

259 CMR 5.00: PHYSICAL THERAPISTS

Section

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5.01: Definitions

Accredited Educational Program. A program meeting the current requirements of the Commission on Accreditation in Physical Therapy Education (CAPTE).

APTA. American Physical Therapy Association.

Authentication. Verification of accuracy of all services provided as documented and co-signed by the licensee.

Clinical Instructor. A licensed PT or PTA who is directly responsible for a PT or PTA student.

Evaluation. The ongoing process by which a physical therapist makes clinical judgments based on data gathered during the clinical examination process; the professional assessment of the data gathered and how the therapist utilizes the interpretation of the data to determine and develop their Plan of Care for the patient.

Examination. The examination for licensure of the physical therapist or physical therapist assistant currently approved by the Federation of State Boards of Physical Therapy and accepted by the Board.

Patient. An individual who receives physical therapy care, attention, services or treatment. A Client is also considered synonymous with a Patient for the purpose of 259 CMR 5.01.

Physical Therapist of Record. The primary physical therapist who is responsible for providing and/or supervising of all care rendered to the patient/client. The Physical Therapist of Record will be considered the physical therapist who initially evaluated the patient and developed the patient's Plan of Care, unless otherwise designated in the record.

Physical Therapy Aide. A person not licensed in physical therapy who works under the direct supervision of a physical therapist or physical therapist assistant. This individual may also be known as a rehabilitation aide or some other similar title.

Physical Therapy Cooperative Education (PT Co-op) Student. A student who is actively enrolled and matriculating in an accredited educational program that utilizes the cooperative experience as part of its curriculum. PT Co-op Students may perform those duties of a Physical Therapy Aide and those competencies approved by their academic program, as agreed-upon by the Co-op site, and commensurate with their level of education within that program at the time of the coop experience. PT Co-op Students may only perform these functions when they are on a defined and time-based cooperative experience that is part of the CAPTE approved curricula. PT Co-op Students are not licensed to practice physical therapy and must work under the direct supervision of a physical therapist. Any Co-op Student not actively enrolled and matriculating in an accredited educational program, or not participating in a co-op experience that is part of the CAPTE approved PT curricula, including continuing to work following completion of the co-op experience, can only function as a Physical Therapy Aide.

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Physical Therapy Student. A person who is registered in an accredited educational program and performs clinical duties, up to and including assessments under the direct supervision of a physical therapist. The supervising PT may be one of the clinical site's Clinical Instructors (CI) or the Center Clinical Coordinator of Education (CCCE) in coordination with the academic program's Director of Clinical Education (DCE). Any PT Student who is not supervised by the clinical site's CI or CCCE in coordination with the academic program's DCE, including continuing to work following completion of the academic program's supervised practice requirements, can only function as a Physical Therapy Aide. A PT Student may be called an intern. A PT Student does not possess a license to practice.

Physical Therapist Assistant Student. A person who is registered in an accredited educational program and performs clinical duties under the direct supervision of a physical therapist or physical therapist assistant who is one of the clinical site's Clinical Instructor (CI) or the Center Clinical Coordinator of Educator (CCCE) in coordination with the academic program's Director of Clinical Education (DCE)

Plan of Care. Written statements that specify the goals, the outcomes, and the predicted level of optimal improvement, specific interventions to be utilized and proposed type, amount, duration, and frequency of the interventions that are required to reach the stated goals and outcomes. The Plan of Care is based upon the results of the clinical examination and includes the anticipated discharge plan.

5.02: Patient Care Management(1) Responsibilities of Physical Therapists.

- (a) For each patient on each date of service, a physical therapist shall provide:
 1. All of the therapeutic intervention that requires the expertise of a physical therapist and shall determine the appropriate utilization of physical therapist assistants or Physical Therapy Aides that provide for the delivery of care that is safe, effective and efficient. Documentation in the patient record of any considerations, treatment and changes in patient care.
 2. Primary responsibility for communication with the patient and sole responsibility for obtaining informed consent prior to initiating intervention.
 3. Primary responsibility for physical therapy care rendered by the physical therapist assistant or supportive personnel rests with the Physical Therapist of Record or another physical therapist accessible and willing to assume the responsibility or direction of care for that patient and is documented as such.
- (b) A Physical Therapist of Record or another physical therapist accessible and willing to assume the responsibility or direction of care for that patient must be on call and readily available when physical therapy services are being provided by a physical therapist assistant.
- (c) All components of clinical care, and their supporting documentation, are the sole responsibility of the physical therapist. These include:
 1. Complete an initial clinical examination.
 2. Determine a PT diagnosis and PT prognosis.
 3. Develop a Plan of Care which is based on the initial clinical examination. The Plan of Care should include:
 - a. identified precautions, special problems, contraindications to care;
 - b. interventions and anticipated progress;
 - c. goals;
 - d. type, amount, frequency and duration of intervention and care; and
 - e. plan for reevaluations and discharge.
 4. Designate modes of written and oral communication regarding course of care.
 5. Select, delegate and direct appropriate tasks in the Plan of Care to a physical therapist assistant. Decisions should be based on, but not limited to, the following considerations:
 - a. the physical therapist assistant's education, training, experience and skill level;
 - b. the patient's acuity, stability, and complexity; and
 - c. the setting in which the care is being delivered.

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6. Perform reexaminations and document findings when a change in the Plan of Care is needed, prior to any planned discharge, and in response to a change in the patient's medical status.
 7. Summarize patient's status and document reason for discharge. Ensure safe and quality care at all times and, in those situations in which a physical therapist assistant provides patient care, serve as the supervising physical therapist.
 8. Serve as the only supervisor of physical therapist assistants.
 9. Determine the frequency and amount of supervision of the physical therapist assistant by regularly consulting with the physical therapist assistant to discuss the needs of the patient and the needs of the physical therapist assistant and by utilizing the following factors:
 - a. professional judgment;
 - b. the number of physical therapist assistants the physical therapist can safely and effectively supervise. In the absence of evidence to the contrary, the Board will presume that a ratio that exceeds one physical therapist to three physical therapist assistants is not safe and effective;
 - c. the complexity of the patient's status; and
 - d. the competence of the physical therapist assistant.
 10. Provide supervision to the physical therapist assistant, including at a minimum:
 - a. on-site reexamination of the Patient;
 - b. on-site review of the Plan of Care with appropriate revision or termination;
 - c. evaluation of need and recommendation for utilization of outside resources; and
 - d. availability *via* verbal communication to the physical therapist assistant while the physical therapist assistant is treating Patient.
 11. Provide direct supervision to the following persons rendering physical therapy services:
 - a. Physical Therapy Students, interns and Physical Therapy Co-op Students; and
 - b. Physical Therapy Assistant Students.
 12. Co-sign the documentation of Physical Therapy Students and Co-op Students or Physical Therapy Assistant Students.
- (2) Responsibilities of Physical Therapist Assistants.
- (a) Work under the supervision of a licensed physical therapist.
 - (b) Cannot initiate a treatment program without prior evaluation and the development of a Plan of Care by the Physical Therapist of Record.
 - (c) Assume the following duties and documentation responsibilities:
 1. Examine and treat the patient based on the patient's current status and the Plan of Care established by the Physical Therapist of Record;
 2. Respond to inquiries regarding the patient status within the protocol established by the Physical Therapist of Record;
 3. Adjust a specific treatment procedure in accordance with changes in patient status within the Plan of Care designed by the Physical Therapist of Record or another physical therapist accessible and willing to assume the responsibility or direction of care for that patient;
 4. Interpret data within the scope of their physical therapist assistant education;
 5. Alert the Physical Therapist of Record or another physical therapist accessible and willing to assume the responsibility or direction of care for that patient of a change in patient's status or plateaus in the course of care;
 6. Refer inquiries regarding patient prognosis to the Physical Therapist of Record or another physical therapist accessible and willing to assume the responsibility or direction of care for that patient; and
 7. Provide direct supervision to the following persons rendering physical therapy services:
 - a. Physical Therapy Assistant Students; and
 - b. Physical Therapy Aides, rehabilitation aides, or other unlicensed personnel.

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(3) Responsibilities of Physical Therapy Aides and Non-physical Therapy Co-operative Education Students.

- (a) Work under the direct supervision of a physical therapist or physical therapist assistant
- (b) Perform only non-skilled activities such as:
 - 1. Ambulation and activity programs for endurance established by the physical therapist and previously completed by the patient requiring the presence of an aide for patient safety.
 - 2. Exercise programs established by the physical therapist and previously completed by the patient.
 - 3. Preparation of the patient environment, equipment, or modality for the physical therapist or physical therapist assistant.
 - a. Non-treatment related activities such as secretarial, housekeeping, patient transport; and
 - b. Application of superficial heat and cold.

(4) Responsibilities of Physical Therapy Co-operative Students.

- (a) Work under the direct supervision of a physical therapist.
- (b) The PT Co-op Student shall only carry out those duties contained in 259 CMR 5.02(1)(c) and (2)(c) in which the Physical Therapy Co-op Student has been educated and deemed competent by the academic institution and pursuant to the agreement between the academic institution, the work site, and the student, and delegated to them by the physical therapist directly supervising them.
- (c) PT Co-op Students may also perform those duties listed for a Physical Therapy Aide.

(5) Responsibilities of Physical Therapy Students.

- (a) Work under the direct supervision of their Clinical Instructor (CI) and perform only those duties contained in 259 CMR 5.02(1)(c) as are appropriate.
- (b) Have all notes co-signed by their CI.

(6) Responsibilities of Physical Therapist Assistant Students.

- (a) Work under the direct supervision of a licensed physical therapist or physical therapist assistant.
- (b) Have all notes co-signed by the supervising physical therapist or physical therapist assistant.

5.03: Assessment and Documentation of Physical Therapy Treatment Program

(1) A physical therapist shall document, date, and authenticate the patient's clinical examination, evaluation, diagnosis, prognosis, progress, and any clinical assessment of the patient's condition which results in an alteration in the patient's Plan of Care.

(2) This documentation shall be contained in the patient's ongoing treatment notes or in a formal review of the Plan of Care (or reevaluation). If by formal review of the Plan of Care (or reevaluation), it must be completed in the particular work setting by a Physical Therapist of Record within the following timeframes:

- (a) Acute care: at least every seven to ten days.
- (b) Outpatient, rehabilitation, home health, skilled nursing facility: at least every 30 days.
- (c) Long term chronic care facility and educational school setting: at least every 90 days.

(3) When care is rendered by a physical therapist assistant or Physical Therapy Assistant Student, the documentation shall be contained in the patient's ongoing treatment note.

(4) A physical therapist, Physical Therapy Student, physical therapist assistant and Physical Therapy Assistant Student providing physical therapy intervention(s) shall legibly document, date, and authenticate all care that is provided:

- (a) Using their name as appearing on their professional license or legal name if a student;
- (b) Professional designation as outlined in 259 CMR 5.04; and
- (c) Their license number if applicable.

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- (5) The supervising physical therapist shall co-sign all documentation provided by physical therapy students.
- (6) The supervising physical therapist or physical therapist assistant shall co-sign all documentation provided by Physical Therapy Assistant Students.
- (7) Physical therapist assistants are not required to have their documentation co-signed; however, Physical Therapy Students and Physical Therapy Assistant Students must have their notes co-signed by their Clinical Instructor (CI).
- (8) Persons practicing pursuant to M.G.L. c. 112, § 23C shall have their documentation co-signed by their directing licensee.
- (9) Each visit or patient encounter must be documented, including at a minimum:
 - (a) Current patient status and self-reporting;
 - (b) Change of status as related to the Plan of Care, if applicable;
 - (c) Communication or consultations regarding patient Plan of Care, if applicable;
 - (d) Adverse reactions to interventions, if applicable;
 - (e) Identification of specific interventions provided (type, amount, frequency, intensity, and duration) as appropriate;
 - (f) Factors that modify intensity or frequency of interventions;
 - (g) Progress on goals with the Plan of Care, if applicable;
 - (h) Equipment provided, if applicable; and
 - (i) Other pertinent information.
- (10) Billing, as a form of documentation, must accurately reflect the documented treatment interventions.

5.04: Designations

- (1) Physical therapists shall use the initials PT immediately after their name.
- (2) Physical Therapy Students shall use the initials PT/s immediately after their name.
- (3) Physical therapist assistants shall use the initials PTA immediately after their name.
- (4) Physical Therapy Assistant Students shall use the initials PTA/s immediately after their name.
- (5) Physical therapist or physical therapist assistant applicants practicing under the direction of a licensee pursuant to M.G.L. c. 112, § 23C shall use the initials PT/c or PTA/c immediately after their name.

5.05: Code of Ethics, Guide for Professional Conduct and Standards of Practice for Physical Therapy

- (1) The following documents in their most recently approved form are adopted as the ethical standards of practice.
 - (a) Code of Ethics for the Physical Therapist. The American Physical Therapy Association (APTA) Code of Ethics delineates the ethical obligations of all physical therapists.
 - (b) Standards of Ethical Conduct for the Physical Therapist Assistant. The APTA Standards of Ethical Conduct delineate the ethical obligations of all physical therapist assistants.
 - (c) Guide for Professional Conduct. The APTA Guide for Professional Conduct provides a framework by which physical therapists may determine the propriety of their conduct and is intended to guide the professional development of Physical Therapy Students.
 - (d) Guide for Conduct of the Physical Therapist Assistant. The APTA Guide for Conduct of the Physical Therapist Assistant provides a framework by which physical therapist assistants may determine the propriety of their conduct and is intended to guide the professional development of Physical Therapy Assistant Students.

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(e) Standards of Practice for Physical Therapy and Criteria for Standards of Practice for Physical Therapy. The APTA Standards for Practice and Criteria for Standards of Practice provide a foundation for assessment of physical therapist practice.

(2) Disclosure. If a physical therapist is involved in an arrangement with a referring source in which the referring source derives income from the physical therapy service, the physical therapist has an obligation to disclose to the patient that the referring source derives income from the provision of the physical therapy service (M.G.L. c. 112, § 23P½).

(3) Ownership Interest and Referrals.

(a) A physical therapist involved in the private practice of physical therapy to whom a patient is referred by a person licensed or registered under M.G.L. c. 112 who derives income directly or indirectly from the physical therapy services shall file with the Board under separate cover at the time they renew their physical therapist license:

1. A copy of the "Notice of Ownership Interest" containing the names of all persons maintaining an ownership interest in such practice, which notice is required to be posted in a conspicuous space in the office of the physical therapist (M.G.L. c. 112, § 23P½).

2. A report of the number of referrals to such practice during the previous 24-month period by each person licensed under M.G.L. c. 112 who has an ownership in such practice.

(b) Ownership interest shall mean any and all ownership interest including, but not limited to, any membership, proprietary interest, stock interest, partnership interest, co-ownership in any form or any profit sharing arrangement. (M.G.L. c. 112, § 23P½)

(4) Division of Fees. Physical therapists may not directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee or to profit by means of a credit of other valuable consideration such as an unearned commission, discount or gratuity in connection with the furnishing of physical therapy services.

REGULATORY AUTHORITY

259 CMR 5.00: M.G.L. c. 112, § 23M.