

OREGON BOARD OF PHYSICAL THERAPY
BOARD MEETING AGENDA

November 22, 2024 8:30 AM - until end of business

Meeting by Web-conference

*Members of the public may attend remotely via the link
posted on our website at: <https://www.oregon.gov/pt/Pages/meetings.aspx>*

I Call to Order -- Public Session

A Board Motions - *Board actions as result of Executive Session.*

B Consent Agenda Items – *These items are being presented as a consent agenda; the Board members review the consent agenda items ahead of the meeting and will adopt the items as a single motion unless specific items are flagged for discussion and/or individual motion.*

- 1 Board Meeting Minutes, Draft—Sept 20, 2024.
- 2 Ratification of PT/PTA Licenses & Temp Permits issued, and renewals approved, Sept 1st, 2024 – Oct 31st, 2024.
- 3 Executive Director’s Report for November 2024.

C Public Comments

The Board welcomes public comments. At this point in the meeting, the Board Chair will ask if anyone attending would like to make comment—speakers will be asked to identify themselves for the record when speaking.

D Board Member/Committee/Delegate Reports

- 1 *PT Compact Commission and FSBPT Delegate Updates*
- 2 *FSBPT Educational Conference Debrief/Report*
- 3 *Strategic Plan Progress Review*
- 4 *Open Roundtable/Requests for Future Agenda Items*

E Board General Discussion & Action Items

- 1 **Division 40 Rule Advisory Committee Report & Recommendation**—*Staff will present a report and recommended rule changes where the committee had general consensus for board consideration. Committee participants may also attend and speak.*
- 2 **Possible Initiation of Rulemaking relating to OAR 848 Division 40**—*The Board may initiate the public administrative rulemaking process related to recommendations from the Rule Advisory Committee.*
- 3 **Possible Rulemaking: [Amending OAR 848-055-0001 : Physical Therapy Compact Commission Rules](#)**—*The Board will consider public comment and may vote to adopt proposed rule amendments.*
- 4 **Possible Rulemaking: [Amending OAR 848-005-0015 - Board Member Compensation](#)**—*The Board will consider public comment and may vote to adopt proposed rule amendments.*
- 5 **2025 Proposed Board Meeting Calendar**—*The Board will establish a meeting calendar for 2025.*

F Other Business

II Adjournment

This proposed agenda subject to last minute changes without prior notice. A request for an interpreter or other accommodations for persons with disabilities should be made at least 48 hours before the meeting to 971-673-0200 or physical.therapy@obpt.oregon.gov

Oregon Board of Physical Therapy Board Meeting

Call to Order



Oregon Board of Physical Therapy Board Meeting

Statutory Purpose

To protect the public health,
safety, and welfare
for **all** Oregonians
by maintaining standards
for quality care, professional
skill and competence
through the effective
regulation of the practice of
physical therapy.

I – Public Session

A —Board Motions
as Result of
Executive Session



B – Consent Agenda

- Minutes
- Ratification Report
- Director's Report & Financials



Oregon Board of Physical Therapy
Board Meeting Minutes
September 20, 2024
DRAFT

Friday, September 20, 2024

PUBLIC (OPEN) SESSION

Meeting Materials

Chair Shanahan convened the Board into Public Session at 8:33 AM.

Board Members Present: Erica Shanahan, PTA, Chair; Hoku Okumura, PT, Vice-Chair; Tim Brinker, PT; Erin Crawford, PT; Sandra Hahn; Michael Rennick, PT; Susan Reynolds, PT; Dwight Terry.

Board Members Absent: None.

Staff: Michelle Sigmund-Gaines, Executive Director; Sherri Paru, PT, Clinical Advisor/Investigator, Gayla Goodwin, Licensing Coordinator, Sarah Casey, Operations and Policy Analyst.

Staff Absent: None.

Legal Counsel: Joanna Tucker Davis, AAG.

Members of the Public Present: Yes.

Consent Agenda Items

The following items were presented as a consent agenda. Board members reviewed the items prior to the meeting.

- 1 Board Meeting Minutes, Draft—July 17 & 19, 2024 and Aug 28, 2024.
- 2 Ratification of PT/PTA Licenses & Temp Permits issued July 1, 2024 – August 30, 2024.
- 3 Executive Director’s Report for September 2024.

Director Sigmund-Gaines noted items from the Executive Director’s report and discussed the PSOB Restack project.

Motion by Member Reynolds to approve the consent agenda items as written.

Member Hahn seconded the motion.

Motion passed unanimously by a vote of 8-0.

Public Comments

None.

Board Member/Committee/Delegate Reports

PT Compact Commission Delegate Update:

Member Crawford, our PTCC Delegate, provided an update on the ongoing work of the Compact Compliance Committee.

FSBPT Delegate Update:

Staff Paru, Chair of the Sexual Boundaries Committee, shared that they are now working on modules for educators and will be presenting a webinar created for students 11/7/2024. They will also be presenting at the next annual meeting. It was noted that sections of the annual meeting will be broadcast live for those wanting to attend virtually.

FSBPT LIF & CLEAR:

Director Sigmund -Gaines and Staff Paru attended and presented at the LIF meeting and CLEAR Conference. Highlights and common themes included:

- Sexual Misconduct
- Compassionate/Trauma Informed care
- Workforce Capacity
- Healthy Practice and Wellness
- DE&I
- Artificial Intelligence
- Entry to Practice
- Regulatory/Legal Trends in regards to licensee mobility.
- Informed Consent

Director Sigmund-Gaines shared that the Continuing Competence Committee had provided a demo on the healthy self-assessment tool. Member Rennick, our FSBPT Delegate, noted that the Ethics and Legislation Committee has published their understanding of Standard Care. The FSBPT publishes an exam and licensure disciplinary database consumer protection rating and shared that our Board is in good standing for all measured elements. The FSBPT and APTA are still in the legal process of the use of the term DPT by Lifetime Fitness. Other topics of interest included workforce data and reducing bias during investigations.

Division 40 RAC Update:

Next meeting of the rules advisory committee is scheduled for 10/1/2024. Results of the committee meeting will be presented at the November Board meeting.

Open Roundtable and Future Agenda Items:

Continue discussions and identify specific actions and processes that could further prevent potential bias in regulation.

Board General Discussion & Action Items

Rulemaking Relating to Federal Military Licensure Portability

Director Sigmund-Gaines reviewed the SCRA Federal Licensure Portability information. This rule requires that the individual use the PT Compact, if eligible, as their first option for licensure. We are seeking some clarification and don't yet have a final draft for the rule. However, if an applicant does qualify for the reciprocity, and is not licensed in a Compact member state, we can manually process their request.

Rulemaking Related to New PTCC Rule Changes

Director Sigmund-Gaines reviewed the proposed amendment to the PT Compact Commission rules. It was noted that the Oregon Physical Therapy Licensing Board will be updated to the Oregon Board of Physical Therapy in 848-055-0001(1)(c).

Motion by Member Reynolds to direct staff to initiate the permanent rulemaking process related to the most recent rules as adopted by the physical therapy compact commission as

amended.

Motion passed unanimously 8-0.

Review of Statewide Agency Expectations & OBPT Status

Director Sigmund-Gaines reviewed the accountability measures relating to the Governor's expectations set for all state agencies and the employee satisfaction survey results. Our agency has met all expectations and is expected to meet all deadlines. Employee satisfaction rates are very high.

Public Meetings Law Training & OGECS Oversight:

The Oregon Government Ethics Commission will be overseeing the enforcement of compliance with the public meetings law by government agencies. They have developed training modules inclusive of the most recent rule changes for agency staff and Board members. Members were offered the option of individual online training or in-person training as a group during a scheduled Board Meeting. Members prefer to schedule an in-person training during a Board Meeting in 2025.

Strategic Planning Discussion:

All agencies are asked to use a standard template for their strategic planning.

Items reviewed:

OBPT Purpose v1.

Statutory Purpose (Mission)

Vision-Positive Patient Outcomes

State of Oregon Values-Accountability, Equity, Integrity, and Excellence.

Reviewed the Criteria for Agency Strategic Plans checklist

PESTLE analysis-Political, Economic, Social, Technological Legal and Environmental factors.

Discussion among staff and Board members reviewing each category above including a SWOT - strength, weaknesses, opportunities and threats review. The discussion will inform the development of written materials to be developed in 2025.

Public Session Adjourned at 11:55 AM.

EXECUTIVE (CLOSED) SESSION

The meeting entered into Executive Session at 12:47 PM pursuant to ORS 192.660(2)(f) and ORS 192.660(2)(L).

At 4:24 PM, Chair Shanahan adjourned Executive Session.

PUBLIC (OPEN) SESSION

Chair Shanahan convened the Board into Second Public Session at 4:41 PM.

Attendance was the same and no members of the public were present.

Board Motions:

Combined Motion: Case PT 833-11/23, Case PT 847-02/24 & Case PT 858-05/24

Motion by Member Reynolds in Case PT 833-11/23 of finding of sufficient evidence of violation of ORS 688.135(5), ORS 688.140(2)(a)(m), OAR 848-040-0105(5), OAR 848-045-0020(2)(i)(j)(v)(B) and (D) and in Case PT 847-02/24 motion of finding of sufficient evidence of violation of ORS 688.135(5), ORS 688.140(2)(a)(k)(A)(m), OAR 840-040-0105(5), OAR 848-045-0020(2)(i)(j)(l)(m)(v)(B) and (D) and in Case PT 858-05/24 motion of finding of sufficient evidence

of violation of ORS 688.135(5), ORS 688.140(2)(a)(d)(s)(u) OAR 848-040-0105(1)(4), OAR 848-040-0117(1)(b) OAR848-045-0020 (2)(i)(j)(s)(v)(B)(D). The Board offers a settlement agreement for these violations of a 90-Day suspension, \$10,000 civil penalty with half waived upon completion of a live Board approved patient communication class.

Motions seconded by Member Hahn.

Motions passed unanimously by a vote of 8-0.

Case PT 850-02/24

Motion by Member Reynolds to close case.

Motion seconded by Member Hahn.

Motion passed unanimously by a vote of 8-0.

Case PT 868-04/24

Motion by Member Reynolds of finding of sufficient evidence of violation of ORS 688.140(2)(a)(d) and (u) OAR 848-040-0105(1)(4) and OAR 848-045-0020(2)(i).

Motion seconded by Member Hahn.

Motion passed unanimously by a vote of 8-0.

Case PT 872-08/24

Motion by Member Reynolds to close case.

Motion seconded by Member Hahn.

Motion passed unanimously by a vote of 8-0.

Case PT 780-10/22

Motion by Member Reynolds to issue a notice of proposed disciplinary action for revocation of license for violation of ORS 688.140(2)(a)(k)(A) and OAR 848-045-0020(2)(i)(m)(n)(A) and to allow disciplinary surrender in lieu of revocation.

Motion seconded by Member Hahn.

Motion passed unanimously by a vote of 8-0.

Case PT 844-01/24

Motion by Member Reynolds of finding of sufficient evidence of violation of ORS 688.140(2)(a)(d)(u), OAR 848-040-0105(1)(4) and OAR 848-045-0020(2)(i).

Motion seconded by Member Hahn.

Motion passed by a vote of 7-1. Chair Shanahan voting No.

Case PT 873-08/24

Motion by Member Reynolds to close case.

Motion seconded by Member Hahn.

Motion passed unanimously by a vote of 8-0.

Case PT 875-08/24

Motion by Member Reynolds to close case.

Motion seconded by Member Hahn.

Motion passed unanimously by a vote of 8-0.

Second Public Session Adjourned at 4:50 PM.

Oregon Board of Physical Therapy

Ratification Report: New Licenses and Temporary Permits Issued 9/1/2024 - 10/31/2024

License Number	Legal First Name	Legal Last Name	License Effective Date	License Method	License Status	License Type	Initial Registration Date
65495	Mia	Young	09/03/2024	Exam	Active	PT	09/03/2024
65498	Sophia	Mays	09/03/2024	Exam	Active	PT	09/03/2024
65497	John	Borstad	09/03/2024	Endorsement	Active	PT	09/03/2024
10313	Jay	Carizon	09/03/2024	Endorsement	Active	PTA	09/03/2024
65496	Corey Jamison	Borromeo	09/03/2024	Exam	Active	PT	09/03/2024
2971	Donna	Gramont	09/03/2024	Endorsement	Active	PT	05/22/1995
65499	Spencer	Latarski	09/04/2024	Exam	Active	PT	09/04/2024
10314	Darrick	Jagbandhansingh	09/05/2024	Endorsement	Active	PTA	09/05/2024
65500	Aurora	Walsh	09/05/2024	Endorsement	Active	PT	09/05/2024
65501	June	Yoon	09/06/2024	Exam	Temporary Permit	PT	09/06/2024
65502	Cassidy	Williams	09/06/2024	Exam	Active	PT	09/06/2024
10315	Jaclyn	Deibel	09/09/2024	Exam	Active	PTA	09/09/2024
65503	Christopher	Seidel	09/10/2024	Endorsement	Active	PT	09/10/2024
65506	Gabriel	Raguse	09/11/2024	Endorsement	Active	PT	09/11/2024
65505	Hanna	Park	09/11/2024	Endorsement	Active	PT	09/11/2024
65504	Ashley	Beatty	09/11/2024	Exam	Temporary Permit	PT	09/11/2024
65508	Richard	Bandy	09/17/2024	Endorsement	Active	PT	09/17/2024
65507	Spencer	Beatty	09/17/2024	Endorsement	Active	PT	09/17/2024
65509	Nicole	Stone	09/18/2024	Exam	Temporary Permit	PT	09/18/2024
10316	Cody	Rohn	09/19/2024	Endorsement	Active	PTA	09/19/2024
65510	Mikayla	D'Ambra	09/23/2024	Exam	Active	PT	09/23/2024
10317	Caleb	Nance	09/23/2024	Exam	Active	PTA	09/23/2024
65511	Hannah	Jaime	09/24/2024	Endorsement	Active	PT	09/24/2024
62113	Nathanael	Bush	09/25/2024	Exam	Active	PT	02/02/2017
65512	Rachel	Auer	10/03/2024	Endorsement	Active	PT	10/03/2024
65513	Megan	Kovarik	10/03/2024	Endorsement	Active	PT	10/03/2024
65514	Brandon	Shink	10/04/2024	Endorsement	Active	PT	10/04/2024
65515	Emily	Carrington	10/07/2024	Endorsement	Active	PT	10/07/2024
10318	Robin	Stroing	10/07/2024	Endorsement	Active	PTA	10/07/2024
65516	Orion	Hollings	10/08/2024	Endorsement	Active	PT	10/08/2024
65517	Tyler	Johnson	10/14/2024	Endorsement	Active	PT	10/14/2024
65518	Jennifer	Harmon-Meyer	10/14/2024	Endorsement	Active	PT	10/14/2024
65519	Mary	Maley	10/16/2024	Endorsement	Active	PT	10/16/2024
65520	Soniya	Patel	10/16/2024	Endorsement	Active	PT	10/16/2024
61835	Micah	Strong	10/16/2024	Exam	Active	PT	07/27/2016

10319	Ashley	Villanueva	10/17/2024	Exam	Active	PTA	10/17/2024
65521	Megan	LaCrosse	10/21/2024	Endorsement	Active	PT	10/21/2024
6111	Kevin	Spiegel	10/21/2024	Endorsement	Active	PT	10/22/2009
64597	Edwin	Jung	10/21/2024	Exam	Active	PT	07/12/2022
65522	Christina	Cafferata	10/22/2024	Endorsement	Active	PT	10/22/2024
65523	Paisley	Hiefield	10/23/2024	Endorsement	Active	PT	10/23/2024
10320	Perry	Mullen	10/25/2024	Exam	Active	PTA	10/25/2024
65524	Brandon	Wilson	10/28/2024	Endorsement	Active	PT	10/28/2024
65525	Andrew	Misiorowski	10/28/2024	Endorsement	Active	PT	10/28/2024
65526	Rebecca	Ness	10/29/2024	Endorsement	Active	PT	10/29/2024
65527	Jonathan	Demere	10/30/2024	Endorsement	Active	PT	10/30/2024
10321	Joshua	Paskewich	10/30/2024	Exam	Active	PTA	10/30/2024
65528	Nihar	Joshi	10/31/2024	Endorsement	Active	PT	10/31/2024

License type	Endorsement	Exam	Total
PT	27	12	39
Active	27	9	36
Temporary Permit	0	3	3
PTA	4	5	9
Active	4	5	9
Grand Total	31	17	48

Note: Where Initial Registration Date is prior to License Effective date, licensing transaction is either a change from prior status, such as Temporary Permit to Active, or renewal of a lapsed license, or re-application of an expired license. Temp-Exp status means a temporary permit was issued but expired during the reporting period without an Active license being issued.

EXECUTIVE DIRECTOR'S REPORT

NOVEMBER 2024 | FOR THE PERIOD 09/01/2024 – 10/31/2024

23-25 BIENNIUM BUDGET VS. ACTUAL PERFORMANCE

Actuals to Budget through **most current closed** period (July 2023-Oct 2024).

FISCAL YEAR 23-24				
	Actuals (to date)	Budget (to date)	\$ Variance	% of Budget (to date)
Income	\$1,455,478.41	1,419,592.00	\$35,886.41	102.53%
Expense	\$780,920.46	\$938,337.01	(\$157,416.55)	83.22%

FISCAL YEAR 24-25 (TO DATE)				
	Actuals (to date)	Budget (to date)	\$ Variance	% of Budget (to date)
Income	\$63,086.00	56,791.72	\$6,294.28	111.08%
Expense	\$261,075.32	\$328,060.71	(\$66,985.39)	79.58%

TOTAL BIENNIUM 23-25 BUDGET TO ACTUALS (TO DATE)				
	Actuals (to date)	Budget (to date)	\$ Variance	% of Budget (to date)
Income	\$1,518,564.41	\$1,476,383.72	\$42,180.69	102.86%
Expense	\$1,041,995.78	\$1,266,397.72	(\$224,401.94)	82.28%

NOTES –The numbers above reflect the actuals and budget for the biennium to date, not total budget for the entire biennium.

ATTACHED FINANCIAL REPORTS

- September & October Monthly Financial Reports
- Fiscal Year 2024-June 2025 Budget Vs. Actual Report through October 2024

LICENSE COUNTS BY STATUS AS OF OCT 31, 2024

License Status	PT	PTA	TOTAL
Active	5,122	1,203	6,325
<i>Change since last</i>	<i>37</i>	<i>9</i>	<i>46</i>
Restricted	2	1	3
Probation	0	0	0
Suspended	4	0	4
Total Licensed	5,128	1,204	6,332
<i>Net change since last</i>	<i>36</i>	<i>9</i>	<i>45</i>

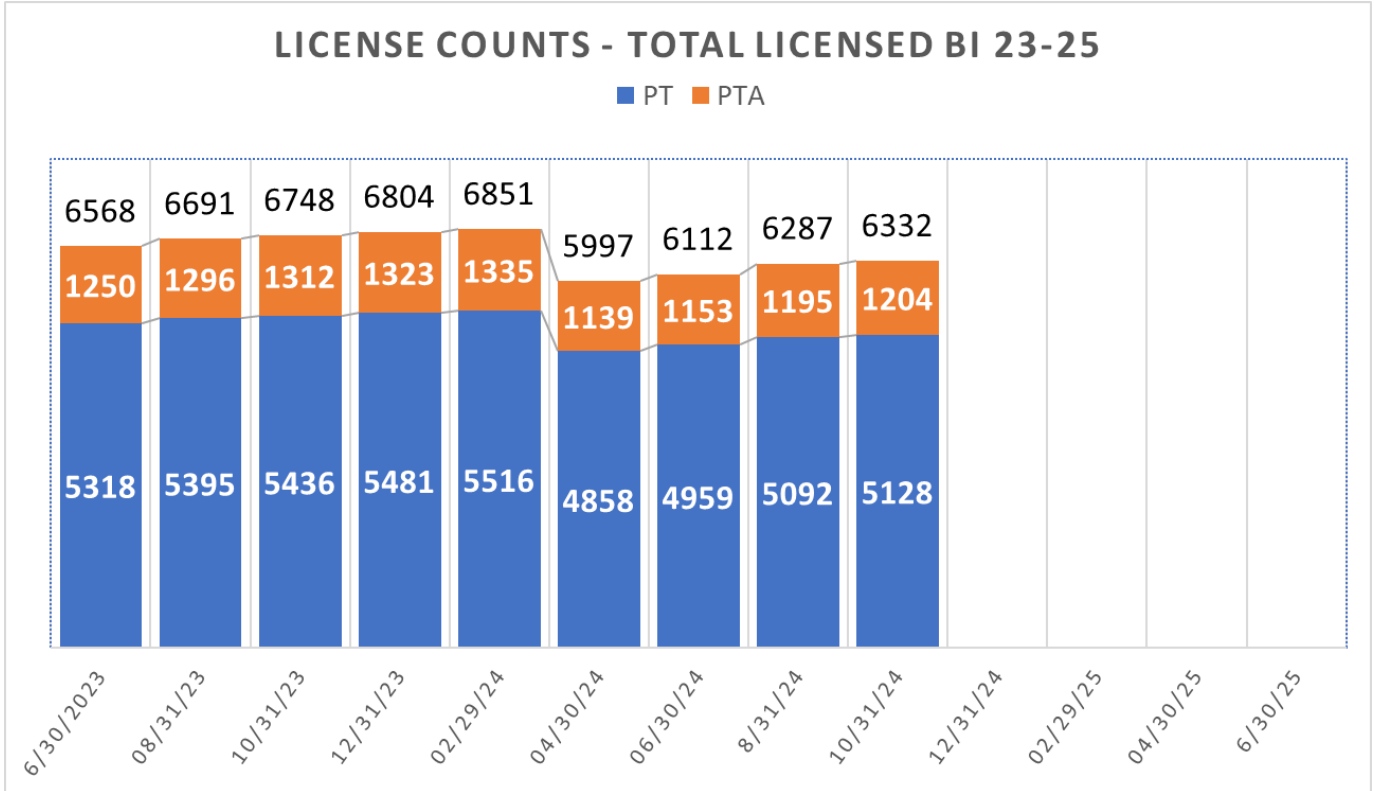
Temp Permit	5	0	5
Temp-Military Spouse	1	0	1

License Status	PT	PTA	TOTAL
<i>Lapsed (five or fewer years)</i>	<i>2,235</i>	<i>708</i>	<i>2,943</i>
<i>Change since last</i>	<i>-7</i>	<i>-1</i>	<i>-8</i>
<i>Expired (more than five years)</i>	<i>4,810</i>	<i>1,453</i>	<i>6,263</i>
	<i>0</i>	<i>-2</i>	<i>-2</i>
Total Previously Licensed	7,045	2,161	9,206

Applications Submitted by Type	EXA	END	TOTAL
PT	4	30	34
PTA	5	6	11
TOTAL	9	36	45

BIENNIUM TOTAL OREGON LICENSE COUNTS AS OF OCT 31, 2024

NOTE: Numbers are reported at the end of most recent audited month prior to Board meetings, which will allow for alignment with the Biennium reporting. License counts by status for the prior section and this section are sourced from the licensing system licensee status statistical report and reflect the counts as of a given day. "Active" license counts include non-lapsed or expired licenses currently on suspension, probation or restriction, but does not count temporary permits. Not all current license holders are currently practicing in the state of Oregon; therefore, total counts may not reflect current actual workforce capacity, only licensed capacity.



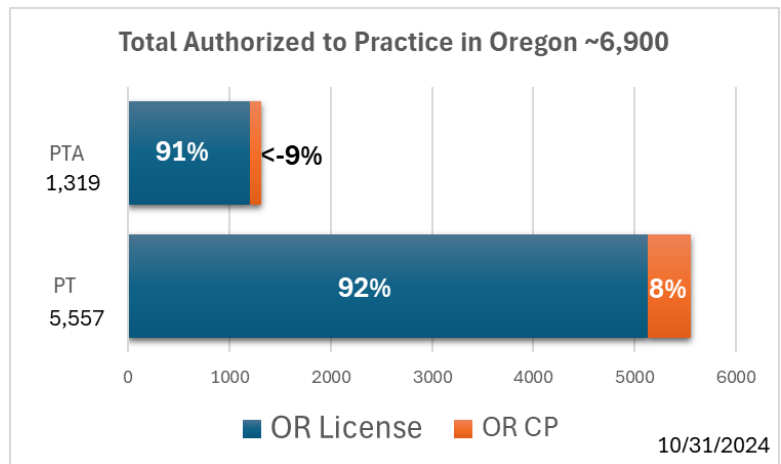
The drop off in total licensed is expected after each renewal and reflects a roughly 14% drop off in this BI.

TOTAL AVAILABLE LICENSED AS OF OCT 31, 2024 (OR-LICENSE & COMPACT PRIVILEGE)

When factoring the *total* available workforce--combining current active Oregon license holders with individuals currently holding an active Compact privilege to practice in Oregon—about 7-8% of available PT/PTAs hold a compact privilege.

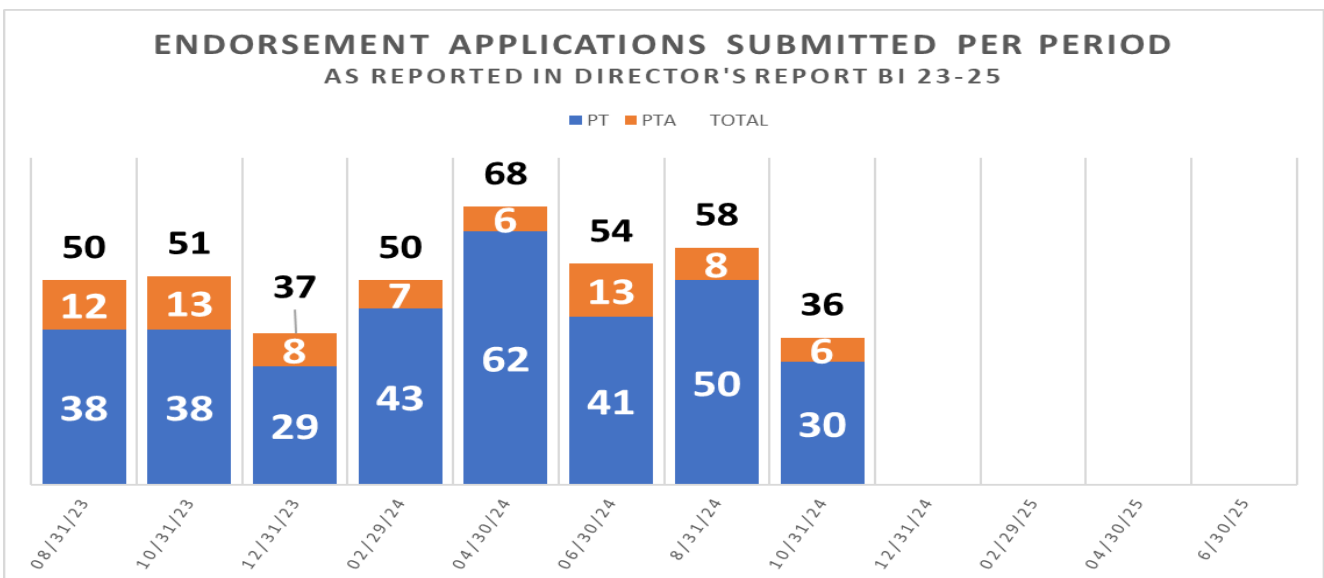
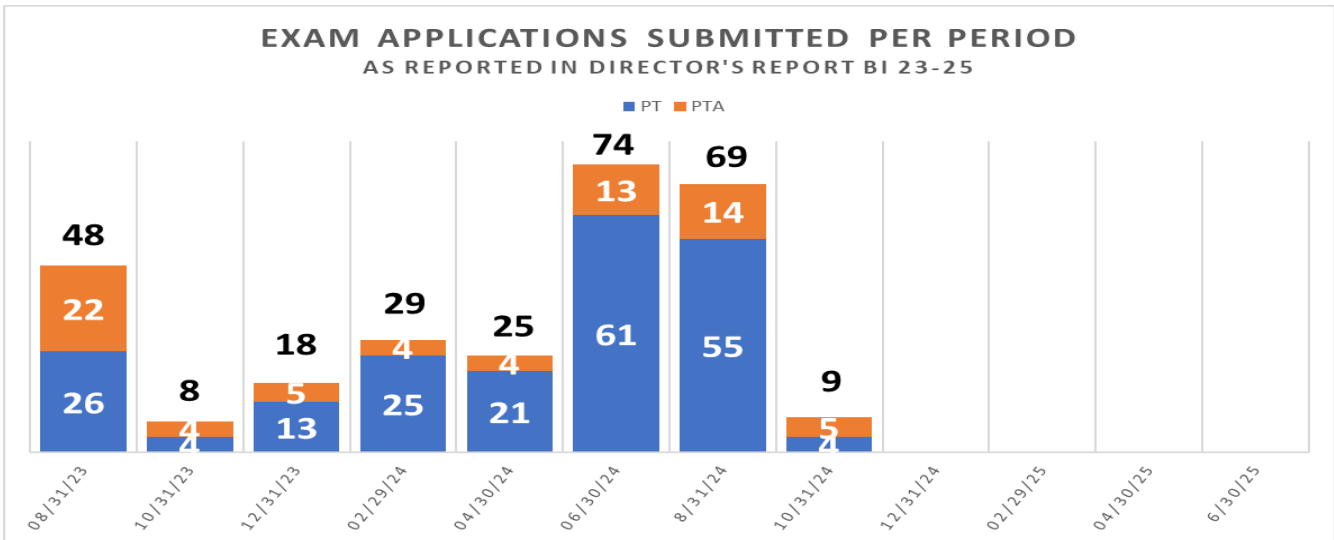
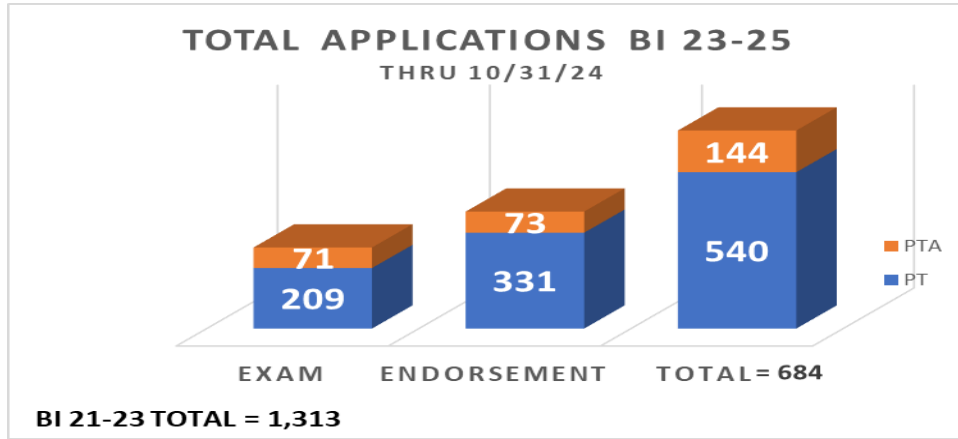
	ORLicense	ORCP	Total
PT	5128	429	5557
PTA	1204	115	1319
Total	6332	544	6876

While these numbers reflect the total number of licensees able to practice in Oregon today (in person or via tele-health), not all individuals actively licensed are currently practicing in Oregon. The total number of available clinicians may be lower. Once the most recent survey data is available from the Oregon Health Authority, we will have a better estimate of available clinicians in the state.



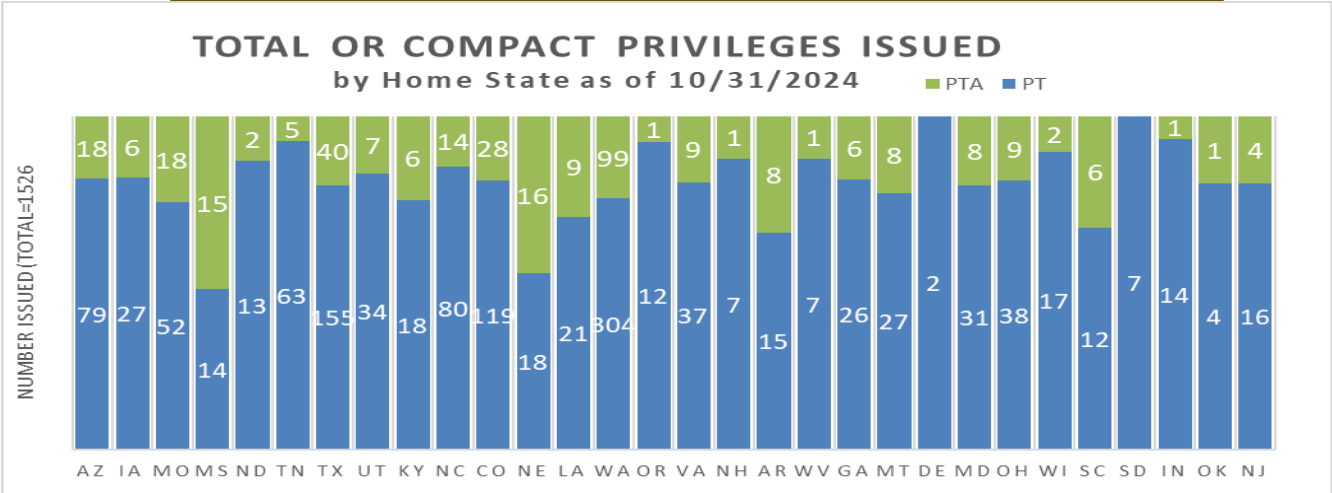
BIENNIUM TOTAL NEW APPLICATIONS SUBMITTED AS OF OCT 31, 2024

NOTE: Application data taken from licensing system based on date of submittal; applications may not be complete when first submitted and final approval, if granted, may appear in a different reporting period. The charts reflect the total submitted within each reporting period as well as total count for biennium to date for each license application type. The data includes applications also requesting a temporary permit.



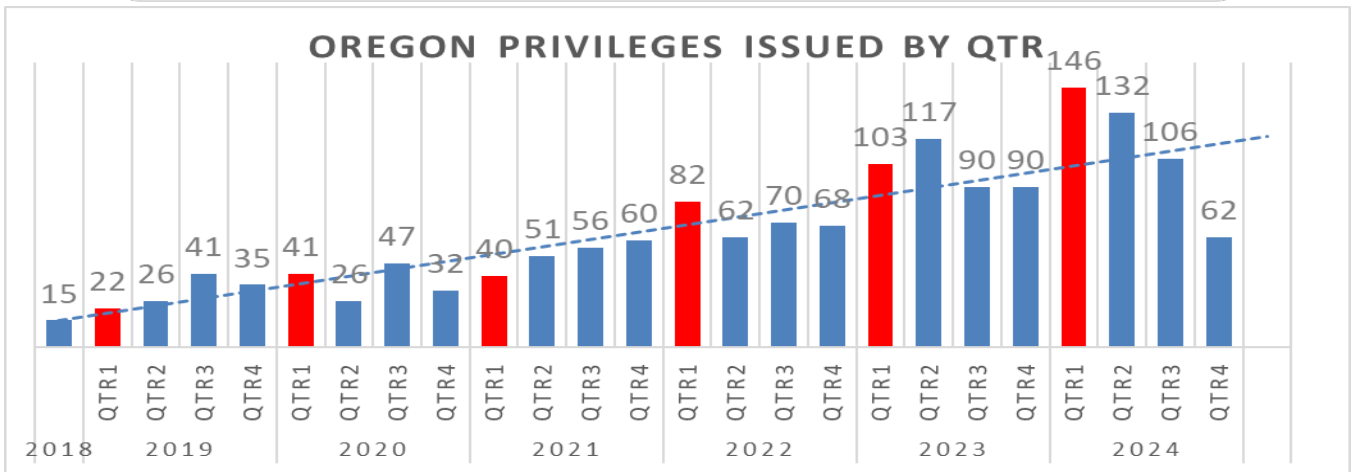
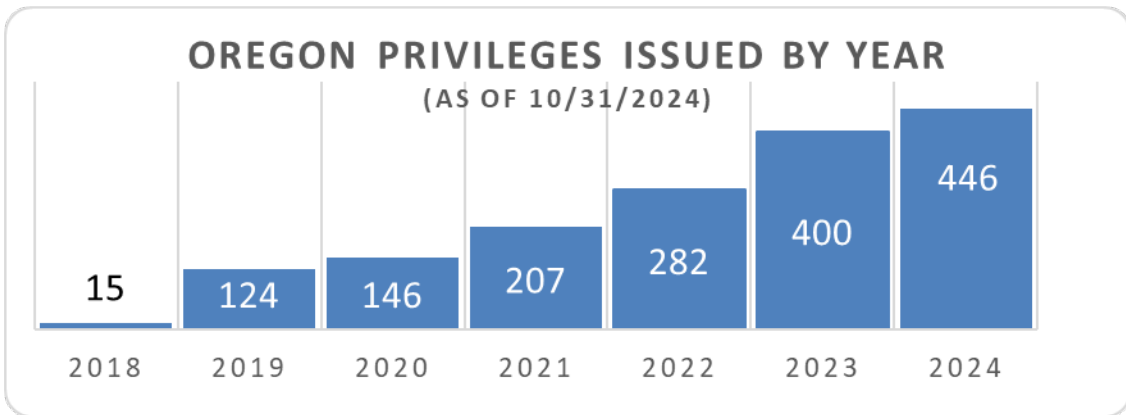
PT COMPACT OREGON PRIVILEGE HOLDERS – AS OF OCT 31, 2024

TOTAL CURRENT ACTIVE COMPACT PRIVILEGES = 544 (429 = PT / 115 = PTA)



CPs Issued	AZ	IA	MO	MS	ND	TN	TX	UT	KY	NC	CO	NE	LA	WA	OR	VA	NH	AR	WV	GA	MT	DE	MD	OH	WI	SC	SD	IN	OK	NJ	Total
Initial	67	28	55	20	13	58	164	34	22	69	100	25	22	247	12	45	8	21	5	24	26	2	32	38	18	18	6	12	4	18	1213
Renewal	30	5	15	9	2	10	31	7	2	25	47	9	8	156	1	1		2	3	8	9		7	9	1		1	3	1	2	404
Total	97	33	70	29	15	68	195	41	24	94	147	34	30	403	13	46	8	23	8	32	35	2	39	47	19	18	7	15	5	20	1617

NOTES: Cumulative total privileges purchased since Oregon began issuing privileges—not total number of current active privileges.



NOTES: Data for all above tables and graphs sourced from PTCC compact privilege purchase reports; active count from FSBPT site. Data sourced through 10/31/2024.

INVESTIGATIONS: OPEN CASES & AGING REPORT

24-Nov OBPT Open Cases

20	Total Open Cases
7	Presenting to Board This Meeting
8	Post Board Meeting (Notice/Hearing Process)

5 Remaining Open Cases

Remaining Open Case Aging (date of complaint thru Present to Board)

5	Case(s) currently over four months (120 days)
0	Additional case(s) will be over four months (120 days) by next scheduled meeting
0	Case(s) that will be under four months (120 days) by next scheduled meeting

2	Total
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Based on case tracking status on 11/11/2024.

NOTE: Approval of the Executive Director's Report will also authorize extension(s) of investigation period for case reporting to the Board under ORS 676.165 where case(s) will exceed 120 days based on the date of the next available scheduled meeting.

CASES OPENED AND CLOSED PER BIENNIUM THROUGH BI 2023-2025 (AS OF 11/11/2024)

	BIENNIUM	2013	2015	2017	2019	2021	2023
		2015	2017	2019	2021	2023	2025*
Cases Opened		88	58	56	49	98	64
Cases Closed		82	54	71	48	83	68
Compact Open/Closed (Subset)				1	3	26	9
				2%	6%	27%	14%

NOTE: Total cases opened, and total cases closed in each biennium. Cases opened in one period may be closed in the subsequent period dependent on when received. Does not reflect type of action taken, only raw counts. Data sourced from case tracking report; All BI begin on 7/1 of the first year and end on 6/30 of the 2nd year.

EDUCATION & OUTREACH ACTIVITIES 9/1/2024 THROUGH 10/31/2024

Previously reported, falling during this period:


























- 9/3/2024 – Published updated Application Guidance and Instructions to OBPT Website; Casey.
- 9/10/2024 – OHA Oregon Healthcare Workforce Committee panel presentation on health professional regulatory boards licensing functions and workforce; Sigmund-Gaines.
- 9/17/2024 – CLEAR Annual Conference Session "Applying a Trauma-Informed Approach with Registrants: Rationale, Implementation, and Improved Outcomes" panel; Paru.
- 9/17/2024 – CLEAR Annual Conference Session "How Do You Talk About Sexual Misconduct?" panel; Sigmund-Gaines.

Additional:

- 10/01/2024 – Rule Advisory Meeting (RAC) Division 40

- 10/16/2024 – News Brief
- 10/28/2024 – Rule Advisory Meeting (RAC) Division 40
- 10/31/2024 – FSBPT Council of Board Administrators (CBA) Forum; presentations, Sigmund-Gaines, Paru.
- 11/1/2024 – FSBPT Annual Meeting Session "Close Encounters (of the Unprofessional Kind): Outreach Efforts about Sexual Misconduct" panel; Paru.
- 11/6/2024 – FSBPT Webinar "This Could NEVER Happen to Me! Protecting Yourself and Preventing Sexual Misconduct" panel, Paru.

ADMINISTRATIVE HIGHLIGHTS

 Oregon Board of Physical Therapy		DASHBOARD - STATEWIDE AGENCY EXPECTATIONS as of Nov 22 2024 (Year Two)		
Accountability Measures	Due	Agency Status	Notes	
AUDIT ACCOUNTABILITY 	N/A		OBPT has no current SOS Audits	
STRATEGIC PLANNING 	6/1/2025		Initiated planning work September 2024.	
DEI PLAN 	6/1/2025		Will be informed by/will inform SP work. Also working on statewide efforts/resources with healthcare cohort and will bring to the work.	
SUCCESSION PLANNING 	12/31/2024		Will update current plan based on SP/DEI work. On track but not yet submitted.	
IT STRATEGIC PLAN 	N/A		IT projects referenced in agency strategic plan. Statewide applicable completion is 100%.	
EMERGENCY COOP PLAN 	9/30/2024		Using state criteria to review/update OBPT plan. Submitted on time. Received score of 97%; missing was clear documentation of business impact analysis having been performed.	
EMPLOYEE SATISFACTION 	12/31/2024		Survey Completed. Agency score of 4.92 out of 5; consistent with last year's total score; currently highest in state.	
PERFORMANCE FEEDBACK 	Quarterly		3rd quarter check-in's completed. Next check-ins Dec/Jan	
AGENCY DIRECTOR 360 	Dec-25		Last performed Dec 2023 (agency question set). Agency has been performing annual 360 director reviews. Will use statewide question set for Dec 2024	
VACANCY RATE 	0%		No vacancies.	
DAYS TO FILL VACANCIES 	N/A		No open positions.	
NEW EMPLOYEE TRAINING 	N/A		Last OBPT staff position filled 7/1/2021 (new position).	

OTHER HIGHLIGHTS

- Personnel: Sherri Paru received the 2024 FSBPT McDougal Long-Term Service Award.
- IT: Board Mobile Devices converted to statewide managed MDM system.
- IT: Quotes received for historical record scanning project to reduce physical footprint and related costs; project to be completed by end of fiscal year.
- IT: Staffing changes at licensing system vendor have further delayed upgrade project; no specific timeline at this time. Overall current system remains stable.
- IT: All staff attended workshop on AI in regulation; exploring understanding and possible applications consistent with statewide AI policy.
- Investigations: All staff attended joint training with other health board investigative personnel on trauma-informed investigations.
- Compliance: New Customer Service statewide standard and policy published; OBPT policy and strategy due 3/31/2025.

Oregon Board of Physical Therapy

Monthly Financial Summary Report

September 2024

	TOTAL
Income	
4000 Income	
4100 Physical Therapists	
4110 PT Exam Applications	748.00
4112 PT App Ver & Proc Fees	1,071.00
4120 PT Endorsement Applications	2,431.00
4125 PT Temporary Permits	100.00
4130 PT Renewals	800.00
4132 PT Renewal Ver & Proc Fees	50.00
4140 PT Delinquent Renewals	100.00
4170 PT Civil Penalties	100.00
Total 4100 Physical Therapists	5,400.00
4200 Physical Therapist Assistants	
4210 PTA Exam Applications	374.00
4212 PTA App Ver & Proc Fees	252.00
4220 PTA Endorse Applications	374.00
Total 4200 Physical Therapist Assistants	1,000.00
4300 PT & PTA Combined	
4330 PTand/or PTA Mailing Diskette	700.00
4350 PT Compact Fees	2,112.00
4360 OHA Workforce Data Survey Fee	8.00
Total 4300 PT & PTA Combined	2,820.00
4400 PT/PTA License Verification Fee	300.00
Total 4000 Income	9,520.00
Total Income	\$9,520.00
GROSS PROFIT	\$9,520.00
Expenses	
5100 Payroll Costs	
5110 Gross Salaries	32,090.50
5132 FICA (SS + Medicare)	2,636.09
5136 Mass Transit Tax	280.39
5140 Employee Benefits	
5141 PERS ER Paid EE Cont	0.00
5142 PERS ER Admin Contribution	6,578.87
5143 Obligation Bond Debt Repayment	1,540.34
5144 Workers Compensation	5.78
5146 PEBB Medical/Dental Insurance	
5146-1 PEBB Insurance	5,976.61
5146-2 PEBB Insurance Refund	-428.50
Total 5146 PEBB Medical/Dental Insurance	5,548.11
Total 5140 Employee Benefits	13,673.10
5190 Board Stipends	2,656.00
Total 5100 Payroll Costs	51,336.08

Oregon Board of Physical Therapy

Monthly Financial Summary Report

September 2024

	TOTAL
5600 Travel Costs	
5610 Instate Travel	
5614 Airfare/Mileage	26.13
5618 OtherTravel Costs	87.61
Total 5610 Instate Travel	113.74
5620 Out of State Travel	
5622 Lodging	1,076.32
5624 Airfare/Mileage	576.20
5626 Meals	101.88
5628 Other Travel Costs	92.84
Total 5620 Out of State Travel	1,847.24
Total 5600 Travel Costs	1,960.98
6100 General Office Expenses	
6140 Office Supplies	21.88
6180 Telecommunications	501.06
Total 6100 General Office Expenses	522.94
6400 Contracted Services	
6405 Merchant Account Fees	576.02
6420 Computer Support	248.31
6430 Attorney General-Legal Counsel	2,777.50
6490 DAS Charges (Miscellaneous)	4,201.00
6495 EmplDept/HearingOfficerPanel	78.84
6499 Other Services	108.00
Total 6400 Contracted Services	7,989.67
6600 Background Checks	2,946.75
6800 Computers & Accessories	
6810 Software	2,848.00
Total 6800 Computers & Accessories	2,848.00
Total Expenses	\$67,604.42
NET OPERATING INCOME	\$ -58,084.42
NET INCOME	\$ -58,084.42

Oregon Board of Physical Therapy

Monthly Financial Summary Report

October 2024

	TOTAL
Income	
4000 Income	
4100 Physical Therapists	
4110 PT Exam Applications	187.00
4112 PT App Ver & Proc Fees	1,071.00
4120 PT Endorsement Applications	2,992.00
4130 PT Renewals	600.00
4132 PT Renewal Ver & Proc Fees	50.00
4140 PT Delinquent Renewals	100.00
Total 4100 Physical Therapists	5,000.00
4200 Physical Therapist Assistants	
4210 PTA Exam Applications	748.00
4212 PTA App Ver & Proc Fees	441.00
4220 PTA Endorse Applications	561.00
Total 4200 Physical Therapist Assistants	1,750.00
4300 PT & PTA Combined	
4330 PTand/or PTA Mailing Diskette	700.00
4350 PT Compact Fees	1,392.00
4360 OHA Workforce Data Survey Fee	8.00
Total 4300 PT & PTA Combined	2,100.00
4400 PT/PTA License Verification Fee	550.00
4500 Miscellaneous Income	1,437.00
Total 4000 Income	10,837.00
Total Income	\$10,837.00
GROSS PROFIT	
	\$10,837.00
Expenses	
5100 Payroll Costs	
5110 Gross Salaries	32,090.50
5132 FICA (SS + Medicare)	2,472.88
5136 Mass Transit Tax	263.04
5140 Employee Benefits	
5141 PERS ER Paid EE Cont	0.00
5142 PERS ER Admin Contribution	6,578.87
5143 Obligation Bond Debt Repayment	1,540.34
5144 Workers Compensation	6.48
5146 PEBB Medical/Dental Insurance	
5146-1 PEBB Insurance	6,024.33
5146-2 PEBB Insurance Refund	-428.50
Total 5146 PEBB Medical/Dental Insurance	5,595.83
Total 5140 Employee Benefits	13,721.52
5190 Board Stipends	522.00
Total 5100 Payroll Costs	49,069.94
5600 Travel Costs	

Oregon Board of Physical Therapy

Monthly Financial Summary Report

October 2024

	TOTAL
5610 Instate Travel	
5612 Lodging	423.81
5614 Airfare/Mileage	674.69
5616 Meals	278.05
5618 OtherTravel Costs	203.00
Total 5610 Instate Travel	1,579.55
5620 Out of State Travel	
5622 Lodging	807.24
5626 Meals	50.00
5628 Other Travel Costs	35.74
Total 5620 Out of State Travel	892.98
Total 5600 Travel Costs	2,472.53
6100 General Office Expenses	
6120 Printing/Copying	43.84
6145 Other	170.00
6180 Telecommunications	500.21
Total 6100 General Office Expenses	714.05
6190 Dues and Subscriptions	2,500.00
6400 Contracted Services	
6405 Merchant Account Fees	246.91
6430 Attorney General-Legal Counsel	3,932.50
6460 Payroll Service Charges	233.19
6499 Other Services	159.38
Total 6400 Contracted Services	4,571.98
6500 Rent and Occupancy	
6510 Rent	4,405.22
Total 6500 Rent and Occupancy	4,405.22
6600 Background Checks	832.50
6800 Computers & Accessories	
6810 Software	99.00
Total 6800 Computers & Accessories	99.00
Total Expenses	\$64,665.22
NET OPERATING INCOME	\$ -53,828.22
NET INCOME	\$ -53,828.22

Oregon Board of Physical Therapy

Budget vs. Actuals: FY_2024_2025 - FY25 P&L

July - October, 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
4000 Income				
4100 Physical Therapists				
4110 PT Exam Applications	11,407.00	11,781.00	-374.00	96.83 %
4112 PT App Ver & Proc Fees	8,694.00	9,229.52	-535.52	94.20 %
4120 PT Endorsement Applications	14,399.00	15,614.52	-1,215.52	92.22 %
4125 PT Temporary Permits	300.00	500.00	-200.00	60.00 %
4130 PT Renewals	4,200.00		4,200.00	
4132 PT Renewal Ver & Proc Fees	325.00		325.00	
4140 PT Delinquent Renewals	650.00		650.00	
4170 PT Civil Penalties	100.00		100.00	
Total 4100 Physical Therapists	40,075.00	37,125.04	2,949.96	107.95 %
4200 Physical Therapist Assistants				
4210 PTA Exam Applications	3,927.00	3,179.00	748.00	123.53 %
4212 PTA App Ver & Proc Fees	2,079.00	2,173.52	-94.52	95.65 %
4220 PTA Endorse Applications	2,244.00	3,272.52	-1,028.52	68.57 %
4225 PTA Temporary Permits		66.64	-66.64	
4230 PTA Renewals	1,040.00		1,040.00	
4232 PTA Renewal Ver & Proc Fees	138.00		138.00	
4240 PTA Delinquent Renewals	300.00		300.00	
Total 4200 Physical Therapist Assistants	9,728.00	8,691.68	1,036.32	111.92 %
4300 PT & PTA Combined				
4330 PTand/or PTA Mailing Diskette	2,900.00	2,000.00	900.00	145.00 %
4350 PT Compact Fees	6,720.00	4,800.00	1,920.00	140.00 %
4360 OHA Workforce Data Survey Fee	76.00		76.00	
Total 4300 PT & PTA Combined	9,696.00	6,800.00	2,896.00	142.59 %
4400 PT/PTA License Verification Fee	2,150.00	4,175.00	-2,025.00	51.50 %
4500 Miscellaneous Income	1,437.00		1,437.00	
Total 4000 Income	63,086.00	56,791.72	6,294.28	111.08 %
Total Income	\$63,086.00	\$56,791.72	\$6,294.28	111.08 %
GROSS PROFIT	\$63,086.00	\$56,791.72	\$6,294.28	111.08 %
Expenses				
5100 Payroll Costs				
5110 Gross Salaries	128,362.00	129,777.64	-1,415.64	98.91 %
5132 FICA (SS + Medicare)	10,444.72	9,927.98	516.74	105.20 %
5133 FICA Administrative Fee		15.00	-15.00	
5136 Mass Transit Tax	1,110.96	1,043.04	67.92	106.51 %
5140 Employee Benefits		1,666.64	-1,666.64	
5141 PERS ER Paid EE Cont	0.00		0.00	
5142 PERS ER Admin Contribution	26,315.48	27,417.16	-1,101.68	95.98 %
5143 Obligation Bond Debt Repayment	6,161.36	8,046.21	-1,884.85	76.57 %
5144 Workers Compensation	23.09	60.00	-36.91	38.48 %

Oregon Board of Physical Therapy

Budget vs. Actuals: FY_2024_2025 - FY25 P&L

July - October, 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5146 PEBB Medical/Dental Insurance		28,005.12	-28,005.12	
5146-1 PEBB Insurance	23,954.16		23,954.16	
5146-2 PEBB Insurance Refund	-1,714.00		-1,714.00	
Total 5146 PEBB Medical/Dental Insurance	22,240.16	28,005.12	-5,764.96	79.41 %
Total 5140 Employee Benefits	54,740.09	65,195.13	-10,455.04	83.96 %
5150 Employee Training	770.00	1,666.64	-896.64	46.20 %
5190 Board Stipends	9,320.00	6,250.00	3,070.00	149.12 %
5199 Other Payroll Expenses		833.36	-833.36	
Total 5100 Payroll Costs	204,747.77	214,708.79	-9,961.02	95.36 %
5600 Travel Costs				
5610 Instate Travel				
5612 Lodging	865.05	1,000.00	-134.95	86.51 %
5614 Airfare/Mileage	1,428.98	1,333.36	95.62	107.17 %
5616 Meals	278.05	666.64	-388.59	41.71 %
5618 OtherTravel Costs	311.61	166.64	144.97	187.00 %
Total 5610 Instate Travel	2,883.69	3,166.64	-282.95	91.06 %
5620 Out of State Travel				
5622 Lodging	1,883.56	1,666.64	216.92	113.02 %
5624 Airfare/Mileage	1,180.28	1,600.00	-419.72	73.77 %
5626 Meals	151.88	666.64	-514.76	22.78 %
5628 Other Travel Costs	128.58		128.58	
Total 5620 Out of State Travel	3,344.30	3,933.28	-588.98	85.03 %
Total 5600 Travel Costs	6,227.99	7,099.92	-871.93	87.72 %
6100 General Office Expenses				
6110 Copier		320.00	-320.00	
6120 Printing/Copying	180.10	666.64	-486.54	27.02 %
6140 Office Supplies	362.34	733.36	-371.02	49.41 %
6145 Other	260.00	666.64	-406.64	39.00 %
6150 Board Meeting Expenses	56.44	400.00	-343.56	14.11 %
6155 Parking Validation Stickers		0.00	0.00	
6180 Telecommunications	2,288.55	2,466.64	-178.09	92.78 %
6185 Bank Charges/Fees		666.64	-666.64	
6186 Liability Insurance (Risk Mgmt)		2,985.36	-2,985.36	
Total 6100 General Office Expenses	3,147.43	8,905.28	-5,757.85	35.34 %
6190 Dues and Subscriptions	2,500.00	3,333.36	-833.36	75.00 %
6200 Postage				
6210 Mail/Mail Room Charges	304.92	666.64	-361.72	45.74 %
6220 Newsletters		400.00	-400.00	
Total 6200 Postage	304.92	1,066.64	-761.72	28.59 %
6300 Publications		106.64	-106.64	
6400 Contracted Services				
6405 Merchant Account Fees	1,950.96	2,000.00	-49.04	97.55 %

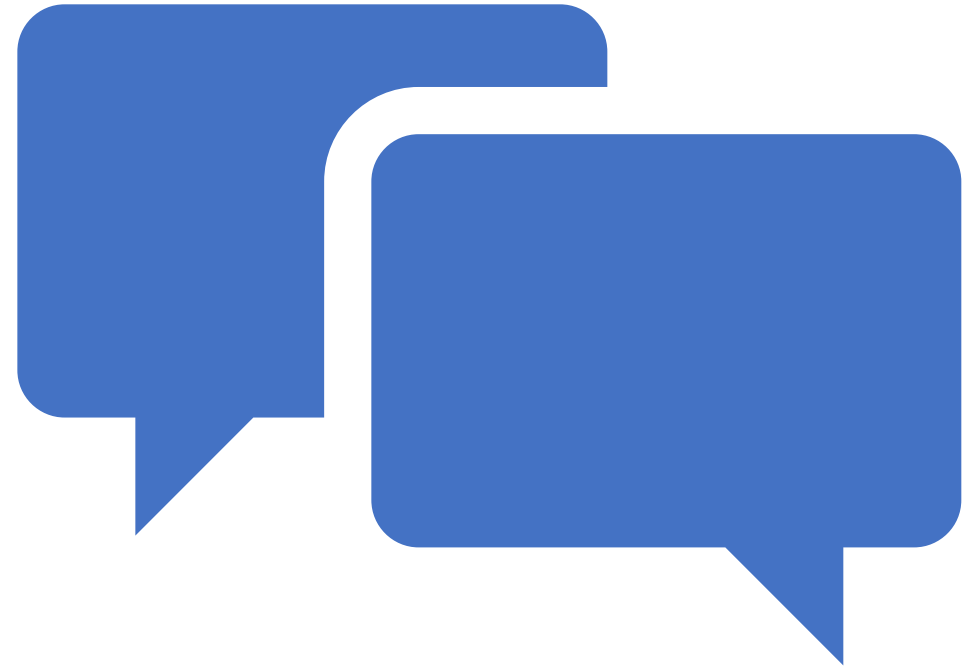
Oregon Board of Physical Therapy

Budget vs. Actuals: FY_2024_2025 - FY25 P&L

July - October, 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
6410 Investigators		500.00	-500.00	
6420 Computer Support	371.99	4,000.00	-3,628.01	9.30 %
6430 Attorney General-Legal Counsel	14,052.50	16,395.00	-2,342.50	85.71 %
6440 Audit Charges		1,666.64	-1,666.64	
6450 Accountant / CPA		166.64	-166.64	
6460 Payroll Service Charges	955.30	1,066.64	-111.34	89.56 %
6490 DAS Charges (Miscellaneous)	4,264.00	578.36	3,685.64	737.26 %
6495 EmplDept/HearingOfficerPanel	78.84	833.36	-754.52	9.46 %
6498 Health Division Charges	208.00		208.00	
6499 Other Services	426.76	28,000.00	-27,573.24	1.52 %
Total 6400 Contracted Services	22,308.35	55,206.64	-32,898.29	40.41 %
6500 Rent and Occupancy		0.00	0.00	
6510 Rent	8,810.44	10,000.00	-1,189.56	88.10 %
Total 6500 Rent and Occupancy	8,810.44	10,000.00	-1,189.56	88.10 %
6600 Background Checks	9,791.75	10,000.00	-208.25	97.92 %
6630 Vantage Data		5,133.36	-5,133.36	
Total 6600 Background Checks	9,791.75	15,133.36	-5,341.61	64.70 %
6650 Investigation Expenses		33.36	-33.36	
6800 Computers & Accessories				
6810 Software	3,236.67	11,333.36	-8,096.69	28.56 %
6820 Hardware		800.00	-800.00	
6840 Other - Data Lines, etc.		333.36	-333.36	
Total 6800 Computers & Accessories	3,236.67	12,466.72	-9,230.05	25.96 %
Total Expenses	\$261,075.32	\$328,060.71	\$ -66,985.39	79.58 %
NET OPERATING INCOME	\$ -197,989.32	\$ -271,268.99	\$73,279.67	72.99 %
NET INCOME	\$ -197,989.32	\$ -271,268.99	\$73,279.67	72.99 %

C – Public Comment



D1 – Delegate Reports



Highlights:

PTCC:

- Committee Reports

FSBPT:

- Committee Reports

D2 – FSBPT Educational Meeting Debrief



D3 – Strategic Planning Progress Review



D4 – Roundtable & Future Agenda Items



E1– OAR 848 Division
40 Rule Advisory
Committee Report



Division 40 Rule Advisory Committee Feedback & Change Summary

848-040-0100 Definitions

RAC members feedback: Definitions for “record” and “permanent record” were confusing.

Proposed Change: Remove both these definitions as the distinctions between the two are based on old technology, and the sections of rule where records are referenced were modified to create better clarity.

RAC members feedback: Update definition of “physical therapy interventions”; be sure sutures is included in “integumentary repair and protective techniques”; clarify if reference to ADL/IADL conflicts with OT scope.

No Current Change: This definition is tied to statutory language and so no change will move forward at this time. Handling sutures does already fall under the common meaning of integumentary repair and protective techniques. There is no conflict with OT scope when applied under practice of physical therapy.

RAC members feedback: Update definition of “telehealth practice” to adopt model practice act (MPA) language.

No Current Change: The MPA language is intended to be statutory language, and is broader in meaning than the current application of telehealth to practice. Additional review and consideration is needed, before any change.

RAC members feedback: Better definition of “competence” in the rules.

Proposed Change: Other changes were made to better define competence in line; to facilitate this clarification, a new definition of “evidence-based practice” has been added.

848-040-0105 General Standards of Practice

RAC members feedback: Need more clarity for competence.

Proposed Change: Section (1) clarified and tied to new definition noted above.

RAC members feedback: Not always possible to display license.

No Current Change: The existing language already allows the to not be posted when not possible, but must be provided upon request, which can be electronic.

Division 40 Rule Advisory Committee Feedback & Change Summary

848-040-0107 Standards for Use of Health Care Interpreters

RAC members feedback: Can bilingual provider act as interpreter?

No Current Change: The existing rule language allows that if a licensee is proficient in the patient's preferred language, then use of a health care interpreter under this section is not required. This section may be updated if there are other applicable changes in the referenced OHA rules or statute at a future date.

848-040-0110 General Standards for Record Keeping

RAC members feedback: This section is very confusing, especially the use of “record” vs “permanent record”. The RAC also requested clarity on the same day and seven day timelines, which appear to conflict, and recognize that seven days is too long in some care settings. Some members also noted they were not sure if there are standards for abbreviations, and the current language doesn’t take into account that patients have much greater access to their records, and need to be able to read them.

Proposed Changes: This section was re-written to clarify confusing definitions, and to reference the patient record. It clarifies the meaning of what has to be documented the same day, and how the seven-day rule applies, which was intended to apply to documentation that was created outside of an EMR. The rule relating to abbreviations was rewritten to allow for their use, but requires access to their meaning.

RAC members feedback: The RAC discussed and had differing thoughts on whether “in/out” times, duration, or billing code related information should be added as a requirement.

No Current Changes: No consensus on these potential additions, and concerns that some are not practical or relevant in all care settings. Leaving out from the standards does not preclude inclusion of such items in records.

848-040-0117 Standards for Authorization To Provide Physical Therapy Services

RAC members feedback: The first section of this rule is dated and no longer needs to be included.

Proposed Changes: The first section was rewritten to remove the dated information.

Division 40 Rule Advisory Committee Feedback & Change Summary

848-040-0120 Standards for Record of Authorization

RAC members feedback: Clarification needed on referrals and who can take and document those; the RAC also noted that forcing a provider to follow up an oral referral with a written referral is sometimes difficult, and outside the control of the licensee.

Proposed Changes: This language was clarified to address these concerns.

848-040-0125 Standards for Initiation of Physical Therapy

RAC members feedback: Part (2) needs clarification for “by reference” in school setting; clarification on (3)(a) needed; part (3)(c) body part not sufficient reference.

Proposed Changes: This language was clarified to address these concerns, with the exception of (3)(a). Instead of changes in (3)(a), changes were made in the general discharge section, which better defines and explains the meaning in this section.

848-040-0130 Standards for the Documentation of an Initial Evaluation

RAC members feedback: This section is overly prescriptive; the current language is difficult to apply in the school setting.

Proposed Changes: This language was completely replaced with streamlined language.

848-040-0135 Standards for the Plan of Care

RAC members feedback: The RAC had general comments here, relating to getting clarity on reevaluation/reassessment/reexamination. RAC members also noted that if a POC is the IEP itself, the PT cannot alter without appropriate consultation with the parent. There was also discussion on whether “significant” needed more definition, and at least one question about whether a “one and done” treatment/evaluation needs a plan of care.

Proposed Changes: Minor updates were made in this section. “Significant” wasn’t further defined, as that can be dependent on the situation and more prescriptive language could create unintended consequences.

Division 40 Rule Advisory Committee Feedback & Change Summary

848-040-0140 Standards for the Documentation of The Plan of Care

RAC members feedback: The RAC suggested updating if the definition of “permanent record” was changed this section should be updated. The RAC also suggested updating to reference “interventions”.

Proposed Changes: Minor updates were made in this section.

848-040-0145 Standards for Providing Treatment

RAC members feedback: The RAC suggested clarity around “reassessment” as used in this section. There was discussion about overall better clarity on references to “competence” and that depending on what changes are made in “reassessment”, Committee members also noted part (5) may need more clarity in the future to understand “supervising physical therapist” via policy or rule amendment, if needed.

Proposed Changes: Updates were made in this section to link to changes in other sections.

848-040-0147 Standards for Treatment by a Student PT or Student PTA

RAC members feedback: The RAC did not have comments in this section.

Proposed Changes: Minor change to remove redundant language.

848-040-0150 Standards for Documentation of Treatment Provided

RAC members feedback: The RAC felt generally this section needed to reference interventions, and to be less prescriptive.

Proposed Changes: Language simplified and references to intervention added.

848-040-0155 Standards for Performing A Reassessment

RAC members feedback: The RAC felt generally this section was confusing, as it wasn’t clear what was meant by the term “reassessment”. Some members felt this should reference the specific meaning of reevaluation as used by Medicare, while others felt that there was variation across practice settings, and that the activity described was broader than what was tied to a billing code. Many members felt the current time references were impractical in many care settings, and more

Division 40 Rule Advisory Committee Feedback & Change Summary

flexibility was needed; however, RAC members felt there needed to be clear language about PT oversight of care.

Proposed Changes: “Reassessment” language was changed to “reexamination” to better reflect meaning and intent of this section, and concept of “periodic” added to allow flexibility in different care settings. The specific timelines were modified, and the 30-day period tied to last patient visit with any practitioner (PT or PTA) not just PT, unless there is a change, and language added to address obligation of PTA to bring in PT when indicated. In these proposed changes, some RAC members felt the new part 4 may not provide enough clarity if the PTA has to stop providing care immediately, or if they can complete the current session. Language in blue offers a possible addition to clarify.

848-040-0160 Standards for Documentation of A Reassessment

RAC members feedback: This section is also confusing and needs to tie to changes made in prior section to align.

Proposed Changes: “Reassessment” language was changed to “reexamination” consistent with prior section, and requirements streamlined. Some of the members felt part (2) was unnecessary or confusing and either needed to be removed and stay silent on who is required to prepare documentation entirely. Current changes parallel current requirements.

848-040-0165 Standards for Discharge of Patient from Therapy and 848-040-0170 Standards for Discharge Records

RAC members feedback: Some RAC members noted that it is difficult to write a discharge summary when the patient is expected but doesn’t return, and they requested some means of making an automatic entry to count as a last entry. Other members felt it is essential for public protection to actively and timely document discharge. Some members also note that Medicare would require a formal discharge (applies in 848-040-0165). Some members noted the current language is difficult at times in the school setting. Some discussion centered on allowing for situations where the patient wants to continue, but when there is no progress or benefit, or some means to allow for discharge when a specific licensee or facility may not be able to provide the requisite evidence-based care for that patient at that time. The committee was also mixed on whether a specific timeframe for the discharge to be documented.

Proposed Changes: Changes made to the standards for discharge address feedback **but no consensus** on standards for discharge records, so no changes at this time.

Division 40 Rule Advisory Committee Feedback & Change Summary

848-040-0175 Standards for Screening Services & 848-040-0180 Standards for Telehealth Services & 848-040-0190 Standards for Community Education, Prevention, Health Promotion and Wellness Services

RAC members feedback: The RAC noted some confusion with the Screening Services section, and noted that the Telehealth Services section would need to be updated with any update in the definition of telehealth, and some members discussed that Oregon's rules are inconsistent with some other states.

No Current Changes: No changes in these last three sections are being made at this time. More discussion and follow up is needed in these areas.

848-040-0170 Standards For Discharge Records

Option 1 (presented to committee 10/28) – No Consensus

(1) ~~Within 30 days following the patient's last scheduled visit or last contact, the~~ A physical therapist or physical therapist assistant shall document a final summary of the patient's physical therapy status upon discharge from the patient's current episode of ~~treatment~~ **care.**

(2) The discharge summary shall include, but is not limited to:

- (a) Date and reason for discharge, or self-discharge, if known;
- (b) Degree of goal achievement or reasons for goals not being achieved;
- (c) Summary of the patient's status at the time of discharge; and
- (d) Recommendations for follow-up care, if any.

(3) A discharge summary is not required when another licensed medical professional documents a patient's discharge from **care.** ~~an acute inpatient care facility as that term is defined in ORS 442.470(1).~~

(4) if a patient self-discharges or fails to return for physical therapy, the last encounter note will serve as the discharge summary.

Comments on Draft Summary:

- Several committee members felt a time restriction was necessary, even if 30 days was not the right number.
- At least one committee member feels discharge documentation is not necessary and can be a harmful burden to the patient and provider.
- At least one committee member feels proactive discharge is essential for public protection and overall access to care, and that all other jurisdictions as well as Medicare require active discharge, and Oregon should not remove the requirement.
- Some committee members felt part (4) was helpful in some care settings; while some committee members felt it introduced a double standard that would create a loophole allowing providers to never write discharge records.

E2– Possible Initiation of Administrative Rulemaking



Chapter 848

Division 40 - MINIMUM STANDARDS FOR PHYSICAL THERAPY PRACTICE AND RECORDS

848-040-0100 Definitions

As used in this Division:

(1) "Authentication" means the process by which the licensee reviews and validates the accuracy of the record entry. By authenticating a record entry, the licensee certifies that the services described were performed by the authenticating licensee or performed by a person under that licensee's supervision.

(2) "Evidence-based practice" means the application of (1) best available research evidence, (2) clinical expertise, and (3) specific consideration of each patients' characteristics, values, and circumstances, to inform care.

(3) ~~(2)~~ "IDEA" means Individuals with Disabilities Education Improvement Act.

(4) ~~(3)~~ "IEP" means an Individualized Education Plan developed for a child/student qualified under the IDEA program.

(5) ~~(4)~~ "IFSP" means an Individualized Family Services Plan developed for a child qualified under the IDEA Early Intervention Program.

(6) ~~(5)~~ "Licensee" means a physical therapist or a physical therapist assistant and includes a temporary permit holder and an Oregon Compact Privilege holder.

(7) ~~(6)~~ "Patient" means one who seeks and receives physical therapy services. For purposes of these rules, patient may include a person receiving services in a home, by telehealth or clinical setting, a student in a school setting, a child receiving early intervention services, a resident of a care facility, or an animal.

~~*(7) "Permanent Record" means the final version of the record of each evaluation, reassessment or treatment provided to a patient which becomes part of the patient's medical record.*~~

(8) "Physical therapy intervention" means a treatment or procedure and includes but is not limited to: therapeutic exercise; gait and locomotion training; neuromuscular reeducation; manual therapy techniques (including manual lymphatic drainage, manual traction, connective tissue and therapeutic massage, mobilization/manipulation of soft tissue or spinal or peripheral joints, and passive range of motion); functional training related to physical movement and mobility in self-care and home management (including activities of daily living (ADL) and instrumental activities of daily living (IADL)); functional training

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related to physical movement and mobility in work (job/school/play), community, and leisure integration or reintegration (including IADL, work hardening, and work conditioning); prescription, application, and, as appropriate, fabrication of devices and equipment (assistive, adaptive, orthotic, protective, or supportive); airway clearance techniques; integumentary repair and protective techniques; electrotherapeutic modalities; physical agents and mechanical modalities; and patient related instruction and education.

(9) "Plan of care" means a written course of physical therapy treatment established by a physical therapist following an initial evaluation which integrates the evaluation data collected to determine the degree to which physical therapy interventions are likely to achieve anticipated goals and expected outcomes.

~~(10) "Record" means a written or electronic account of the detailed information gathered from each evaluation, reassessment, and the treatment provided to a patient. This documentation may be used to create the separate, permanent record, or it may serve as the permanent record.~~

(10) ~~(11)~~ "Student" means a child ages 3 to 21 who are enrolled in an educational institution and who qualifies for services under IDEA or Section 504 of the Rehabilitation Act, or other designated plan of care, or child ages 0-2 who qualifies under the IDEA Early Intervention Program.

(11) ~~(12)~~ "Student PT or Student PTA" means a person enrolled in a CAPTE accredited physical therapist or physical therapist assistant program and who is providing patient care as part of the required clinical education.

(12) ~~(13)~~ "Telehealth service" means a physical therapy intervention, including assessment or consultation, that can be safely and effectively provided using synchronous two-way interactive video conferencing, or asynchronous video communication, in accordance with generally accepted healthcare practices and standards. For purposes of these rules, "telehealth service" also means, or may be referred to, as "telepractice, teletherapy, or telerehab."

(13) ~~(14)~~ "Domiciled" a person is domiciled in this state if the person's place of abode is in the state and the person intends to remain in the state or, if absent, to return to it.

848-040-0105 General Standards for Practice

(1) Licensees shall practice competently. A licensee practices competently when **they apply evidence-based practice with the appropriate knowledge, skill and** ~~the licensee uses that~~ degree of care, ~~skill~~ and diligence that would be used by a reasonable, careful and prudent licensee under the same or similar circumstances.

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(2) A physical therapist must immediately refer a patient to an appropriate medical provider if signs or symptoms are present that require treatment or diagnosis by such provider or for which physical therapy is contraindicated or if treatment for the signs or symptoms is outside the knowledge of the physical therapist or scope of practice of physical therapy.

(3) A licensee shall not delegate to another person any task that the person is not legally authorized to perform or is not qualified by training and experience to perform.

(4) A licensee shall not provide treatment intervention that is not warranted by the patient's condition.

(5) A licensee shall respect the privacy and dignity of the patient in all aspects of practice.

(6) A licensee shall comply with the laws and rules governing the use and disclosure of a patient's protected health information as provided in ORS 192.553-192.581.

(7) A licensee shall comply with the provisions of ORS 688.135(3) by displaying a copy of their current license in their place(s) of employment in a location accessible to public view, or by making a paper or electronic copy readily available upon request, or by displaying an electronic verification of current status from the Board's website.

848-040-0107 Standards for Use of Health Care Interpreters

(1) Except as provided in subsection (a) of this section, a licensee who is reimbursed with public funds shall work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English, unless the licensee is proficient in the patient's preferred language.

(a) A licensee who is otherwise required to work with a health care interpreter from the health care interpreter registry may work with a health care interpreter who is not listed on the health care interpreter registry only if the provider:

(A) Is employed by an education provider that provides education services to children from birth through age 21 and the interpreter is provided by the education provider in accordance with the education provider's requirements;

(B) Verifies, in writing, that the licensee has taken the appropriate steps needed to obtain a health care interpreter from the health care interpreter registry in accordance with the rules adopted by the Oregon Health Authority under ORS 413.558; or

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(C) Has offered the patient the services of a health care interpreter from the health care interpreter registry and the patient declined the offer and chose a different interpreter.

(b) A licensee shall give personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the health care interpreter and may not suggest to the health care interpreter that the health care interpreter should procure the health care interpreter's own personal protective equipment as a condition of working with the licensee.

(c) A licensee shall maintain records of each patient encounter in which the provider worked with a health care interpreter from the health care interpreter registry. The records must include:

(A) The name of the licensee;

(B) The health care interpreter's registry number; and

(C) The language interpreted.

(2) For the purposes of this rule, education provider is defined as:

(a) A school district, as defined in ORS 332.002.

(b) The Oregon School for the Deaf.

(c) An educational program under the Youth Corrections Education Program.

(d) A public charter school, as defined in ORS 338.005.

(e) An education service district, as defined in ORS 334.003.

(f) Any state-operated program that provides educational services to students.

(g) A private school.

848-040-0110 General Standards for Record Keeping

(1) The licensee who performs the physical therapy service shall prepare a complete and accurate record for every patient, regardless of whether compensation is given or received for the therapy services and regardless of whether the patient receives treatment pursuant to a referral or is self-referred.

(2) ~~A~~ **Written documentation** ~~record~~ shall be prepared on the date a physical therapy service is provided.

(3) If written documentation of the service provided is made outside of the patient's record, such as when the encounter is outside the clinic where the patient's record is

stored, that written documentation must be added to the patient's record in a timely manner appropriate for the care setting, but never longer than seven calendar days from the date the service was provided. Such entries must include date of entry if different than date of service. ~~(3) The permanent record shall contain information for every physical therapy service provided, the date the service was provided and the date the entry was made in the record. The permanent record of a physical therapy service shall be prepared within seven calendar days of the date the service was provided.~~

(4) The licensee who performs the physical therapy service shall authenticate the ~~permanent record~~ **documentation** of the service that was performed. Authentication may be made by written signature or by electronic means. If authentication is by electronic means, the licensee shall not permit another person to use the licensee's password to authenticate the entry. Authentication may not be accomplished by the use of initials, except when an ~~n~~ **record** entry identifying an error is authenticated. A rubber stamp may not be used to authenticate any entry in a patient record.

(5) Non-licensees, including physical therapist aides, may prepare physical therapy treatment-related entries for the ~~permanent~~ patient record for authentication by the treating licensee. The requirement for authentication shall not apply to records not related to physical therapy treatment.

(6) ~~Either the permanent record or a record prepared on the date of service~~ **All documentation** shall be readily accessible to a licensee prior to when that licensee provides subsequent treatment to the patient. "Readily accessible" means the authenticating licensee is able to produce the record immediately upon request.

(7) All entries shall be legible and permanent handwritten records shall be in ink.

(8) Abbreviations may be used if they are **defined and accessible to all individuals accessing the patient's record**. ~~recognized standard physical therapy abbreviations or are approved for use in the specific practice setting.~~

(9) When an error in the ~~permanent~~ **patient** record is discovered, the error shall be identified and corrected. The erroneous entry shall be crossed out, dated and initialed or otherwise identified as an error in an equivalent written manner by the author of the erroneous entry.

(10) Late entries or additions to entries in the ~~permanent~~ **patient** record shall be documented when the omission is discovered with the following written at the beginning of the entry: "late entry for (date)" or "addendum for (date)" and authenticated;

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(11) Treatment provided by a student physical therapist (SPT) may be documented either by the SPT or by the supervising therapist. Documentation by a SPT shall be signed by the student and authenticated by a supervising physical therapist.

(12) Treatment provided by a student physical therapist assistant (SPTA) may be documented either by the SPTA or by the supervising therapist or physical therapist assistant. Documentation by a SPTA shall be signed by the student and authenticated by a supervising physical therapist or supervising physical therapist assistant.

(13) Documentation by a person who holds a physical therapist temporary permit issued under OAR 848-010-0026(1)(a) shall be authenticated by the permit holder and by a supervising physical therapist.

(14) Documentation by a person who holds a physical therapist assistant temporary permit issued under OAR 848-010-0026(1)(a) shall be authenticated by the permit holder and by a supervising physical therapist or supervising physical therapist assistant.

(15) For purposes of the Board's enforcement of these rules, patient records shall be kept for a minimum of seven years measured from the date of the most recent entry.

848-040-0117 Standards For Authorization To Provide Physical Therapy Services

As a result of legislative changes effective January 1, 2014, a physical therapist is no longer required to limit treatment of a self-referred patient to 60 days before having to refer the patient to a provider identified in ORS 688.132(1). **Physical Therapy patients may be either self-referred or referred by a “provider of care”, defined in ORS 688.132 as a medical doctor, osteopathic physician, chiropractic physician, podiatric physician and surgeon, naturopathic physician, dentist, physician assistant or nurse practitioner.**

(1) A physical therapist may initiate and provide physical therapy ~~to a patient who is either self-referred or referred by a “provider of care”, defined in ORS 688.132 as a medical doctor, osteopathic physician, chiropractic physician, podiatric physician and surgeon, naturopathic physician, dentist, physician assistant or nurse practitioner,~~ as follows:

(a) The therapist shall treat a self-referred patient in accordance with an initial evaluation and treatment plan prepared by a physical therapist and shall treat a patient who is referred by a provider of care pursuant to the written or oral referral or authorization received from the provider. As used in this rule, the term “authorization” includes certification by a provider of care of the physical therapist’s plan of care of a Medicare patient.

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(b) If the referral or authorization specifies or identifies specific physical therapy interventions, precautions or contraindications for therapy, physical therapy shall not be provided beyond those specifications or limitations without further authorization.

(c) If a patient who is being treated pursuant to a referral or authorization from a provider of care requests treatment for a diagnosis or condition that is different and separate from the diagnosis or condition that is the subject of the referral, the physical therapist may initiate and provide treatment either in accordance with an initial evaluation and treatment plan prepared by a physical therapist or pursuant to an additional written or oral referral or authorization received from a provider listed in this section.

(d) If a referral or authorization specifies the number of treatments or a duration of treatment, the physical therapist may treat the patient for that duration and may extend treatment for a reasonable period of time if necessary for the patient to receive all authorized treatments.

(e) A physical therapist shall immediately refer a patient to a provider of care if the patient exhibits symptoms:

(A) That require treatment or diagnosis by a provider of medical care;

(B) For which physical therapy is contraindicated;

(C) For which the treatment is outside that therapist's knowledge, skill and abilities; or

(D) For which treatment is outside the scope of practice of physical therapy.

(2) A physical therapist may provide physical therapy treatment to an animal under a referral from a veterinarian licensed under ORS Chapter 686. The referral must be in writing and specify the treatment or therapy to be provided pursuant to 686.040(4). The standard of care and documentation for physical therapy care to an animal shall be as provided for veterinarians under ORS Chapter 686.

(3) Notwithstanding the provisions of this rule, and pursuant to ORS 656.250, a physical therapist shall not provide compensable services to an injured worker governed by ORS Chapter 656 except as allowed by a governing managed care organization contract or as authorized by the worker's attending physician.

848-040-0120 Standards For Record Of Authorization

(1) A written referral received from a provider identified in ORS 688.132(1) shall be included in the patient record. In order to qualify as an authorization, a written referral must include,

at a minimum, the name of the patient, the name of the provider, authentication by the provider and the date of the referral.

(2) An oral referral received from a provider identified in ORS 688.132(1) shall be documented in the patient record. Documentation shall include the name of the provider; the name of the person communicating the referral, ~~if not the provider~~; the date the referral was received; the name of the person to whom the oral referral was communicated; the name of the patient; and a description of the referral, ~~including diagnosis, frequency and duration, if specified~~. **A non-licensee may accept and document an oral referral.**

(3) ~~If an~~ An oral referral is received, a ~~must be followed-up with a~~ written referral **must be requested** from the provider. **Documentation of the request shall include the date request was made and name of person making request. The written request received subsequent to an oral referral shall be included in the patient record when received.**

848-040-0125 Standards For Initiation Of Physical Therapy

(1) Except as provided in subsection (5) of this section, prior to initiating the first physical therapy treatment, a physical therapist shall perform an initial evaluation of each patient and determine a plan of care as provided in OAR 848-040-0135.

(2) In the course of performing an initial evaluation the physical therapist shall examine the patient, obtain a history, perform relevant system reviews, assess the patient's functional status, select and administer specific tests and measurements and formulate clinical judgments regarding the patient. A physical therapist may incorporate by reference medical history or system review information about the patient prepared by another ~~licensed health care~~ provider and available in the ~~physical therapy treatment~~ **patient** record, IEP, IFSP or other designated plan of care.

(3) For purposes of subsection (1) of this section, a physical therapist shall perform a separate initial evaluation under the following circumstances:

(a) The patient is returning to care after being discharged from therapy;

(b) The patient **has not received physical therapy treatment at the clinic, facility or patient home for the current episode of care.** ~~new to an inpatient or outpatient facility or home health agency;~~

(c) A current patient presents with a new diagnosis for an unrelated **condition or** body part.

(4) Only a physical therapist may perform an initial evaluation. A physical therapist shall not delegate the performance of an initial evaluation to a physical therapist assistant or to an aide.

(5) Under circumstances or situations where a physical therapist is called upon to provide immediate minimal or basic treatment to a person participating in an athletic activity or event, the physical therapist shall examine the person by performing tests and measurements appropriate to the circumstances, assess the person's condition, formulate clinical judgments, and determine the immediate care to be provided. Documentation under this subsection shall include, at a minimum, the person's name, age if available, a brief description of the injury or condition, and disposition or treatment, including recommendation for additional or alternative care. Neither a physical therapy plan of care nor a discharge summary is required in these circumstances.

848-040-0130 Standards For The Documentation Of An Initial Evaluation

Except as provided in subsection (5) of OAR 848-040-0125, the physical therapist who performs an initial evaluation shall document:

(1) The patient's identifying information;

(2) The patient's reason for seeking physical therapy services;

(3) The patients' relevant medical diagnoses or conditions;

(4) The patient's signs and symptoms;

(5) Objective data from tests or measurements;

(6) The physical therapist's interpretation of the results of the examination;

(7) Clinical rationale for therapeutic intervention;

(8) The plan of care as described in OAR 848-040-0140, and;

(9) The patient's prognosis.

Except as provided in subsection (5) of OAR 848-040-0125, the record of the initial evaluation shall include:

(1) Patient's full name, age and sex;

(2) Identification number, if appropriate;

(3) Referral source, including patient self-referral;

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~~(4) Pertinent medical or physical therapy diagnoses, medications if not otherwise accessible in another part of the patient's medical record, history of presenting problem and current complaints and symptoms, including onset date;~~

~~(5) Prior or concurrent services related to the provision of physical therapy services;~~

~~(6) Any co-existing condition that affects either the goals or the plan of care;~~

~~(7) Precautions, special problems and contraindications;~~

~~(8) Subjective information (patient's knowledge of problem);~~

~~(9) Patient's goals (with family input or family goals, if appropriate). Goals may be as provided in an applicable IEP, IFSP, or other designated plan of care; and~~

~~(10) Appropriate objective testing results, including but not limited to:~~

~~(a) Critical behavior/cognitive status;~~

~~(b) Physical status (e.g., pain, neurological, musculoskeletal, cardiovascular, pulmonary);~~

~~(c) Functional status (for Activities of Daily Living, work, school, home or sport performance); and~~

~~(d) Interpretation of evaluation results.~~

848-040-0135 Standards For The Plan of Care

(1) Prior to initiation of treatment, a physical therapy plan of care for the patient shall be determined by a physical therapist. As appropriate, a plan of care may include the IFSP, or, in a school setting, a plan of care may include the IEP for a student, or other designated plan of care.

(2) Only a physical therapist may develop a plan of care. A physical therapist shall not delegate the development of the plan of care to a physical therapist assistant or to an aide.

(3) A physical therapist shall identify appropriate treatment tasks to be delegated to a physical therapist assistant or aide.

(4) Only a physical therapist may modify a plan of care. However, a physical therapist assistant may make recommendations to the physical therapist **regarding** ~~in regards to~~ revision of the plan of care for a patient for whom the physical therapist assistant has been providing treatment.

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(5) A physical therapist shall **reexamine the patient and make** modifications to the plan of care any time there are significant changes in the patient's condition or status that would affect the physical therapy goals.

848-040-0140 Standards For The Documentation Of The Plan Of Care

(1) The ~~permanent record~~ **documentation** of the plan of care shall include:

- (a) Objectively measurable treatment goals that incorporate the patient's goals;
- (b) Proposed treatment **therapeutic interventions** to accomplish the goals; and
- (c) Proposed frequency and duration of treatment or number of visits.

(2) The ~~permanent record~~ **documentation** of the plan of care shall be authenticated and dated by the physical therapist who developed the plan.

848-040-0145 Standards For Providing Treatment

(1) A licensee shall not permit an aide to administer a task that is prohibited under OAR 848-020-0060, and shall not permit an aide to administer a non-prohibited procedure or modality to a patient unless a licensee has previously administered that procedure or modality to the patient.

(2) A physical therapist or physical therapist assistant shall perform, or attempt to perform physical therapy interventions only **when competent**. ~~with qualified education, and in that intervention:~~

(3) Except as provided in OAR 848-015-0020(6), a ~~physical therapist or~~ physical therapist assistant shall not continue to provide treatment to a patient **unless a patient has been reexamined by a physical therapist** ~~reassessment has been performed when~~ **as** required by 848-040-0155. However, a physical therapist assistant may provide treatment on the day a **reexamination** is ~~reassessment~~ required, so long as during that treatment day a physical therapist ~~performs the required reassessment~~ **reexamines the patient**.

(4) A physical therapist or physical therapist assistant shall provide treatment in accordance with the provisions of OAR 848-040-0105.

(5) At all times there shall be a physical therapist supervising the treatment provided by a physical therapist assistant as provided in OAR 848-015-0020(2) or an aide as provided in 848-020-0000(5). "Supervising physical therapist" means either the last physical therapist

to see the patient, or the physical therapist designated as in-charge of the patient on the day the patient is being treated.

848-040-0147 Standards for Treatment by a Student PT or Student PTA

(1) A physical therapist may allow a student physical therapist (SPT) or student physical therapist assistant (SPTA), as defined in OAR 848-040-0100(12), to provide treatment consistent with the individual student's education, experience and skills.

(2) A physical therapist assistant may allow an SPTA to provide treatment consistent with the individual student's education, experience and skills.

(3) At all times, a supervising physical therapist must provide on-site supervision of an SPT or SPTA who provides treatment to a patient.

(4) For purposes of this rule "supervising physical therapist" means the physical therapist who is responsible for that patient's treatment on the day the SPT or SPTA provides treatment.

(5) For purposes of this rule "on-site supervision" means that at all times the supervising physical therapist is in the same building and immediately available to provide in person direction, assistance, advice or instruction to the student.

(6) A physical therapist may delegate supervision of an SPTA to a physical therapist assistant and the provision of subsections (3), (4) and (5) of this rule shall apply to the physical therapist assistant.

(7) Documentation by a ~~student physical therapist (SPT)~~ **SPT** shall be signed by the student and authenticated by a supervising physical therapist on the same day. Documentation by a ~~student physical therapist assistant (SPTA)~~ shall be signed by the student and authenticated by a supervising physical therapist or supervising physical therapist assistant on the same day. A SPT's documentation must be completed pursuant to OAR 848-040-0110.

848-040-0150 Standards For The Documentation of Treatment Provided

(1) Except as provided in subsection (5) of OAR 848-040-0125, **documentation of** ~~record of~~ treatment for each patient visit shall include at a minimum:

(a) Subjective status of patient;

(b) Specific treatments, information, and education provided;

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(c) Objective data from tests and measurements conducted;
(d) Assessment of the patient's response to **therapeutic interventions, and;** ~~treatment, including but not limited to:~~

~~(A) Patient status, progression or regression;~~

~~(B) Changes in objective and measurable findings as they relate to existing goals; and~~

~~(C) Adverse reactions to treatment.~~

(e) **Updates to the plan of care** ~~Changes, or in the plan of care.~~

(2) **A supervising physical therapist may document treatment provided by a physical therapist assistant.** ~~When treatment is provided by a physical therapist assistant, the physical therapist assistant shall record and authenticate those services.~~ If the supervising physical therapist records and authenticates treatment provided by the physical therapist assistant, the physical therapist shall document which **treatment interventions** ~~services~~ were provided that day by the physical therapist assistant. When treatment is provided or assisted by an aide, the aide may only document ~~in the patient record[s]~~ objective information about the treatment **intervention** provided by the aide. When a supervising physical therapist assistant or supervising physical therapist authenticates treatment provided by an aide, the therapist shall document which **treatment intervention** ~~services~~ were provided that day by the aide.

848-040-0155 Standards For Reexamination ~~Performing a Reassessment~~

(1) A physical therapist ~~shall perform a reassessment of~~ **reexamine** a patient **periodically** as follows:

(a) Anytime there are significant changes in the patient's condition or status that would result in a change in the goals or the plan of care;

~~(b) When a physical therapist has not directly treated the patient within the previous 30 days; or~~

~~(c) At every visit w~~**W**hen the interval since a patient's last visit is 30 days or longer; or

~~(d)~~**(c)** At least every 60 school days if the patient is a student who is being treated in an educational setting and a physical therapist has not treated the student within 60 school days, or at every visit if the student is seen less frequently.

(2) In the course of **conducting the reexamination** ~~performing the reassessment~~, a physical therapist shall personally examine the patient, assess the patient's ~~functional~~

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status, ~~select specific tests and measurements, formulate clinical judgments regarding the patient,~~ and update the goals or plan of care.

(3) Only a physical therapist may perform a **reexamination** reassessment. A physical therapist shall not delegate the ~~performance of a reassessment~~ **reexamination** to a physical therapist assistant or to an aide. However, a physical therapist may delegate to a physical therapist assistant the gathering of data for a reassessment as provided in OAR ~~848-015-0030(1)(b)~~.

(4) If a physical therapist assistant is providing care to a patient and identifies a plateau in progress, significant changes in the patient's condition, or other change in patient status that could result in a change in the goals or the plan of care, the physical therapist assistant must request that a physical therapist reexamine the patient before the physical therapist assistant continues to provide treatment [past the current session].

848-040-0160 Standards For The Documentation of a Reassessment **Reexamination**

(1) When a physical therapist is required to perform a **reexamination** reassessment under OAR 848-040-0155, the **documentation** record of the **reexamination** reassessment shall include at a minimum:

(a) Subjective status of patient; **and**

~~(b) Objective data from tests and measurements conducted;~~

~~(c) Functional status of patient;~~

~~(d) Interpretation of above data;~~

~~(e) Any change in the plan of care;~~

~~(f) (b) Any change in physical therapy goals (including patient goals) **or the plan of care** ;~~
~~and~~

~~(g) A notation that the record is of a reassessment.~~

(2) After a physical therapist performs and documents a reassessment, **reexamines the patient and documents the reexamination**, either the physical therapist or a physical therapist assistant may prepare the documentation ~~a progress summary~~ of the patient's ~~physical therapy~~ **current** status ~~based upon the physical therapist's performance of a reassessment~~.

848-040-0165 Standards For Discharging A Patient From Therapy

(1) A physical therapist shall discharge a patient from an episode of physical therapy ~~treatment~~ **care** when the therapist determines:

(a) The patient has reached all physical therapy goals and additional goals are not identified;

(b) The patient will not further benefit from physical therapy, regardless of whether additional visits are ordered or authorized **or the patient desires to continue with treatment.**

(c) The patient declines to continue treatment or self-discharges;

(d) Physical therapy is contraindicated; ~~or~~

(e) The referring provider directs or instructs that the patient be discharged; ~~or from the episode of treatment.~~

(f) The physical therapist, for any reason, cannot provide sufficient evidence-based care for the patient at that time, and the therapist isn't able to transfer the patient to another physical therapist.

(2) Only a physical therapist may make the decision to discharge a patient from therapy. A physical therapist shall not delegate the decision to discharge a patient to a physical therapist assistant or to an aide.

(3) ~~While a~~ **A** physical therapist assistant shall not ~~independently~~ make the decision to discharge a patient from therapy. ~~However,~~ a physical therapist assistant may make recommendations regarding discharge to the supervising physical therapist based on the physical therapist assistant's treatment of the patient.

848-040-0170 Standards For Discharge Records

(1) Within 30 days following the patient's last scheduled visit or last contact, the physical therapist or physical therapist assistant shall document a final summary of the patient's physical therapy status upon discharge from the patient's current episode of treatment

(2) The discharge summary shall include, but is not limited to:

(a) Date and reason for discharge, or self-discharge, if known;

(b) Degree of goal achievement or reasons for goals not being achieved;

(c) Summary of the patient's status at the time of discharge; and

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(d) Recommendations for follow-up care, if any.

(3) A discharge summary is not required when another licensed medical professional documents a patient's discharge from an acute inpatient care facility as that term is defined in ORS 442.470(1).

848-040-0175 Standards for Screening Services

(1) "Physical therapy screening" means:

(a) The process of determining whether a person or animal would benefit from a physical therapy evaluation or referral to another health care professional; and

(b) The process of determining whether a current patient has a new or separate condition that can be addressed by physical therapy treatment or intervention.

(2) A physical therapist or physical therapist assistant may conduct or perform a physical therapy screening of a person who is not currently a physical therapy patient.

(3) Only a physical therapist may conduct or perform a physical therapy screening of a current patient.

(4) A physical therapist or physical therapist assistant shall not delegate the performance of a physical therapy screening to an aide.

(5) A screening is not a physical therapy treatment or intervention and does not require or involve performance of an initial evaluation, preparation of a plan of care, or creation of a patient treatment record.

848-040-0180 Standards for Telehealth Services

(1) A Licensee may provide telehealth services to a patient who is domiciled or physically present in the state of Oregon at the time the services are provided. An aide may not provide telehealth services.

(2) Telehealth services provided must conform to the scope and standards of practice and documentation as provided in Oregon Revised Statutes 688.010 through 688.201 and these Division 40 rules. Telehealth services must be at least equivalent to the quality of services delivered in-person.

DRAFT RULE AMENDMENTS – CHAPTER 848 DIVISION 40

(3) Prior to the initiation of telehealth services, a Licensee shall obtain the patient's consent to receive the services via telehealth. The consent may be verbal, written, or recorded and must be documented in the patient's permanent record.

(4) When providing telehealth services, a Licensee shall have procedures in place to address remote medical or clinical emergencies at the patient's location.

(5) The application and technology used to provide telehealth services shall meet all standards required by state and federal laws governing the privacy and security of a patient's protected health information.

(6) A Licensee providing telehealth services to a person who is domiciled in another state and physically present in that state at the time the telehealth services are being provided, may be required to be licensed in the state where the services are being rendered.

848-040-0190 Standards for Community Education, Prevention, Health Promotion and Wellness Services

(1) A licensee may provide non-individualized instruction to a group of persons in the community or group of employees in a workplace:

(a) To promote and teach physical activity with an emphasis on movement and function to improve health outcomes or prevent falls or injuries; or

(b) To teach and promote wellness, fitness, healthy lifestyles and behaviors, and self management, for the reduction of risk, prevention, or management, of disease, injury or disability.

(2) Service provided under this section is not physical therapy treatment or intervention and does not require or involve performance of an initial evaluation, preparation of a plan of care, or creation of a patient treatment record.

E3– Possible
Rulemaking:
Amending OAR 848-
055-0001 : Physical
Therapy Compact
Commission
Rules



Proposed Amendment

848-055-0001 Compact Commission Rules

- (1) Pursuant to ORS 688.240 Section 9.A.2, the Oregon Board of Physical Therapy hereby adopts as rule the Physical Therapy Compact Commission Rules as adopted by the Commission effective ~~October 2022~~ **June 2024**, with the following additions:
 - (a) These rules are adopted only to the extent that the Compact Commission Rules are consistent with Oregon and Federal law, as determined by the Board.
 - (b) Pursuant to Article XI, 7 of the Oregon Constitution and per ORS 688.240, any monetary liabilities incurred as a result of arbitration or litigation are subject to the limitations in Oregon law.
 - (c) The Oregon Physical Therapist Licensing Board will comply with Commission Rule 6.1(C) to the extent that the Board determines that compliance is within the requirements and limitations of law.
- (2) The full text of the Commission Rules will be made available for review on the Oregon PT Board website at www.oregon.gov/pt.

E4– Possible
Rulemaking:
Amending OAR 848-
005-0015 - Board
Member
Compensation



Proposed Amendment

848-005-0015

Board Member Compensation

- (1) A Board member shall receive ~~up to \$150 stipenda~~ a stipend consistent with ORS 292.495 for each day or portion thereof during which the member is engaged in the performance of official duties as follows:¶
- ~~(a) Between 30 minutes and 4 hours, \$75.¶~~
 - ~~(b) Greater than 4 hours, \$150.¶~~
- (2) Performance of official duties is defined as:¶
- ~~(a) Attendance at scheduled meetings:¶~~
 - (A) Board meetings, including special Board meetings via conference call or web conference,¶
 - (B) Board committee meetings, rule advisory meetings, or other similar meetings established by the Board;¶
 - (b) Appointments with Board staff for Board business;¶
 - (c) Legislative testimony representing the Board; OR¶
 - (d) Conferences and activities that the Board has requested that the member attend as its representative.¶
- (3) ~~Each Board members shall receive a half day stipend for each regularly scheduled Board meeting preparation. This compensation is waived if the Board member does not attend the meeting for which they have prepared~~ review of Board packet materials sent out prior to Board meetings.

Statutory/Other Authority: ORS 688.160(4), ORS 292.495

Statutes/Other Implemented: ORS 688.160(4), ORS 292.495

E5– 2025 Board Meeting Schedule



2025 Proposed Meeting Schedule

January

- WED Jan 15 4:00 PM Executive Session
- FRI Jan 17 8:30 AM Public Session

March

- WED Mar 19 4:00 PM Executive Session
- FRI Mar 21 8:30 AM Public Session

May

- FRI May 16 (in person) 8:30 AM Public & Executive Sessions

July

- WED July 16 8:30 AM (Executive & Public Sessions)

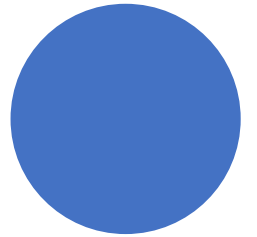
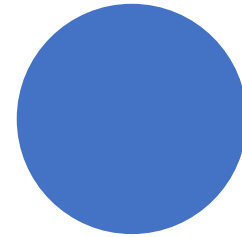
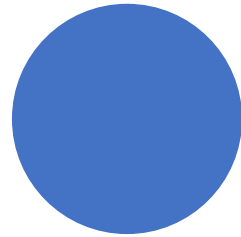
September

- FRI SEPT 12th (in person) 8:30 AM Public & Executive Sessions

November

- WED Nov 19 4:00 PM Executive Session
- FRI Nov 21 8:30 AM Public Session

F – Other Business



IV - Adjourn

Next Public Board Meeting:

January 2025

Members of the public may attend via web-stream.

<https://www.oregon.gov/pt/Pages/meetings.aspx>