



# Communiqué

## Board Reverses Stance on PT "Doctor"

At the May 2006 meeting, the Board and its general counsel discussed the issue of the term "doctor" by a PT in a clinical setting. After lengthy consideration of several sections in state law, the Board determined that a PT is not authorized to call himself or herself "doctor" in the clinical setting, regardless of the academic degree she or he has received. The Board's primary concern was regarding §453.006 of the PT Practice Act, which warns of using a title implying that a person is a physician when they are not licensed to practice medicine.

However, at the request of the Texas PT Association, the Board revisited the discussion at its November meeting. At that meeting, it also heard public comment from Tim Weitz, the Executive Director of TPTA. The TPTA argued that the Board had misinterpreted §104.004 of the Healing Arts Identification Act when it made its decision. Mr. Weitz referred the Board to a 1995 opinion from the Texas Attorney General, which was a response to a similar question from the Texas Board of Medical Examiners about the use of the title by acupuncturists. After reviewing the opinion, the Board found itself in agreement with Mr. Weitz and the TPTA, and agreed to revise its May statement on the use of the title "doctor".

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However, the use of the title "Doctor" in front of your name is not authorized by your physical therapy license, and does not replace the term "physical therapist". If you have a DPT, or a PhD, or any other doctoral level degree, you may use the title "doctor" in front of your name, but you must also use your licensure designation as well as your academic or honorary degree designation *behind* your name. Here are some examples of proper usage: If Jane Doe has a DPT, she can put "Dr. Jane Doe, PT, DPT" (licensure designation followed by academic designation) on her business card, signage, or advertisement. In person, for example when introducing herself to a patient, she would need to say something like, "Hi, I am Dr. Jane Doe, and I am your physical therapist." Office staff should be taught how to correctly refer to the PT who has a doctorate degree, so that patients walking in for the first time, and people calling on the phone, are made aware from the initial contact that Jane Doe is a physical therapist who earned a doctorate of physical therapy.

Warning: There are other laws, including the PT Practice Act and the Medical Practice Act, clearly stating that implying you are a physician (when you are not) is a violation of the law regardless of the degree you hold. A PT who chooses to use the title "doctor" in front of his name is responsible for identifying himself as a physical therapist to make sure that no one - patient, office staff, or anyone else – believes that he is a physician.

## Board Meeting Recap – November 2006

### Guiding Principles Established

The Board met for its two-day retreat on November 10-11, 2006. At the retreat, which occurs every two years if the agency budget permits, the Board covered both the big picture and the details. The big picture included establishing guiding principles for future board action, discussion of the future of physical therapy and telemedicine, PT scope of practice, and the state's supply of PTs and PTAs, among other topics. The guiding principles establish

the direction the Board intends to follow, as the field of healthcare changes to reflect population shifts, reimbursement restrictions, and increased regulatory expectations from government and the public. Specifically, the principles declare that the Board will:

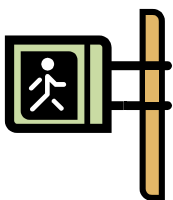
1. Promulgate rules that:
  - are sensible, enforceable, and fair within the framework of existing law;
  - provide clear guidelines to licensees and the public, without undermining the responsibility of the PT and PTA to exercise their professional judgment;
  - remove barriers to efficient and effective patient care while maintaining the ability of the board to regulate its licensees;
  - support innovative practice while safeguarding the public's wellbeing; and
  - ensure that all licensees are adequately and equivalently educated.
2. Engage licensees and the public in the regulation of physical therapy by continuing to refine its website and actively soliciting input into the rulemaking process through the website.
3. Play an active role in the Federation of State Boards of Physical Therapy, the national forum for physical therapy regulation.
4. Support the provision of physical therapy to all sectors and populations of the state by working with other state and governmental entities charged with furthering that goal.

As it considers questions from licensees and the public about the role of telemedicine, or the impact of the PT shortage on the requirement to protect the public, the Board looks to the future as well as to weigh current circumstances. These guidelines will establish the Board's regulatory goals, and make it simpler for future board members and staff to understand and continue working toward those goals.

In the meantime, the Board also fine tuned Q&As on the recent rule changes regarding reevaluations and documented conferences, so that licensees could find answers to their questions on the website. As noted above, the Board revisited the use of the term "doctor" by PTs with doctoral level degrees. They also continued work on drafting suggested changes for the Board's 2009 Sunset review. The Board voted to participate in the Federation's Practice Review Exam pilot project (planned initiation, late 2007) and proposed amendments to the CE rules to allow CE credit for the participation in the pilot project, as well as for accredited physical therapy residencies and fellowships and specialties. They also voted to amend the rules on practice in educational and early childhood (ECI) settings to reflect IDEA guidelines for evaluations and reevaluations. The three rules that were proposed by the Board and approved by the Executive Council are [posted on the website](#). Written public comment from licensees, organizations, and all interested parties is will be reviewed by the Board prior to adoption of the rules at the next meeting. If you would like to comment on the proposed changes, you can email your comments to [nhurter@mail.capnet.state.tx.us](mailto:nhurter@mail.capnet.state.tx.us) or mail them to: PT Board, 333 Guadalupe, Suite 2-510, Austin TX 78701.

The Board's next scheduled meeting is on February 9, 2007, in Austin.

## PT & ECI "Crosswalk" Available



As promised in the May 2006 newsletter, the Board and the Division of Early Childhood Intervention Services (ECI, or Early Childhood Intervention) of the state Department of Assistive and Rehabilitative Services (DARS) have developed a "crosswalk" for terms that are used by both the Board and ECI, but have different meanings. (For example, the terms "referral" and "evaluation" mean different things entirely depending on whose "rule book" you are reading.) The crosswalk also describes in a side-by-side format how several key processes work in terms of the ECI Procedures Manual and the PT rules. The Board and ECI have sent out a joint letter including this information to all local ECI program offices. If you are a PT or PTA in the ECI setting, look for this information around the first of the year. The crosswalk will be available on the [Board's website](#) and on the ECI website as well.

If, after you have reviewed the crosswalk, you have questions about ECI procedures and documentation, and whether they conflict with the PT rules, you should take the following steps: Talk to the local ECI program office. If your questions are not answered to your satisfaction, contact ECI headquarters in Austin at 800/250-2246. If ECI staff are not able to allay your concerns about conflicts with the PT rules, contact the Board at 512/305-6900.

Finally, the Board and its staff would like to thank and commend ECI and DARS staff for the time and thought they put into this project – they did the lion's share of the work by drafting the crosswalk, with Board input and oversight.

## PTAs, Reevaluations, and Documented Conferences

### *Questions, Answers, and Comments about the Recent Rule Changes*

In September 2006, the Board adopted changes to §322.1, regarding reevaluations, and §322.3, regarding documentation of conferences between PTs and PTAs. A number of PTAs and PTs have contacted the Board with their concerns about the amendments. The Board appreciates the opportunity to respond, and has chosen to do so in the Communiqué so that anyone with similar thoughts or questions may read the answers as well. Some editing has been done, and identifiers removed, for the sake of clarity and anonymity.

*"As a result of the ridiculous rule change [to §322.2, regarding reevaluations] my patients are receiving poorer care...In the out patient clinic I work at, the PT I work for now does only evals and re evals and has no time for patient care. As a result it is now extremely hard for me as an assistant to have time to take problems I have to the PT - who is now overloaded with paperwork or in the middle of a re evaluation."*

The requirement that a reevaluation be performed by a PT no less than once during every 30 day period of treatment is not new; what's new is the spelling out of events that trigger a reevaluation regardless of whether or not 30 days have elapsed since the initiation of treatment. To assist the PT in deciding whether a reevaluation is appropriate, the PTA should report any change from routine responses which occur during or prior to treatment, and any significant change in objective measures. Also new is the statement that a reevaluation includes an onsite reexamination by the PT. The Board added this information, along with the definitions of "examination" and "evaluation" in Chapter 321, to clarify what acceptable practice is, not to change it. These requirements reflect what has been, and still is, taught in accredited PT and PTA programs. If the PT no longer has time for anything but "evals and reevals", it may be a caseload or time management issue. Those issues are best handled collaboratively by the PT, you, and your employer.

It is true that in some settings (specifically, the school and early childhood settings) an onsite reexamination within the 30-day timeframe may not be required to meet the standards of acceptable practice. The Board has proposed rule changes to Chapter 346, Practice Settings for Physical Therapy, to clarify this difference.

*"I have been a licensed PT since 1990 and was a licensed PTA before I became a PT. I am very sad to see the restrictions now imposed on the PTAs at my place of employment. According to my supervisor, they [PTAs] are no longer allowed to perform re-evaluations of a patient's progress."*

A PTA has never been authorized to perform an evaluation or a reevaluation. The rules clearly state in §322.2(a)(3)(A) that the PTA may not "specify and/or perform definitive (decisive, conclusive, final) evaluative and assessment procedures." PTAs may continue to take and document objective measurements and report their findings to the PT; they may continue to monitor the patient's condition and progress during treatment and communicate that information to the PT. The PT relies on the PTAs ability to do those things. However, it is the PT who must make any clinical judgments regarding redirecting interventions and modifying the plan of care based on data gathered during onsite reexamination of the patient. Or, in other words, it is the PT who must do the reevaluation.

*"If our PTAs are encouraged on one hand to be fully responsible for their patients as full fledged clinicians, why tie their hands in how they show that status?"*

PTAs provide physical therapy services only under the direction and supervision of a PT; thus by virtue of this relationship, they do not have sole responsibility for their patients. After performing an evaluation and writing the plan of care, the supervising PT may assign responsibilities to the PTA to provide select forms of treatment based on the PTA's training and competence and on the needs of the patient; but the PT retains the ultimate responsibility for the care of the patient and for the supervision of the PTA delivering that care. However, PTAs are fully responsible for assuring that the patients they are treating receive safe, competent, and ethical care.

*"I pay yearly dues to an association who is slowly dismantling my profession!!!!"*

*"As a result of this rule change, which neither me nor anyone I know of was informed of, my job will now be less marketable and the profession of physical therapy as a whole will suffer, not just assistants, but therapists and patients also."*

This is a good opportunity to clarify a few points. First, a reminder that the Texas Board of Physical Therapy Examiners and the Texas Physical Therapy Association (TPTA) are two totally separate entities with very different goals. PTs and PTAs voluntarily become members of the TPTA, which is a professional association that exists for the benefit of the profession and the professionals. The Board is a component of a state health regulatory agency and exists to protect the public by regulating the profession through making and enforcing rules to guide practice. The law empowers the Board and requires it to focus on what is good for the patient, with no authority to regulate for the benefit of the profession. The Board certainly tries to avoid the "boomerang effect" – when a rule meant to improve patient care has an unintentional negative impact on the profession, which in turn has a negative effect on patient care. When patient care is not an issue, the Board aims to regulate effectively and efficiently with the least impact on the licensee. But the bottom line is that the Board must consider the patient and the law, not the career of the PT or the PTA, when making their decisions.

The Board proposes changes to the rules or new rules only at its quarterly meetings. Shortly thereafter, those proposed changes are officially published in the Texas Register. They are also posted on the Board's website once they are sent to the Register. By voluntarily signing up for the eNews distribution list, you are notified when those rules go up on the website so that you have an opportunity to review the rules and make comments before they are adopted. Not on the eNews list? You can [sign up on the Board's website](#). We promise not to spam you or sell your email address.

Finally, as stated earlier, the Board considers the amendment to the reevaluation requirement section a clarification, not a change. PTs have always been solely responsible for evaluation and reevaluation. However, the documented conference requirement added to the PTA supervision rule *is* new. From the calls that have come into the Board, many PTs and PTAs already have conferences but are not sure how to document them. And prior to this clarification, many PTs and PTAs would call the Board with questions about this matter and others in these two sections of the rules. Questions have increased over time, so that the Board decided that an official clarification through rulemaking was warranted. The Board's goal is not to add pages to your existing paperwork, but to remind licensees that recording communication with each other is essential to good documentation. There are more details about documenting conferences on the [Got a Question?](#) webpage, but here are the basics:

- ✚ Conferences may be on the phone or in person;
- ✚ Conferences may be documented in any format, so long as they are available when requested;
- ✚ The Board has not established any set frequencies conferences;
- ✚ Documentation should include the date, the method (phone or in person), the patient, and any actions resulting from the conference.

*"I see this restriction as a unneeded stress to the practicing [physical] therapist, like myself and my fellow PTs, who now are performing about 30% more work everyday; and a foolish insult to the PTAs who practice with just as much pride and integrity as any PT. The reason a person stays with an employer or in a field is proportionate to their autonomy and responsibility. By cutting back on their licensure entitlements, are we not reducing the attraction to the field altogether? I have worked and currently work with many fine PTAs and value their expertise, creativity and knowledge. Please do not further restrict them, and, I request that you reconsider the restrictions imposed of late."*

### **Possible "PT" Imposter Lakisha Dickerson**

The Board has received information that a woman named Lakisha Dickerson has referred to herself as a "physical therapist" while not holding a license to practice in Texas. Ms. Dickerson has not responded to Board inquiries.

If you come into contact with this person, please contact a Board Investigator immediately at 512/305-6900.

The role of the PTA as described in §322.2(a) of the Rules has NOT changed, nor has the Board adopted new rules in any other sections that restrict the practice of the PTA. Texas is one of the least restrictive of states in terms of what PTAs are allowed to do, and what kind of supervision they must have. In more than half of the states, PTs are limited to supervising only two or three PTAs or aides – which almost always means that assistive personnel have a much smaller range of responsibilities and tasks. In many states, PTAs provide treatment only under direct (on site) supervision. Additionally, there are states that restrict PTAs from doing mobilization and sharp wound debridement, among other things. If you have not worked in another state, chances are you have no idea how liberal Texas is in terms of what PTAs are allowed to do. The Texas Board recognizes the importance and value of its PTAs, and restricts them as little as possible. However, the Board is emphatic in placing the responsibility for physical therapist services on the shoulders of the PT. And as far as evaluation or reevaluation (or discharge) of the patient is concerned, the PT is totally, 100% responsible.



## Disciplinary Action Taken by the Board On August 25, 2006

### False Documentation

**Jeffrey Knight, PT #1165528 (The Woodlands)** – practiced in a manner detrimental to the public health and welfare by inaccurately recording treatment notes – documenting notes for patient treatments not rendered. Violation of Section 453.351 of the Act and chapter 322 of the Board Rules. **Board Order suspended his license for sixty (60) days and required sixty (60) hours of community service.**

### Aggravated Sexual Assault

**James Brent Haynie, PTA #2028058 (Austin)** – pled guilty to the charge of attempted aggravated sexual assault – a second degree felony. His sentence included jail time. Violation of 53.021 of the Occupational Code. **Board Order revoked his license.**

## Disciplinary Action On NOVEMBER 11, 2006

### Failed CE Audit

**Dale Keyworth, PT #1009843 (Houston)** – failed CE audit: lacked proof of ethics course taken within renewal period. Violation of § 453.351 of the Act and Chapter 341 of the Board Rules. **Board Order required thirty (30) hours of community service.**

**Allen Price, PTA #2018677 (Lago Vista)** – failed CE audit: lacked proof of ethics course taken within renewal period. Violation of § 453.351 of the Act and Chapter 341 of the Board Rules. **Board Order required thirty (30) hours of community service.**

**Maribel Boghs, PTA #2009304 (San Antonio)** – failed CE audit: lacked proof of ethics course taken within renewal period. Violation of § 453.351 of the Act and Chapter 341 of the Board Rules. **Board Order required thirty (30) hours of community service.**

**Brian Cesarski, PT #1152830 (Missouri City)** – failed CE audit: lacked proof of ethics course taken within renewal period. Violation of Section 453.351 of the Act and Chapter 341 of the Board Rules. **Board Order required thirty (30) hours of community service.**

**Amanda Trostle, PT #1153018 (Fort Worth)** – failed CE audit: lacked proof of ethics course taken within renewal period. Violation of §453.351 of the Act and Chapter 341 of the Board Rules. **Board Order required thirty (30) hours of community service.**

**Angeles Quiles, PTA #2051856 (Pflugerville)** – failed CE audit: lacked proof of ethics course taken within renewal period. Violation of §453.351 of the Act and Chapter 341 of the Board Rules. **Board Order required thirty (30) hours of community service.**

**Deborah Rutherford, PTA #2012407 (Marlin)** – failed CE audit: did not submit proof of the timely completion of the required number of approved hours needed for license renewal; half the hours submitted were taken after the renewal period. Violation of §453.351 of the Act and Chapter 341 of the Board Rules. **Board Order suspended her license for sixty (60) days.**

**Angela Forrest, PT #1131548 (Santa Monica, CA)** – failed CE audit: did not submit proof of completion of any of the required number of hours required for license renewal. Violation of §453.351 of the Act and Chapter 341 of the Board Rules. **Board Order suspended her license for sixty (60) days, or until the required CEs are completed and submitted to the board – whichever is longer.**

## Practiced with Expired License

**Donna Carver, PT #1121150 (Mansfield)** - practiced with an expired license. Violation of §453.351 of the Act and Chapter 322 of the Board rules. **Board Order required thirty (30) hours of community service.**

**William Case, PT #1031862 (Houston)** - practiced with an expired license. Violation of §453.351 of the Act and Chapter 322 of the Board rules. **Board Order required thirty (30) hours of community service.**

**Ginger Young, PT #1145910 (Colleyville)** – practiced with an expired license. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order required thirty (30) hours of community service.**

**Judith Noteboom, PT (Hurst)** – practiced with an expired license. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order required sixty (60) hours of community service.**

**Shannon Herrin, PT #1073153 (Austin)** – practiced with an expired license. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order required sixty (60) hours of community service.**

**James Harrington, PT #1121432 (San Antonio)** – practiced with an expired license. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order required sixty (60) hours of community service.**

**April Morris, PTA #2052927 (Chandler)** – practiced with an expired license. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order suspended her license for twenty-one (21) days.**

**Matthew Polhemus, PT #1142503 (San Antonio)** – practiced with an expired license. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order suspended his license for sixty (60) days.**

## Practiced Beyond Scope of License

**Betty Warren, PTA #2028355 (Amarillo)** – practiced beyond the scope of her license – evaluating and treating a patient’s wrist without a written PT eval or plan-of-care for that treatment. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order suspended her license for thirty (30) days.**

**Todd Merry, PTA #2056983 (Katy)** – practiced beyond the scope of his license – providing patient treatment without a written PT eval or plan-of-care for that treatment; and had inappropriate sexual contact with that patient. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order suspended his license for sixty (60) days.**

## Patient Abandonment

**Sharon Mendiola, PT #1166181 (San Antonio)** – practiced in a manner detrimental to the public health and welfare by abandoning her position and patients without providing sufficient prior notice. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order required sixty (60) hours of community service.**

**Scott Barkouskie, PTA #2055822 (Mexia)** – practiced in a manner detrimental to the public health and welfare by abandoning his position and patients without providing sufficient prior notice. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order suspended his license for thirty (30) days.**

**Evelyn Skolnick, PT #1035566 (Spring)** – practiced in a manner detrimental to the public health and welfare by abandoning her position and patients without providing sufficient prior notice. Violation of §435.351 of the Act and Chapter 322 of the Board rules. **Board Order required sixty (60) hours of community service.**

## Practiced Under the Influence of Drugs

**Patricia Ehrhardt, PTA #2008660 (Bellingham, WA)** – practiced in a manner detrimental to the public health and welfare by practicing under the influence of drugs to the extent that affected her professional competence. Violation of §435.351 of the Act. **Board Order suspended her license indefinitely.**

**Sharon Standoff, PTA #2027548 (Dripping Springs)** – practiced in a manner detrimental to the public health and welfare by practicing under the influence of drugs to the extent that affected her professional competence. Violation of §435.201 of the Act. **Board Order suspended her license indefinitely.**

## Other

**Amy Briggs, PT #1092419 (Fort Worth)** – failed to properly assess and evaluate a patient’s status – not documenting the patient’s pain level. Violation of

**Destine Green, PT #3100218 (Houston)** – practiced without on-site supervision of a licensed PT, while holding a temp license. Violation of §435.351 of the Act

§435.351 of the Act and Chapter 322 of the Board rules. **Board Order required sixty (60) hours of community service.**

and Chapter 329 of the Board rules. **Board Order required forty-five (45) hours of community service.**

## PT RULE UPDATE

### PROPOSED AMENDMENTS AND NEW RULES PENDING

The Board voted to propose the following new rules and amendments at the November meeting. You can find the full text of the rules at <http://www.ecptote.state.tx.us/pt/rules.html>.

§341.3, Qualifying Continuing Education

§346.1, Educational Settings

§341.3, Early Childhood (ECI) Setting

If you have comments or questions about the proposed rules, please contact Nina Hurter, PT Coordinator, at [nhurter@mail.capnet.state.tx.us](mailto:nhurter@mail.capnet.state.tx.us) or 512/305-6900.

## Useful Phone Numbers

**Trailblazer Health Enterprises** (Medicare Program administrator) [www.the-medicare.com](http://www.the-medicare.com)

**Medicare Part A 888/763-9836** (rehab depts, hospitals)

**Medicare Part B 903/463-0720** (independent practitioners)

**Medicaid 800/252-8263**

**TX Dept. of State Health Services (DSHS)** Licensing and certification of many Health and Safety Code facilities (including hospitals), and of many other health professions [www.dshs.state.tx.us](http://www.dshs.state.tx.us)  
**512/834-6650**

**TX Dept. of Aging & Disability Services (DADS)** [www.dads.state.tx.us](http://www.dads.state.tx.us)

\*long term care **800/458-9858**

\*nursing home **800/252-8016**

\*home health agency **800/228-1570**

**TX Dept. of Assistive & Rehabilitative Services (DARS), Division for Early Childhood Intervention (ECI)**

[www.dars.state.tx.us/ecis](http://www.dars.state.tx.us/ecis)

**800/250-2246**

**TX Education Agency (TEA)**

[www.tea.state.tx.us](http://www.tea.state.tx.us)

**512/463-9734**

**Division of Workers' Compensation  
at the Texas Department of Insurance (TDI)**

[www.tdi.state.tx.us](http://www.tdi.state.tx.us)

**00/578-4677**

**State of Texas website - links to all state info**

[www.texasonline.com](http://www.texasonline.com)

