;
  7. equipment provided to the patient; and
  8. interpretation and analysis of clinical signs, symptoms, and response to treatment based on subjective and objective findings, including any adverse reactions to an intervention.

(m) At the time of reassessment the physical therapist shall document:

  1. the patient's response to therapy intervention;
  2. the patient's progress toward achieving goals; and
  3. justifications for continued treatment.

(n) A physical therapist shall, upon request by the patient of record, provide the original or copies of the patient’s treatment record to the patient, or to the patient’s designee. As permitted by G.S. 90-411, a fee may be charged for the cost of reproducing copies. The documents requested shall be provided within 30 days of the request and shall not be contingent upon current, past, or future physical therapy treatment or payment of services.

History Note: Authority G.S. 90-270.24; 90-270.26; 90-270.31; 90-270.34; 90-411; Eff. December 30, 1985; Amended Eff. February 1, 2015; July 1, 2013; December 1, 2006; August 1, 2002; August 1, 1998; January 1, 1991
21 NCAC 48C .0103 PROHIBITED PRACTICE
(b) A physical therapist must not permit any person working under his or her supervision to
engage in acts or practices beyond the scope allowed by the Physical Therapy Practice Act or the
Rules in this Chapter.

21 NCAC 48G .0601 PROHIBITED ACTIONS
(a) Behaviors and activities which may result in disciplinary action by the Board pursuant to G.S.
90-270.36(1), (6), (7), (8) and (9) and G.S. 90-270.35(4) include the following:
(4) accepting and performing professional responsibilities which the licensee knows or has
reason to know that he or she is not competent to perform;
(7) failure to exercise supervision over persons who are authorized to practice only under the
supervision of the licensed professional;
(16) delegating professional responsibilities to a person when the licensee delegating such
responsibilities knows or has reason to know that such a person is not qualified by training, by
experience, or by licensure to perform such responsibilities;
(21) willfully or intentionally communicating false or misleading information regarding a
patient;

Therefore, based on these rules, a Physical Therapy Aide is allowed to perform physical therapy related
activities which are assigned and are commensurate with an aide's training and abilities. A PT Aide may
\textbf{not} modify a treatment programs or perform any physical therapy procedures independently and may not
have a caseload. Any individual who is not licensed as Physical Therapist or Physical Therapist Assistant
in accordance with the \textbf{NC Physical Therapy Practice Act} can only function as a Physical Therapy Aide
under the supervision of a licensee.

It is the responsibility of the Physical Therapist to determine the competence of the Physical Therapy
Aide and to provide appropriate supervision in accordance with the aforementioned statues and Board’s
rules.

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