Tennessee Policy Statements
Subject: Renewal for Licensees Called to Active Military Duty

File No: 404.02

Approved by: ___________________________________________ Effective Date: 04/10/03

Robbie H. Bell, Director

PURPOSE: To protect licensees who are active in military service, who have been deployed for action and are not available to renew their licenses or to obtain required continuing education in a timely manner.

POLICY: The Division shall allow special consideration for renewal of the licenses of military personnel who were called to active duty, and were unable to obtain required continuing education or to renew their license timely.

PROCEDURES:

A. Any licensee who held an active license with Health Related Boards at the time he/she was called to active duty in the military of the United States, and was unable to renew that license while on active duty, shall notify the appropriate board office in writing.

   1. The licensee shall submit a letter stating the reason for non-renewal of the license was active duty in the U.S. Military.

   2. Dates and proof of service shall be submitted to the office by the licensee.

B. Upon receipt of notification and proof of active service, the licensee shall be allowed to renew the license with no late renewal or penalty fees added to the cost of renewal.

   1. A copy of all documentation regarding notification and proof of active service shall be included in the permanent licensure file of the licensee.

C. A licensee whose license has been expired for one year or less shall not be required to complete required continuing education for renewal of the license at that time.

D. A licensee whose license has been expired for more than one year shall be required to obtain one-half of the required continuing education in order to have the license renewed.

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TENNESSEE BOARD OF PHYSICAL THERAPY

Policy Statement: Fingerstick Techniques

The Tennessee Board of Physical Therapy takes the position that performing fingerstick techniques (such as glucometer readings, coumadin readings, etc.) is within the scope of practice of a physical therapist or physical therapist assistant licensed in the State of Tennessee, so long as such activities are performed and called for during the course of the practice of physical therapy as provided under Tennessee Code Annotated § 63-13-301 et seq.

This policy in no way abrogates the duty to refer patients to appropriate health care practitioners as set forth under Tennessee Code Annotated § 63-13-302.

The Board of Physical Therapy is adopting this policy for the protection of patients from harm, to enhance the care provided by licensees, and to provide guidance to licensees.

The Board of Physical Therapy adopted the above policy on August 20, 2010.
TENNESSEE BOARD OF PHYSICAL THERAPY

Policy Statement: Continuing Competence

A Physical Therapist and Physical Therapist Assistant in Tennessee are required to demonstrate continuing competence by obtaining a minimum number of continuing competence credits in the two (2) calendar years that precede the licensure renewal year. For Physical Therapists, thirty (30) hours are required for the two (2) calendar years that precede the licensure renewal year. For Physical Therapist Assistants, twenty (20) hours are required for the two (2) calendar years that precede the licensure renewal year. (Please refer to the Board’s rule Tenn. Comp. R. & Regs. 1150-1-.12 for complete information regarding the continuing education requirements.)

Should the Tennessee licensed Physical Therapist or Physical Therapist Assistant fail to comply with the continuing competence requirement for the two (2) calendar year period preceding the licensure renewal year, the following shall occur:

If a Physical Therapist or Physical Therapist Assistant has at least seventy-five percent (75%) of the required continuing competence hours:

1. The licensee must pay a civil penalty in the amount of one hundred dollars ($100.00) per hour he/she is lacking. Payment must be rendered within thirty (30) days of notification from the Board.

2. The licensee must make up the amount of continuing competence credit hours that he/she is lacking. The deficient hours must be submitted with documented proof within sixty (60) days of notification from the Board.

If a Physical Therapist or Physical Therapist Assistant has less than seventy-five percent (75%) of the required continuing competence hours:

1. The licensee must pay a civil penalty in the amount of one hundred dollars ($100.00) per hour he/she is lacking. Payment must be rendered within thirty (30) days of notification from the Board.

2. The licensee must make up the amount of continuing competence credit hours that he/she is lacking. The deficient hours must be submitted with documented proof within sixty (60) days of notification from the Board.

3. The license of the Physical Therapist or Physical Therapist Assistant will be suspended for a period of not less than forty-five (45) days and will continue to be suspended until licensee submits documented proof of all continuing competence credit hours he/she is lacking.

Failure to comply with the continuing competence requirement may result in disciplinary action. Failure to respond to a Board request for documentation or to make up deficient continuing competence credit hours after notification by the Board may result in disciplinary action. Licensees found to be in noncompliance with continuing competence requirements will be subject to a subsequent audit and cannot use continuing credit hours submitted for past deficient hours for current continuing competence compliance.

The Board of Physical Therapy adopted this revised policy on February 12, 2010.
Policy
Tennessee Board of Physical Therapy

Consent Forms Without Referral

Pursuant to Public Chapter No. 423, which amends Tenn. Code Ann. Sec. 63-13-303 (a)(B), the Tennessee Board of Physical Therapy enacts the following Policy Statement regarding consent forms relating to direct access of physical therapy without referral.

1. The Physical Therapist providing “direct access services” shall have a patient sign an informed consent form that states one of the following:

   (a) The patient does not have a licensed doctor of medicine, chiropractor, dentist, podiatrist, or doctor of osteopathic medicine for the treating injury, OR

   (b) The patient chooses direct access to physical therapy services and forgoes the right to have a licensed doctor of medicine, chiropractor, dentist, podiatrist, or doctor of osteopathic medicine informed of the initiation of physical therapy treatment.

Adopted by the Tennessee Board of Physical Therapy on This the 23rd day of May 2008.

Amended by the Tennessee Board of Physical Therapy on November 14, 2008.
POLICY
TENNESSEE BOARD OF PHYSICAL THERAPY

CRIMINAL CONVICTIONS – APPLICATIONS FOR LICENSURE

Any person who has applied for a license as a physical therapist or physical therapist assistant who has one or more criminal convictions may be required to appear before the Board.

The following persons ARE REQUIRED to appear before the Board before any license may be issued:

1. Any applicant who has a felony conviction;
2. Any applicant who has been convicted of multiple misdemeanors; and
3. Any applicant who has been convicted of a class A or B misdemeanor within five (5) years from the date of application.

The following persons ARE NOT required to appear before the Board before any license may be issued:

1. An applicant who has been convicted of nothing more serious than a Class C misdemeanor, or its equivalent in other states;
2. An applicant who has been convicted of no more than one misdemeanor, which occurred more than five (5) years from the date of application.

The Board’s administrator, in consultation with a Board member, a Board consultant, or the Board’s attorney, is authorized to issue a temporary authorization pursuant to Tenn. Code Ann. § 63-1-142 and to determine whether or not the applicant needs to appear before the Board before a license can be issued.

This policy was adopted by the Board of Physical Therapy on February 17, 2012.
Position statement regarding physical therapy discharge evaluations/plans/summaries

Patients receiving physical therapy are often discharged from a facility with little or no notice to the Physical Therapy department. In those situations where a patient’s discharge is outside the control of a physical therapist, a discharge evaluation cannot be performed and a formal discharge summary presents multiple logistical problems.

The physical therapy portion of the medical record is in compliance with TCA 63-13-312. (20) when it includes the following:

- patient identification
- physical therapy evaluation
- physical therapy treatment diagnosis
- plan of care including desired outcomes
- treatment record
- results of interventions
- discharge plan

A discharge evaluation/plan/summary, or evaluation is required for every physical therapy record.

Adopted by the Board of Physical Therapy on August 11, 2006.

Amended and ratified by the Board of Physical Therapy on November 14, 2008.
POLICY: EDUCATIONAL EQUIVALENCY FOR FOREIGN TRAINED THERAPISTS

Rule 1150-1-.04 (3) in pertinent part provides as follows:

...The evaluation must clearly indicate that the applicant’s education is equivalent to the first professional degree in Physical Therapy from a CAPTE approved school in the United States. In no event, however, is the Board bound by the determinations made by credentialing agencies; as the Board is the final arbiter as to whether such education is equivalent. The standards established by the National Federation of State Boards of Physical Therapy will also be considered by the board in making these determinations.

The Tennessee Board of Physical Therapy hereby adopts the following guidelines for determining if foreign trained Physical Therapists meet the education requirements:

1. Proof of proficiency in the English language by passing TOEFL, TWE, or TSE pursuant to Rule 1150-1-.04.

2. Verification of the equivalency of the applicant’s education to the following by one of the Board’s approved credentialing agencies:

   A) The minimum shall be 150 semester hours.

   B) General Educational Requirements:
      A minimum of 60 semester hours with a grade of “C” or its equivalent or above. Credits are required in each of the following:
      - Humanities – one course minimum
      - Physical Sciences – one courses in Physics and one courses in Chemistry required
      - Biological Sciences – one semester course in biological sciences
      - Social Sciences – one course minimum
      - Behavioral Sciences – one semester course in psychology
      - Mathematics – one course minimum

   C) Professional Educational Requirements:
      A minimum of 90 semester hours with a grade of “C” or its equivalent or above. Credits are required in each of the following:
      - Basic Sciences – must include one course each:
      - Human Anatomy – specific to physical therapy
      - Human Physiology – specific to physical therapy
      - Neurological Sciences
      - Kinesiology/Functional Anatomy
• Abnormal or developmental psychology
• Pathology
• Clinical Sciences – must include one course each:
  • Neurology
  • Orthopedics
  • Pediatrics
  • Geriatrics
  • Integumentary Assessment and Treatment
  • Musculoskelal Assessment and Treatment
  • Neuromuscular Assessment and Treatment
  • Cardiopulmonary Assessment and Treatment
  • Metabolic conditions Assessment

D) Clinical Education – two affiliations, total 800 hours minimum
E) Related Professional Courses—must include content in each
  • Professional Behaviors
  • Administration
  • Community Health
  • Research
  • Educational Techniques
  • Medical Terminology
  • Communication (related to patient care)
  • Ethics and legal Aspects of PT
  • Cultural Competency
  • Emergency Procedures
  • Consultation, Screening, and Delegation

CLEP semester hours or credits shall be accepted for general education hours only.

Adopted by the Committee of Physical Therapy on this the 6th day of November, 1998.

Ratified by the Board of Physical Therapy on November 14, 2008.

Adopted by the Board of Physical Therapy on August 21, 2009.

For further information, please use the contact information provided below.

Tennessee Board of Physical Therapy
Local Calls 615-0532-5132 or Toll Free Calls 1-800-778-4123, Ext 25132
227 French Landing Suite 300
Heritage Place Metro Center
Nashville, TN 37243
The monitoring of home health aides by physical therapy practitioners is not in itself a violation of the physical therapy practice act (Tenn. Code Ann. § 63-13-301 et seq.) and rules (Tenn. Comp. R. & Regs. 1150-1) if no other ethical or practice violations are present.

The Board of Occupational and Physical Therapy Examiners, Committee of Physical Therapy, adopted the following policy statement on February 11, 2005.

Ratified by the Board of Physical Therapy on November 14, 2008.
Policy Statement: Lapsed License

The Board of Physical Therapy recognizes that an individual may inadvertently allow his/her license to expire. However, statute prohibits an individual from working as a Physical Therapist or Physical Therapy Assistant unless he/she has an active and unrestricted license. While the Board does not condone an individual working on an expired license, recognition is given to the fact that the problem does exist. As such, the Board has adopted the following procedures for reinstatement of an expired or administratively revoked license.

1. Immediately upon recognition that his/her license has expired, the individual must stop practicing, obtain and complete a reinstatement application, and submit it to the Board’s administrative office along with any additional information and all fees specified in the instructions.

2. Upon receipt of a completed reinstatement application and supporting documentation, including continuing education and fees, the board administrator may immediately reinstate a license, which has been in an expired status for less than one month.

3. If the reinstatement application received reflects that the individual has practiced physical therapy on a lapsed license for between one and three months, the board’s administrative office will send the licensee an agreed citation for practice on a lapsed license with civil penalties of $250 per month for every month worked in excess of one month from the expiration date, up to a maximum of $500.

4. If the reinstatement application received reflects that the individual has worked in excess of three months while his or her license was expired, a copy of the reinstatement application and supporting documentation will be sent to the office of investigations as a complaint of unlicensed practice, which is to be handled by the Office of General Counsel.

The Board of Physical Therapy adopted this policy on November 16, 2012.
The Board of Physical Therapy hereby adopts the following resolution relative to multidisciplinary health screenings:

The board resolves that health screenings in disciplines other than in one’s scope of practice are unsafe to the public and may subject the licensee to disciplinary action by this board or possible malpractice litigation.

Adopted by the Board of Occupational and Physical Therapy on this the 14th day of September, 1998.

Ratified by the Board of Physical Therapy on November 14, 2008.

For further information, please use the contact information provided below:

Tennessee Board of Physical Therapy
Local Calls 615-532-5132 or Toll Free Calls 1-800-778-4123, Ext, 25132
227 French Landing Suite 300
Heritage Place Metro Center
Nashville, TN 37243
Notice to Physical Therapists and Physical Therapist Assistants

Regarding, new Ethics and Jursiprudence Courses and Advertising Rules effective November 1, 2006:

Please visit the Committee of Physical Therapy Examiners website at www.tennessee.gov/health for the entire amended rule change and the new rule listed below or you may contact the Board at 615.532.5135 or 1.800.778.4123 ext 25135 for a copy to be mailed to you.

Rule 1150-1-.12, (2) (3) (4) as amended, states in part:

(2) Applicants for initial licensure by examination must complete four (4) hours of ethics and jurisprudence education during the initial period of licensure.

(3) Two Year Requirement ( January 1 – December 31) – Continuing competence credit is awarded for the clock hours spent in class I and class II activities. Except as provided in paragraph (4), all required hours may be met through Class I activities.

(4) Four (4) of the hours of the biennial requirement consist of ethics and jurisprudence education courses. These four (4) hours are required every other two (2) calendar year period…..

Rule 1150-1-.13 Advertising:

(1) This is a new rule which, although it is quite comprehensive, sets forth requirements whose only purpose is to promote “truth in advertising”.
POLICY STATEMENT
TENNESSEE BOARD OF PHYSICAL THERAPY

PATIENT REFERRALS FOR PHYSICAL THERAPY

Tennessee Code Annotated Section 63-6-204(a) defines what is considered to be included in the practice of medicine and then provides exceptions in subsection (b) to allow the health care professional to perform medical services that would otherwise require a license to practice medicine, as follows:

(b) Nothing in this chapter shall be so construed as to prohibit service rendered by a physician assistant, registered nurse or a licensed practical nurse if such service is rendered under the supervision, control and responsibility of a licensed physician.

The relationship between supervising physicians and physician assistants, orthopedic physician assistants, and advanced practice nurses who are registered nurses who have been certified by the Board of Nursing pursuant to Tennessee Code Annotated § 63-7-126 and issued a certificate to practice as an advanced practice nurse by the Board of Nursing, is defined as follows:

The range of services which may be provided by a physician assistant [orthopedic physician assistant] shall be set forth in a written protocol, jointly developed by the supervising physician and the physician assistant [orthopedic physician assistant]… [T.C.A. §§ 63-19-106(a)(2) and 63-19-203 and 204]

A physician assistant [orthopedic physician assistant] may perform only those tasks which are within the physician assistant’s range of skill and competence, which are within the usual scope of practice of the supervising physician, and which are consistent with the protection of the health and well-being of the patients. [T.C.A. §§ 63-19-106(a)(3) and 63-19-203 and 204]

A physician assistant shall function only under the control and responsibility of a licensed physician. The supervising physician has complete and absolute authority over any action of the physician assistant…[T.C.A. § 63-19-106(b) and 63-19-203]

Additionally, Rules 0880-2-.18 (3), (5) and (6) provide as follows:

(3) A supervising physician and/or substitute supervising physician shall have experience and/or expertise in the same area of medicine as the physician assistant.

(5) Protocols are required and:

(a) shall be jointly developed and approved by the supervising physician and physician assistant;
(b) shall outline and cover the applicable standard of care;…

(6) The supervising physician shall be responsible for ensuring compliance with the applicable standard of care under (5). Additionally, the supervising physician shall develop protocols in collaboration and referral. [emphasis added]

Likewise, rules 0880-6-.02 (3), (5) and (6) provide that:

(3) A supervising physician and/or substitute supervising physician shall have experience and/or expertise in the same area of medicine as the certified nurse practitioner.
(5) Protocols are required and:

(a) shall be jointly developed and approved by the supervising physician and nurse practitioner;
(b) shall outline and cover the applicable standard of care;...

(6) The supervising physician shall be responsible for ensuring compliance with the applicable standard of care under (5). Additionally, the supervising physician shall develop clinical guidelines in collaboration with the certified nurse practitioner to include a method for documenting consultation and referral. [emphasis added]

The Tennessee Board of Physical Therapy, regarding patient referrals for physical therapy, states the following as its policy:

Jointly developed protocols may include referral of patients for physical therapy if referrals to physical therapy are within the physician assistant’s, orthopedic physician assistant’s, or advanced practice nurse’s range of skill and competence, and such referrals are within the usual scope of practice of the supervising physician. Consequently, when referral for physical therapy is included in protocols, those referrals, if made by a physician assistant, orthopedic physician assistant, or, advanced practice nurse, are considered referrals by supervising physicians, for the purposes contemplated by Tennessee Code Annotated, Sections 63-13-109 and 303 that require, in pertinent part, that “The practice of physical therapy shall be under the written or oral referral of a licensed doctor of medicine….. or osteopathy…”


Amended and ratified by the Board of Physical Therapy on November 14, 2008.

Amended and ratified by the Board of Physical Therapy on May 14, 2010.
Statute Change Regarding Release of Medical Records

Effective June 18, 2005, the statute regarding release of medical records (T.C.A. § 63-2-101) was amended to require release of records to TennCare Office of Inspector General and to the Medicaid Fraud Control Unit. The entire text of the new statutory language is as follows:

T.C.A. § 63-2-101 (i)
Providers, as defined in Tennessee Code Annotated, Section 71-5-2503, shall make available for inspection and copying, to the Office of Inspector General and the Medicaid Fraud Control Unit, upon request no later than by the close of business on the next business day, a complete set of all medical records requested in connection with an investigation being pursued by the agency, or shall provide a compelling reason why the requested records cannot be produced; provided, no such records shall be removed from the grounds of the provider’s office without the provider's consent unless the Office of Inspector General or the Medicaid Fraud Control Unit reasonably believes that requested documents are about to be altered or destroyed.

T.C.A. § 63-2-101 (j)
On request of a provider, a duly authorized agent of the requesting agency shall sign a document acknowledging receipt of records produced pursuant to this section. On request of a duly authorized agent of the requesting agency, a duly authorized agent of the provider shall sign a document acknowledging the return of specific records to the provider.

T.C.A. § 63-2-101 (k)
No person or entity shall be subject to any civil or criminal liability for releasing patient information in response to a request from the Office of Inspector General or the Medicaid Fraud Control Unit.